

# Strathmore Care

# Fairview House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Fairview House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fairview House accommodates up to 55 older people. There were 32 people living at the service when we visited on the 30 October 2018.

We carried out this unannounced inspection on the 30 and 31 October 2018.

At our inspection in March 2018, the provider's systems for learning, improving and sustaining improvements made were not effective and failed to demonstrate what action they had taken to address the issues we raised at our previous inspections. Because of our findings, the service continued to receive an overall rating of inadequate and remained in Special Measures. And conditions, which both restricted admissions and required the provider to report to us regularly, remained in place from our July 2017 inspection.

At our recent inspection carried out on the 30 and 31 October 2018, we found that there had been significant improvements in the care being delivered and people were engaged and well cared for. People were safe but further work was needed to ensure the registered provider's governance systems identified where continued improvements were needed, implemented and how they were to be sustained. The overall rating for the service is now judged as 'Requires Improvement' and the service is no longer in Special Measures. We have also removed the conditions on the provider's registration.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In general people were kept safe from the risk of harm because care was being effectively managed and safely delivered to mitigate identified and/or potential risks. We found an instance where one person was at risk of choking but had not been harmed, this was brought to the manager's attention, who took immediate action to address this risk and ensured that all staff were aware of the person's fluid intake needs. We recommended that the service review their risk documentation to ensure that all records are consistent and up to date.

People were supported to take their medicines from staff who had received training to do so, however some further minor improvements were required to ensure all of people's medication administration records were fully completed. There were sufficient numbers of staff, who had been safely recruited, to meet people's needs. There were systems in place to prevent the spread of infection. But we did make a recommendation to the provider to use a recognised tool for determining staffing levels across the service.

Staff had an understanding of the principles of the Mental Capacity Act 2005 (MCA), however improvements were required to ensure staff were acting in accordance with good practice when undertaking mental capacity assessments and making best interest decisions for people who may lack capacity. We have made a recommendation to the registered manager to review the MCA and associated guidance to ensure the service is acting in accordance with the MCA.

Since our last inspection, staff had received the support, supervision and training they needed to equip them with the skills and knowledge to meet people's individual care and support needs. People were supported to eat and drink enough to remain hydrated and maintain their health and well-being, however improvements were required to ensure accurate records were kept of people's food and fluid intakes. The provider had also made improvements to the internal environment of the home.

Staff were kind and caring and treated people with dignity and respect. Where appropriate, people were supported to maintain their independence. People's diversity needs were recorded in their care plans. People were supported to access advocacy services.

People's care plans were person centred and regularly reviewed. But we did make a recommendation around end of life care planning processes to ensure these are in line with best practice guidance when reviewing people's care.

Since our last inspection, an activities coordinator had been recruited and people were being supported to engage in meaningful activities both within the service and the local community. There was an effective system in place to manage concerns and complaints.

Whilst the registered manager had been proactive in making improvements to the service, the provider's quality assurance systems were not yet as robust as they should be, as they had not identified the shortfalls we identified at our inspection. We have recommended the provider reviews their current systems and processes for quality assurance to ensure more robust oversight and governance of the service.

People, relatives and health and social care professionals were complimentary of the registered manager and the improvements they had made since starting work at the service. Staff enjoyed working at the service and felt supported and valued by the registered manager.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Although people were now receiving safe care, some improvements were required to ensure people's care records, including any identified risks, were up to date and reflective of their current care and support needs.

People received their medicines as prescribed by staff who had received relevant training to do so. However, improvements were required to ensure people's topical cream charts were fully completed by staff.

There were sufficient numbers of staff, who had been safely recruited.

There were systems in place to prevent the spread of infection.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People were supported to make their own decisions and choices. However, improvements were required to ensure the service was acting in accordance with the Mental Capacity Act 2005 and associated guidance.

Staff received the training they needed to deliver effective care to people.

People had a choice of meals and drinks. They were supported to maintain their health and well-being, including accessing healthcare services when required.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and were kind, compassionate and respectful.

People were treated with dignity and respect.

