

## Barchester Healthcare Homes Limited

# Sherwood Court

### 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

We inspected this service on 6 and 8 November 2018. The first day of the inspection was unannounced. This meant that the service did not know we were coming. We last inspected the service on 22 and 25 August 2017 where it was rated as requires improvement in safe, effective, caring, responsive and well-led. This meant it was requires improvement overall.

During the last inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regulations 18 staffing, 12 safe care and treatment for medicines management, risks and infection control, 15 premises and equipment, 10 dignity and respect and 17 good governance. We also made recommendations in relation to supervisions and appraisals, activities and recording.

Following our last inspection, we met with senior members of the management team including the nominated individual for the provider and asked them to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring, responsive and well-led to at least good. During this inspection we found improvements had been made. However further improvements were required in relation to managing medicines and recording of consent in people's care files. We also made recommendations in relation to individual risks assessments, mental capacity assessments and care planning.

Sherwood Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sherwood court is registered to provided accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury for up to 68 people in one purpose-built building over two floors. All bedrooms were of single occupancy and bathrooms and toilet facilities were available to people. There were communal lounges and dining facilities on both floors and people had access to outside space. The service was situated in a residential area of Preston close to public transport links and shops. There were 48 people on day one of the inspection and 49 people on day two of our inspection living in the service.

The service had a registered manager in post at the time of our inspection. 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 was run.

We saw evidence that servicing and checks of the environment and equipment were taking place which confirmed the home was safe and monitored. Fire risk assessments were seen along with essential fire checks. Individual risk assessments had been completed however not all care files had been updated to reflect people's current risks.

Improvements had been noted in relation to the management of medicines however further improvements were still required. People received their medicines safely from staff.

Staff had completed relevant safeguarding training and there were policies and guidance available to guide them about how to deal with any allegations of abuse. Records we looked at included details of completed investigations and the actions taken as a result.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Capacity assessments and best interests decisions were recorded in most people's care files. Where gaps were seen the registered manager gave us assurances that they would update these. Staff were observed asking people's permission before undertaking any care or activity. However, we saw little evidence of formal consent being recorded in the care files we looked at.

People had access to a varied menu which included choices on offer to them. We received consistently good feedback that the food offered to people was of good quality and reflected their needs, likes and choices.

We saw people had access to activities. Records we looked at confirmed activities were being provided to people. People were treated with dignity and respect and their rights were protected. People were very positive about the care they received from the staff team. Information relating to advocacy services was available to support people with decisions.

Care plans had been developed that provided staff with up to date guidance about how to meet people's needs. However, one care file we noted needed completing to reflect their current needs. The registered manager took immediate action to resolve this.

We received positive feedback about the registered manager and the improvements since she came to post. Relevant meetings were taking place which provided information about the home and enabled people's views to be discussed.

Appropriate audits and monitoring was taking place that demonstrated the home was monitored and safe for people to live in. Records we looked at confirmed complaints were dealt with appropriately. Policies and guidance was available about how to raise a complaint.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Improvements had been noted in relation to the management of medicines however further improvements were required. There were some gaps noted in the medication administration record.

Environmental checks and servicing was undertaken and appropriate risk assessments had been completed. However, we noted one person's care file required completion to reflect their current risk.

Systems were in place to record investigate and act on abuse allegations.

Staff were recruited safely and duty rotas provided evidence of the staffing levels in the home.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Whilst people told us, and we saw staff seeking permission before undertaking any activity formal consent had not been recorded in people's care files.

Not all records we looked at confirmed best interest's decision and mental capacity assessment had been completed. The registered manager acted to address this.

We observed a very positive lunch time meal service, choices of meals were provided to people.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

All people and relatives we spoke with were complimentary about the care they received from the staff.

It was clear people were treated with dignity and respect and people's privacy was consistently maintained.

**Good** ●

Information about how to access advocacy services was available if people required it.

### **Is the service responsive?**

The service was responsive.

Most care files contained relevant information about how to support people's needs. End of life support requirements were recorded where it was relevant.

Systems were in place to investigate and act on complaints.

A programme of activities was in place and we saw evidence that people were taking part in these of their choosing.

**Good** ●

### **Is the service well-led?**

The service was not consistently well led.