People were supported to maintain their independence.

### Is the service responsive?

Good 

The service was responsive.

People's care plans were person centred and reviewed regularly.

People were supported to participate in a range of activities.

There were effective systems in place to deal with concerns and complaints.

### Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Although, the quality assurance systems had improved, processes needed to be strengthened to enable greater oversight and governance of the service.

There was an open and transparent culture with the service.

Staff enjoyed working at the service and felt valued and supported by the registered manager.

The registered manager had developed positive relationships with people, relatives, staff and health and social care professionals.

# Fairview House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 30 and 31 October 2018 and was unannounced.

The inspection team consisted of three inspectors and an expert by experience on the 30 October 2018 and by two inspectors on the 31 October 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people and people living with dementia.

Prior to our inspection, we reviewed monthly reports the provider had submitted to the Commission as part of its registration conditions. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well, and improvements they plan to make. We also reviewed information we hold about the service such as safeguarding and notifications and information shared with us by the local authority. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection, we spoke with five people, five relatives, two health care professionals, seven members of care staff, the activities coordinator, chef, managing director and the registered manager. We reviewed seven people's care records, the systems in place for the management of medicines, eight staff recruitment and support records, rostering information, complaints and compliments and quality assurance information.

# Is the service safe?

## Our findings

This key question was rated 'Inadequate' at our last inspection in March 2018. At this inspection, we found the service had improved to 'Requires improvement'.

At our last inspection, we found people were not always kept safe from the risk of harm because their care was not being effectively managed. At this inspection, we found improvements had been made. Where people were at risk of harm in relation to falls, mobility, moving and handling, skin integrity and nutrition, risk assessments and management plans had been put in place to mitigate these risks. However, some further work was needed to ensure different parts of people's care records were accurate.

One person was at risk of choking. Their nutritional care plan, dated 17 August 2018, recorded they required 1.5 scoops of thickener to be added to their drinks. A letter dated 9 October 2018 from the speech and language team (SALT) provided new guidance for staff to follow regarding the amount of thickener to be used to enable the person to improve their swallowing and reduce the risk of choking. The guidance stated the person should have four scoops of thickener per 200ml of fluid. The person's care plan had not been updated to reflect this change. On the first day of our inspection, when we spoke with three members of staff they informed us they had used 1.5 scoops of thickener instead of the recommended four scoops. Not all staff spoken with were aware of the changes. Records showed the person had choked during lunchtime on the 29 October 2018. No follow up action had been taken to investigate this incident further. We therefore could not be assured as to whether this incident had occurred as a result of staff not being aware of and/or following the updated guidance received from the SALT. The manager immediately took action to address this and ensure all staff were aware of the changes following us highlighting the risk.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some further improvements were required to people's risk records. One person's moving and handling assessment completed in March 2018 was out of date, however their mobility care plan was up to date. Staff had recorded the person was able to mobilise independently but they now required the support of two members of staff and moving and handling equipment. Although records did not match for this person, our observations on the day did show that staff were supporting the person to mobilise safely.

We recommend that the service review their risk documentation to ensure that all records are consistent and up to date to avoid any risks of potential inconsistent care delivery.

At our previous inspection in March 2018 we had concerns about staffing numbers and the deployment of staff. People and their relatives had told us they were concerned about staffing levels. This was because insufficient staff had impacted on people's care and treatment and made them feel unsafe. At this inspection, people told us they were happy with staffing levels. The provider had installed a new call bell system. We observed call bells being within reach of people and being responded to in a timely manner throughout our inspection. A report covering the period 21 to 30 October 2018, showed call bells had been

responded to promptly. One person told us, "Someone always comes when I call."

Although we observed there were sufficient numbers of staff to meet people's needs, a dependency tool which did not correspond with the number of staff on duty. The dependency tool had been a highlighted concern during our previous inspections also the registered manager assured us they closely monitored staffing levels on a daily basis and would immediately source additional staff if needed.

We recommend the provider implements a recognised dependency tool to measure and reflect sufficient staffing levels at all times, taking into account people's fluctuating care and support needs together with the layout of the home.