All people we spoke with were complimentary about the management of the home and the support and improvements since she came to post.

Surveys and meetings were taking place that ensured the views of people were heard and considered.

A variety of regular and up to date audits were completed that demonstrated the home was monitored and safe for people to live in.

**Requires Improvement** ●

# Sherwood Court

## 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 checked 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.

The inspection was undertaken on 6 and 8 November 2018 and the first day of the inspection was unannounced. Day one of the inspection was undertaken by three adult social care inspectors and two specialist advisors. The specialists were a nurse and a pharmacist. We were also supported by an expert-by-experience for older people and people living with a dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was undertaken by one adult social care inspector.

Prior to our inspection we looked at the information we held about the service. This included any incidents, safeguarding investigations, complaints or feedback and any statutory notifications the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from professionals about their experiences of the service. We took this into account when we inspected the service and made the judgements in this report. We used a planning tool to collate all this evidence and information prior to visiting the service.

To understand the experiences of people who used the service we undertook observations in the public areas of the service. We also spoke with five people receiving care at the time of the inspection and seven visiting family members, we also spoke with one professional. We spoke with 16 staff members. These included, care staff, registered nurses, housekeeping, laundry, the cook, maintenance and administration staff. We also spoke with the deputy manager, two senior managers and the registered manager who took overall responsibility for the service.

We looked at a variety of records, these included, the care files for 14 people who used the service and four staff files. We also checked a variety of records in relation to the operation and management of the service.

These included, training records, duty rotas, team meetings, surveys, feedback and audits in relation to the operation and oversight of the service.

# Is the service safe?

## Our findings

We asked people and relatives about the management of their medicines. The feedback we received was mixed. Two people had raised a concern in relation to a prescribed medicine. We discussed these with the registered manager who provided information about the management of these. A relative told us they were, "Happy with their (relatives medicines) management as reviews were taking place."

At our last inspection we found that the measures to ensure medicines were handled safely and the prevention of risks were not satisfactory. We noted that medicines were not administered to people safely and the arrangements for the safe disposal of medicines required improvements. During this inspection we found improvements had been made however further improvements were required.

Medicines were generally stored safely and securely in dedicated cabinets within people's bedrooms and clinic rooms. Appropriate temperatures were seen that demonstrated they were stored safely in rooms and fridges. However, we noted one occasion where the medicines keys were left unattended in a controlled drug cabinet and a container of thickening agent (which is used to thicken liquids to prevent choking) was left unattended in a public area on three occasions.

Medicines were received appropriately into the service and records had been completed to confirm this. Medicines Administration Record charts (MARs) were noted for all people's medicine. These included relevant charts for recording of patches, creams and 'as required' detailed protocols had been completed. However, we saw a running balance of stock levels was not always recorded. We saw that not all people had completed as required protocols in place and records relating to their administration had not always been completed in full.

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

Disposal of medicines was in appropriate bins. Disposal records were clear and witnessed. At the previous inspection we noted that the medicine disposal containers were very full, this was also an issue at this inspection, however we were advised that the contract with the pharmacy had been changed to organise a timelier collection.

We observed staff delivering medicines safely to people during our inspection. However, we noted that they did not always wear a 'Do not disturb' tabard that would prevent unnecessary interruptions of the medicine round.

Records we looked at confirmed relevant documentation to authorise medicines administration by relevant professionals had been completed. These included covert administration and homely remedies. We checked a random sample of controlled medicines and saw these matched the controlled medicines register and had been stored in an appropriate cupboard. Regular audits were being carried out to monitor the management of medicines in the home. Staff had access to policies and procedures on the



management of medicines.

At our last inspection we found that the measures in place relating to the prevention of risks were unsatisfactory. During this inspection we noted some improvements however further improvements were recommended.

We checked individual risk assessments for people who used the service. Most care files contained up to date information about how to manage people's risks. These included, moving and handling, falls, inability to use nurse call bells and tissue viability. However, one person's record we looked at required completing that would ensure staff had access to relevant guidance about their risks and how to manage these safely. We discussed this with the registered manager who took immediate action and ensured the records were up to date and reflected their needs.

We recommend that the provider seeks nationally recognised guidance to ensure all risks to people are assessed in a timely manner.

Environmental risk assessments, servicing and checks confirmed the home was monitored, reviewed and safe for people to live in. Areas included health and safety audits, water checks, portable appliance testing, hoists, gas and electrical safety. A matrix was completed that identified when essential checks had been completed and what was due to be done. This enabled a smooth auditing of the service by the management team. A relative discussed some concerns in relation to small ornaments on one of the floors in the home. We discussed this with the registered manager who told us all of these were light-weight and would pose a very low risk but confirmed these would be included on the risk assessments for the home.

An up to date fire risk assessment was seen along with a detailed evacuation plan and evidence of relevant checks taking place. These included, emergency lighting checks, weekly fire alarm checks, firefighting equipment, and fire safety training records. Personal Emergency Evacuation Plans (PEEPs) were held centrally with appropriate information about how to support people in the event of an emergency that required an evacuation. However, we noted the record would benefit from information in the section for complex needs. The registered manager told us they would ensure the PEEPs reflected the current information about people's needs.

Systems were in place that confirmed incidents and accidents were being dealt with in the home. Records followed a chronological pattern that aided monitoring and analysis of any themes or trends. Reports included the details of the incident along with the actions taken by the home to keep people safe. Information was noted that demonstrated any lesson learned were shared with the staff team and that the home demonstrated its duty of candour responsibilities.

At our last inspection we identified that unsatisfactory measures were in place in relation to infection prevention. During this inspection we found improvements had been made and the provider was meeting the requirements of the regulation.

We undertook a walk around of the service and saw all areas were clean and tidy and free from clutter. Housekeeping staff were observed undertaking their duties appropriately making use of cleaning equipment that ensured the home was clean and safe for people to live in. Cleaning schedules were seen that confirmed these were undertaken daily. Guidance was on display about hand hygiene. Staff had access to liquid soap and paper towels and hand gel was available across the home and policies and guidance was available to staff about infection prevention and control. Staff were seen making use of personal protective equipment during personal care, household duties and as part of the meal service. Staff we spoke with told

us, "We always wash our hands before doing anything." All people who used the service and visitors told us the service was always "Clean and tidy." This ensured people were protected from the risks of infection.

At our last inspection we identified that the service did not always have enough staff available or suitably deployed to meet their assessed needs. During this inspection we found improvements had been made and the provider was meeting the requirements of the regulation.

We asked people and visitors about the staffing levels in the service, we received mixed responses. They told us, "I don't think they have enough, but I don't have to wait long", "Especially at weekends they are thin on the ground" and "Sometimes it's understaffed, sometimes it's okay." We undertook observations of the staffing in the home. Buzzers were generally answered promptly and on the whole people's needs were responded to in a timely manner. However, during the breakfast service, we noted some people had to wait for support with their meal and we saw one person being supported mobilising around the service with ancillary staff. We discussed this with the registered manager who told us the service operated, "Whole staff approach to meal times." They confirmed that staff had received the relevant training to undertake these duties and confirmed that they would undertake a review of staffing during meal time that ensured people received the support they required.

We looked at the duty rotas which identified the staffing allocation for each shift. We noted where there were increases in admissions to the service, staffing was increased in accordance to their needs. The home completed dependency assessments (DICE) that determined the staffing needs for the home. The registered manager told us, "Dice [is] used but I will staff according to [People's] needs."

Systems were in place that confirmed staff were recruited safely to their roles. Records included completed application forms, references from previous employer's, proof of identity and Disclosure and Barring Service (DBS) checks had been obtained which confirmed staff were safe working with vulnerable people. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. Staff had been inducted when they started employment at the service and this included mandatory training to ensure they were trained in essential areas before undertaking their duties.

People and relatives, we spoke with told us they felt safe and well cared for. Comments included, "There's always someone around and the doors are secure", "The staff are good, you can ask them anything and they tell you the truth. I trust them with my life" and "I haven't seen anything to make me think otherwise." One relative told us about the actions taken by the service to ensure their family member was safe following a review of the call bell systems in their bedroom. Staff demonstrated their understanding of abuse and what actions they would take to protect people from risks of abuse. They told us, "I would report any concerns to my line manager and would go higher if not acted upon." Training records confirmed staff had undertaken safeguarding training. There were policies and guidance which included the Lancashire County Councils safeguarding protocol available that ensured staff acted on any concerns appropriately.