Our last inspection found continued issues with the management of people's medicines. This included finding people's prescribed creams in other people's rooms. Additionally, people's topical medicine administration records had not been fully completed. Pain relieving patches were not being administered in line with the prescriber's instructions. The registered manager had been unable to provide evidence to show competency assessments had been completed for all staff responsible for the administration of medicines. At this inspection, we found improvements had been made in most of these areas, except for minor records based issues.

Staff responsible for the administration of medicines had received training and had their on-going competency assessed. Medicines were administered safely and we saw appropriate procedures were followed to ensure medicines were stored securely. People told us they received their medicines as prescribed. One person told us, "I get my tablets with breakfast every day." We observed staff explaining to people before supporting them to take their medicines, for example using the correct techniques when supporting people with inhalers.

Although we found no gaps in people's Medicines Administration Records (MARs), we continued to find some gaps on five people's topical medicines charts. We brought this to the attention of the registered manager who assured us that they would investigate this and ensure staff completed records appropriately. These omissions had not negatively impacted on people; no-one had reported pressure areas at the time of the inspection.

The failures in recording keeping, and governance processes are further discussed in the well led section of this report.

At our previous inspection we found the provider had failed to recognise a potential safeguarding concern. The provider had also been unable to evidence they undertook a thorough analysis of safeguarding concerns. This included the completion of investigation reports and lessons learned to improve the safety of people living at the service. Since our last inspection, the registered manager had implemented systems to enable them to effectively manage safeguarding concerns, in line with local safeguarding procedures and had worked closely with the local safeguarding team to review open safeguard alerts. At the time of our inspection, there was one 'open' safeguard alert which had been raised by the service following concerns for a person living at the service and this was being investigated as required. Records showed staff had received safeguarding training and were able to explain to us what safeguarding meant and the action they would take if they witnessed or suspected abuse; this included reporting to external organisations such as the Police and CQC.

At our last inspection the provider was unable to demonstrate how incidents and accidents were analysed to identify themes and trends. At this inspection, systems were now in place to monitor incidents and



accidents. This included a thorough analysis of falls within the service. Records showed the number of falls had reduced since January 2018 and the registered manager had been proactive in putting measures in place to reduce the number of falls at the service. For example, looking at staff deployment, working with health care professionals and reviewing people's medication.

Staff had access to the equipment they needed to prevent and control infection. This included personal protective equipment (PPE) such as gloves and aprons. The provider had policies relating to the prevention and control of infection and carried out regular infection control audits. Staff had received infection control and food safety training.

Safe recruitment practices were followed before staff were employed to work with people. Staff files included application forms, records of interview and references. Checks had been made with the Disclosure and Barring Service (DBS) to make sure new staff were suitable to work with vulnerable adults.

Although, appropriate monitoring, maintenance and improvements of the premises and equipment was ongoing, we found the hot water temperatures in some people's bedrooms to be cold or lukewarm despite the provider replacing water valves following our last inspection and undertaking monthly temperature checks. We brought this to the registered manager's attention who took immediate action to address this. Since our last visit to the service, we saw the provider had undertaken works to make the home environment safer, such as the replacement of broken furniture and the installation of a new passenger lift.

There were systems in place in the event of an emergency. Staff had completed fire safety training and people had their own individual Personal Evacuation Plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who are unable to safely evacuate a building themselves. Staff were able to explain the actions they should take in emergency situations. A fire risk assessment for the service had been completed on the 27 October 2018 and records showed weekly inspections were carried out to check smoke detectors and fire blankets.

People, and their relatives, told us they felt safe living at the service. One relative told us, "The new manager has made a really positive difference here. I feel so content with [person] being in here now. I know they're nice and safe." Another said, "If we ever thought there was a problem, we'd be onto it straightaway, it's a nice home."