Systems were in place to record, report, investigate and act on any allegations of abuse. Record included the actions taken as a response to the allegations as well as confirmation that appropriate referrals to the relevant authorities and notifications were submitted to the Care Quality Commission. We also saw any concerns were shared with the staff team during shift handover and team meetings. This would ensure future risks to people were addressed.

## Is the service effective?

### Our findings

People and relatives, we spoke with told us their care was discussed with them prior to any activity. Staff told us they always asked permission from people. They said, "We all know the importance of all ways asking for permission before we do something with a resident (people who used the service), part of our training."

We observed staff consistently asking people's permission before undertaking any care or activity and ensuring consent was obtained. However, the care files we looked at contained little evidence that formal consent had been discussed and agreed by people who used the service or their nominated representative.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Records we looked at confirmed DoLS applications had been submitted to the relevant assessing authority. We saw the progress of applications were followed up. This ensured people were not being deprived of their liberty unlawfully. We saw one record where mental capacity assessments had not been completed in full. The registered manager took immediate action to ensure these were in place and reflected people's current needs.

We recommend the provider seeks nationally recognised guidance to ensure mental capacity assessments are in place and reflect people's current needs.

At our last inspection we made recommendations in relation to specific training for staff and timely and regular supervisions and appraisals. During this inspection improvements were noted.

People and relatives, we spoke with were complimentary about the staff team and the care they received. Staff we spoke with confirmed they had undertaken relevant training that supported them in their role. They told us, "My training is up to date" and "We have to attend updates every six months or yearly" It was clear from our observations that staff understood people's individual needs and ensured they received appropriate and timely care.

We looked at staff training records and the service's training matrix. We saw they had achieved a high compliance with its mandatory training courses. Staff were provided with relevant training to ensure they had the skills and knowledge to undertake their role and responsibilities effectively. For example, dysphagia and choking, food safety, health and safety and my skin. The deputy manager told us they had recently commenced specialised dementia training and that this would be shared with the whole staff team. This ensured that staff had the knowledge and skills to deliver effective care to people. Evidence of competency checks and observed practice was seen that demonstrated the care staff delivered to people. This ensured that staff had the knowledge and skills to deliver effective care to people.

Staff we spoke with and records we looked at confirmed regular supervision was being completed with the staff team. Records also confirmed annual appraisals were being undertaken with the staff. This would ensure staff were able to discuss their progress and development with the senior team.

At our last inspection we identified concerns in relation to the environment that met the needs of people living with a dementia. During this inspection we found improvements had been made and the registered provider was meeting the requirements of the regulation.

The service was purpose built over two floors and people had access to lounge, dining and bathroom facilities across all areas of the home. Where people had limited mobility access to both floors was via a lift. Accessible outside space was available for people to use of their choosing, we saw people making use of the garden during our inspection. The registered manager told us there was an ongoing refurbishment programme and changes had been made to the layout of both floors to aide peoples movement around the service and the delivery of their care. We noted improvements in the environment that supported people living with a dementia. Bedroom doors had information to assist people in accessing their own personal space. Corridors were wide and accessible and lounges had various items such as radios, soft toys, sensory tubs and board games for people to make use as of part of the day.

Our review of the kitchen identified appropriate checks and cleaning was taking place. The service had been awarded a five-star food hygiene rating by the Food Standards Agency in 2017. This was the highest rating that can be achieved and demonstrated the standard was 'very good.' We saw plenty of supplies of food available and the chef we spoke with confirmed people were able to choose any food they liked in the home. One staff member told us, "We know what residents like and don't like, if there is something else they fancy we will try and cater for them." There was a rolling menu provided to people and we saw choices were available to them at each meal service and special diets were catered for. These included where professionals had recommended a type of meal, diabetic diets and vegetarian options. Staff clearly understood people's dietary needs well and care records we looked at recorded people's choices, preferences and needs in relation to their meals.