The registered manager had implemented systems to ensure lessons were learned when things went wrong. They actively encouraged staff to raise concerns and minutes from staff meetings showed discussions had been held. During our inspection, we noted the provider had shared a 'lessons learned' memorandum with all staff following the publication of another provider's CQC report. We could see from our observations and changes during this inspection that staff and the service had changed in the way they deliver care and keep people safe.

# Is the service effective?

## Our findings

This key question was rated 'Inadequate' at our last inspection. At this inspection, we found the service had improved to 'Requires improvement'.

At our last inspection, we found MCA assessments had not always been completed appropriately. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection, although the registered manager understood their responsibilities under the MCA and, we continued to find MCA assessment forms had not always been completed fully and/or correctly. For example, we found some MCA assessments had been completed for decisions around daily living activities. MCA assessments should only be undertaken for complex decisions such as in relation to accommodation, flu jabs and visiting the dentist; support around daily living activities should be incorporated into individual's care plans. We also saw an assessment had been completed for one person regarding the use of bedrails. Bedrails can be considered a form of restrictive practice so if a person is unable to consent to their use, then ensuring they are used in a person's best interest is important. The assessment for the person had not considered less restrictive options and had not involved relatives and/or appropriate professionals in the best interest decision to use bedrails. We discussed our findings with the registered manager who informed us they would take immediate action to source refresher training for staff.

Notwithstanding the above, staff understood the basic principles of the MCA and the importance of choice and gaining people's consent before supporting them with care and support; we observed this throughout our inspection. Where people did not have relatives or a legally appointed representative, the service had supported people to access an independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options.

We recommend the registered manager review the MCA and associated guidance to ensure the service is acting in accordance with the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where people had been deprived of their liberty, appropriate applications had been made to the supervisory body.

Improvements had been made since our last inspection to ensure people had a positive dining experience.

People told us the food met their individual tastes and preferences. Feedback included, "I like the food. It more than meets my expectations." And, "I think the food is ok here. For breakfast I get cereal then a cooked breakfast, it's very good really." Menu boards were clearly displayed together with pictorial snack menus. The registered manager had purchased new crockery so everyone had their meals served on the same coloured plates which created a more inclusive dining experience for people living with dementia. In addition to the snacks menu, fresh fruit was available throughout the day. The fruit basket was placed on the drinking station where people and visitors were able to help themselves to drinks. A health care professional told us, "[person] and others love the drinking station, it promotes their independence."

Although the above was positive, we found people's food and fluid intake charts were not consistently completed. Whilst there had been no significant impact on people, this presented a risk to people because it would not be clear how much they have had to eat and drink and therefore staff would not know to take action if people were unwell. We shared our findings with the registered manager who acknowledged they were aware of this and were working with staff to ensure accurate care records were kept.

At our last inspection, we were unable to determine what specialist training staff had received to enable them to acquire the knowledge and skills to meet people's individual needs effectively and safely. At this inspection, we found the registered manager had been very proactive in sourcing specialist training for staff, such as monitoring and understanding diabetes, epilepsy, catheter care, end of life care and sepsis. Staff told us they were happy with the training they had received. One member of staff told us, "The training here is better than other companies I have worked for."

Staff received supervision and felt well supported by the registered manager. Staff told us they could approach the registered manager at any time for support and guidance. However, we noted some records showed discussions had been held with staff such as time keeping and poor manual handling techniques; these had not always been followed through with the staff member at their supervision. We discussed this with the registered manager who recognised the supervision process provided a structured opportunity to discuss with staff their responsibilities, reflect on their performance and discuss how staff can further improve their practice. They told us they would ensure any incidents would be incorporated into the supervision process.

Staff worked in partnership with health and social care professionals to ensure people received effective care and support. This included supporting people to access regular GP reviews, chiropody, opticians and dieticians. Since our last inspection, the registered manager had been proactive in working with health care professionals to ensure people received effective care and support. A health care professional told us, "The difference in [person] has been big with regard to skin tears. I take the staff with me on my visits [to people] so they can see what they need to do. I have no concerns, I can only see improvement, staff always act on my recommendations. The registered manager has worked hard to make these improvements." Another health care professional told us, "They listen to suggestions and seem to really care about the residents." A relative told us, "Recently the night staff called me to say they thought [person] had a chest infection that needed monitoring. They called the doctor. I am very happy how [person] is looked after." Another relative said, "The manager is excellent, very easy to talk to and keeps us informed if there's ever a problem with [person]."

Following our last inspection, improvements had been made to the internal environment and these works were ongoing. The registered manager demonstrated their enthusiasm to make the service more dementia friendly and homely. This included signage around the service to help people be aware of their surroundings. Each corridor had a different theme and colour which further aided people to find their way around the home. There were 'dementia friendly' boards on both floors which served as an engagement tool

for people living with dementia. There were handrails around the corridors to assist with mobility. People's bedrooms had been decorated and reflected their personality.

# Is the service caring?

## Our findings

At our last inspection, this key question was rated 'Requires improvement' as we found staff to be task orientated, care plans were not up to date and people were not always supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. At this inspection, the rating for this key question had improved to 'Good'.

People, and their relatives, told us staff were kind and caring. One person told us, "I've been here for a number of years, and I'm just happy here sitting in my room with my books. I see the carers around all the time and they're always popping in to say 'hello' and have a chat with me. I'm very comfortable here it's like a home from home." Another person told us, "The carers here are very kind and caring." Feedback from relatives included, "We're very content with [person] being here. We live over four hours away by car so it's so nice to know that we can rely upon the staff. They are very caring and love chatting with [person]." They went on to say, "Things have improved since the new manager has been here, although we think the standard of care has always been good. Whenever we come, there's always a cup of tea or an offer of lunch, its lovely."

Throughout our inspection, we observed positive interactions as staff conversed with people and their relatives. Staff spoke to people in a friendly and attentive manner and showed patience and understanding. People looked relaxed and at ease and the atmosphere within the service was calm and pleasant. We noted a thank you card which stated, "To all the staff, friends, thank you for the care and friendship you gave me when I wasn't well last week. Thank you to all who had the world of patience to give me food and drink, you deserve a gold star."

People were involved in the planning and the review of their care. Where appropriate, people's relatives had been provided with the opportunity to be involved. When we asked a relative whether they were involved in the review of their family member's care plan, they said, "The manager looks after all that, and I totally trust them. I don't want to be involved as the hospital sets out the plan for [person] and the home manages it. I'm very happy with everything here." The registered manager told us not all relatives wished to participate in care planning reviews. They went on to say, going forward, they would be encouraging attendance by sending out invitations to families to inform them of forthcoming reviews.

People were treated with dignity and their privacy was respected. Staff addressed people by their preferred name and we observed staff talking with them in appropriate tones, kneeling down and making eye contact with people. Where people were supported with their continence needs, this was done discreetly and sensitively. A member of staff told us, "I always treat people how I would want to be treated." People were supported to maintain their personal appearance and self-esteem. A relative told us, "[person] always looks lovely when I come in. They are always in clean clothes and her hair is done."

People's independence was promoted. Staff encouraged people to do as much as they could for themselves. We observed staff encouraging people to mobilise with their frames, walking beside them, giving constant reassurance, and gently guiding them, at their own pace. People's diversity needs were

respected and included in their care plan. Regular religious services took place at the service which everyone was welcome to attend. The registered manager told us this included a pastor spending one to one time with people in their bedrooms who were unable to attend the service.

The service encouraged people to maintain relationships with friends and families. There were no restrictions on visiting times and we saw several visitors throughout our inspection. Some visitors were accompanied by the family pet dog which people clearly enjoyed. The service had information available on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

At our last inspection this key question was rated 'Inadequate'. We found people did not have up to date care plans which reflected their care and support needs. We also found significant improvements were required to ensure meaningful activities were provided to enable people to engage in activities and pastimes which interested them. At this inspection, we found improvements had been made and this key question is now rated 'Good'.

People's care plans were person centred and reviewed regularly. The registered manager had driven improvements to ensure people received personalised care which was responsive to their needs. For example, the registered manager had introduced diabetes care plans which had been complimented on by the diabetes service. However, during our inspection, we did find some care plans which contained incorrect or contradictory information, but we noted there had been no significant impact on people due to the lack of up to date information. When we discussed our findings with the registered manager, they took immediate action to ensure care records were updated. On the second day of our inspection, they shared with us a template they had devised to enable them to take a more robust and effective approach to the auditing of care plans.

At the time of our inspection, no one living at the service was receiving end of life care. We saw not all the care plans we looked at had end of life care or preferred priorities of care in place. Preferred priorities of care is a document for people to record what their wishes and preferences are during the last year or months of their life. We discussed this with the registered manager who told us they would ensure people's end of life wishes were reviewed, and recorded to ensure their final wishes would be upheld.

We recommend that the provider review end of life care planning processes in line with best practice guidance when reviewing people's care.

Following our last inspection, an activities coordinator had been recruited. Our observations showed this had made a significant difference to people living at the service. One person who remained in their bedroom told us how they enjoyed the activities coordinator coming to their room and playing a quiz; they said, "We have a laugh when I get the answer right and she doesn't, and when I get the answer out before her." A relative said, "[Person] loves the entertainment and joins in with the activities."

The activities coordinator told us, "[The manager has been brilliant in supporting me and getting resources to put on activities. We have also been doing some fund raising, I was setting up from scratch and needed funds, so we have held coffee mornings and a summer fete; we made it happen. I work across seven days as my hours are flexible. When I came here I spent three months getting to know each individual and looked at care plans to familiarise myself with each person; there's no point in bringing an activity to a person if it doesn't interest them. They have also had to get to know me and trust me and build up a rapport. These people have lives, and their lives are so interesting. I have also got to know the people living with dementia and the best way to communicate with them." The activities coordinator provided specific examples which demonstrated their knowledge of people and how they worked with them to engage in meaningful

activities. A group of ladies enjoyed playing dominos and were doing so during our inspection. It was good to see them enjoying each other's company whilst doing something they enjoyed.

The service had been decorated for Halloween and we saw an entertainer was visiting the service which people were clearly enjoying. Records showed since the recruitment of the activities coordinator regular activities had taken place and were planned for the forthcoming months. We noted the activities coordinator had contacted a local school and had arranged for children to visit the service to read and chat with people and engage in painting activities. The activities coordinator said, "We didn't know how it would go down but the residents loved it, and so did the children. We'll be doing that again."

From April 2016, all organisations which provide NHS or adult social care are legally required to following the Accessible Information Standard (AIS). AIS aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded sensory and communication needs, and the service had worked collaboratively with other organisations to support effective communication with people living at the service. The registered manager informed us they would, where required, source suitable formats specific to people's needs, such as large print, braille and pictorial.

The service had effective systems in place to deal with complaints and compliments. People, and relatives, told us if they had any concerns they would speak with the registered manager. They felt they would be listened to, and their concerns acted upon. Since our last inspection, two complaints had been received by the service and records showed these had been dealt with appropriately. We noted seven compliments had been received during the same period.



## Is the service well-led?

### Our findings

At our last inspection, we identified significant improvements were needed to ensure the providers quality assurance systems were being used effectively to monitor the service and drive improvements and this key question was rated 'Inadequate'. At this inspection, improvements had been made and this key question is now rated 'Requires improvement'. However, we need to be satisfied that the improvements made, and on-going improvements, are being embedded and sustained. We will do this by following these up at our next comprehensive inspection.

Whilst improvements had been made to meet with regulatory requirements, we continued to find shortfalls which presented risks to people's health and safety. This was predominately down to poor record keeping, on food / fluid intake and repositioning charts, and failing to ensure care plans and risk assessments were updated to reflect changes in people's care and support needs. Although, there had not been any significant impact on people, the registered manager acknowledged, and records showed, they were working with staff to ensure accurate records were kept. Shortly after our inspection, the registered manager contacted CQC to confirm they had sourced record keeping training for staff. They had also arranged for MCA and dysphagia (difficulty in swallowing) training, following the concerns we identified and highlighted in the Safe and Effective sections of this report.

It was evident from our inspection that the registered manager had been instrumental in addressing areas of concern highlighted at our last inspection and driving improvements. They acknowledged further improvements were still required and told us their primary focus had been to promote a positive culture within the service, improve care delivery and ensure people had meaningful and fulfilling lives. They went on to tell us they would be implementing processes to ensure auditing processes were more robust. For example, following our feedback regarding care plans, the registered manager developed a care planning audit tool.

Although the registered manager told us they were supported by the provider, we noted they had been without the support of a Care Compliance Standards Officer since July 2018, whose role it was to support the registered manager to drive improvements, meet regulatory requirements and provide feedback to the provider. They also did not have the support of the deputy manager who was currently absent from the service.

Following our last inspection in March 2018, the provider arranged for a quality assurance visit to be carried out by an external consultant. A resident and relative's questionnaire were also undertaken in April 2018; however, the provider had not completed a formal analysis of the responses until October 2018, some six months later. The managing director told us they supported the registered manager and had learnt from previous mistakes and had used feedback and findings to make improvements in the service. They went on to say they had greater oversight and governance of the service. However, we could not be assured the provider's quality assurance processes had been sufficiently robust to check improvements were being made and, more importantly, sustained as they had not identified the issues we had found during our inspection.

Although there had been significant improvements throughout the service, to continue to work towards a good service in all areas the provider must ensure effective support within the service for the registered manager at all times.

The above demonstrated an on-going breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was visible throughout the duration of our visit and clearly knew the needs of people. Throughout our inspection, they were open and transparent and demonstrated their on-going passion and commitment to drive improvements, ensuring people received good quality care.

People, relatives, staff and health and social care professionals were complimentary of the registered manager. People we spoke with knew the registered manager by name. Two people told us, "Our new little manager is really nice, we see them around the home very often and we think they are very good at their job." Relatives' feedback included, "The new manager has made a really positive difference here." And, "The new manager is excellent. We have seen lots of managers come and go here but this one is the best yet." And, "I cannot say enough positive things about the home. I give it a gold star; the manager is really excellent." One health care professional said, "The registered manager is very passionate and warm and that spreads through to staff. I feel we work together well." Another said, "I can honestly say the manager is very good. Since we have been in today [registered manager] has supported us with the resident, giving them reassurances that we were only here to help, I have been in many care homes and I have never experienced this level of support from a manager. I am not just saying this because you are here."

Staff felt supported and valued by the registered manager. Comments included, "I think the new manager has done very well here. We see them out often on the floor helping and, to be honest, they lead by example." Another said, "The registered manager is committed and full of compassion, they are a good role model. The home has changed dramatically and is more open. We are now working as a team and we are more consistent in practice. The registered manager wants to make sure that every detail is correct and to make sure people and staff are happy." Staff were aware of their roles and responsibilities. When we asked them about the values and vision of the service, staff provided varied answers but they all described person centred care.

People and relatives were encouraged to be involved and feedback on the service provided. Since our last inspection, a number of resident and relatives' meetings had taken place. Some of the relatives' meetings had been attended by representatives from the local authority. Feedback from one of the representatives stated, "We attended a relatives' meeting in September which was very positive and the relatives that attended had nothing but praise for [registered manager] and the changes they had brought about. They spoke about the respect they have for the registered manager and the support now being provided to them and their loved ones in the home." Following feedback from relatives the registered manager informed us they would be installing additional suggestion boxes within the service which would be brightly coloured to encourage feedback. They went on to tell us they would also be putting up a 'You said, We did' board.

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to the Commission about reportable events. Personal records were stored securely when not in use and information on the service's computers were password protected to ensure information was kept safe. Staff had received General Data Protection (GDPR) training.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Suitable measures were not always considered to mitigate the risk or potential risk of harm for service users.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Improvements are required to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Improvements are required to the provider's quality and assurance processes to ensure these are operated effectively to guarantee compliance with regulatory requirements.</p>