Meals were cooked freshly each day and looked appetising. People had access to drinks in all areas of the service. This would ensure people received adequate hydration. Staff told us, "The fluid trolley form is filled after drinks are given out and then checked by a senior member of staff. I make sure everyone gets their drinks." We observed the lunchtime meal service on both floors and saw this was a positive experience for people. Staff were seen interacting positively with people whilst offering appropriate and timely support. Tables were nicely set with table clothes, cutlery and crockery available for people. All people told us they enjoyed the meals on offers. They said, "[Name] eats very well, [name] likes the food", "It is quite good, they give you a choice and if you want something, they'll get it for you" and "It is pureed and presented properly, the food is excellent." Staff were seen supporting people to eat their meals and staff we spoke with told us they ate with people who used the service when it was appropriate. They said, "We always eat with the residents, makes mealtimes feel normal." This promoted a positive and inclusive lunch time experience for

people.

Care files contained information about people's individual health needs and there was evidence that people had access to relevant professionals when it was required. All people who used the service and relatives told us they had access to a GP if it was required and relatives confirmed the home informed them of any changes in people's health needs. The registered manager told us a clinic had recently commenced with the GP covering the home. A nurse practitioner visited the service weekly and undertook reviews of people ensuring timely and appropriate support was provided to people. We noted two people who had recently moved into the service had reviews undertaken by a visiting professional. We spoke with one professional involved in the clinic who told us that the service provided in the service was new and that there were plans to introduce support from a pharmacist in relation the medicines management.

# Is the service caring?

## Our findings

All the people and relatives we spoke with were very complimentary about the care and support they received. Comments included, "They are good, very kind, nothing's too much trouble", "Very well, they're kind" and "They are very good." People and relatives confirmed they were consistently treated with dignity and respect and their rights were protected. They told us, "Yes, they [staff] are very open minded", "They are very friendly, and they try to make it home from home." However, one person told us that they were not offered a choice in relation to the gender of the staff who provided their support.

At our last inspection we identified that the service failed to ensure people were treated with dignity and respect at all times. During this inspection we noted improvements had been made and the service was meeting the requirements of the regulations.

People consistently told us their rights to privacy were maintained. They told us, "If I go into my room, they always ask if I'm okay. They knock on the door and close the curtains" and "Absolutely, that's one of the main things [Privacy]." During our inspection we saw staff knocking on people's doors and waiting to be invited in. Personal care was delivered to people in the privacy of their bedrooms or bathrooms. Staff we spoke with understood the importance of good care. They said, "People's needs are met. We have discussions around people's care." Policies, procedures and guidance was available to inform staff about how to ensure people's privacy, dignity, respect and rights were upheld.

It was very clear staff understood people's needs well and caring and meaningful relationships had been developed between staff and people. Staff were seen speaking nicely to people at a time and pace of their choosing. Staff clearly understood people's needs well and we noted a mutual respect between people and staff had been developed. We observed examples of positive interactions. An example of this was where one person was clearly delighted when they observed a staff member entering the room and approach them in a very kind and caring manner. However, one person discussed their concerns about living in the home. We discussed this with the registered manager and the person's presentation during the inspection who was able to discuss what actions they would take as a response to this. We also saw a moving and handing procedure was undertaken using the person's trouser belt. We discussed this with the management team who told us they had recently undertaken a careful observation training and would utilise these skills to monitor the care delivered to people and ensure good quality care is provided to people.

People were noted to be nicely presented and wearing clothing appropriate for the time of the year. Consideration was taken to ensure people's clothes were protected during meal times. A relative told us, "Yes, [name] always looks presentable." With permission from people dignity aprons were used that ensured people's clothing was kept clean and presentable during mealtimes.

People told us they were involved in choices and decisions and they were supported to be independent and treated as equals by the staff team. They told us, "I can do a lot for myself. I bath myself but they keep looking in on me" and "I prefer the staff to do things for me." Routines and preferences were honoured by the staff. This ensured care delivered to people respected their rights, needs and choices.

People's care records were noted to be held securely in coded, secure locked offices. Staff files were stored safely with limited access to these by the senior management team. This ensured confidential information was held safely. This demonstrated that the home ensured they met their responsibilities in relation to The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Records we looked at had information about how to support people to communicate effectively. Care plans and risk assessments had been developed that supported and guided staff on how to meet their individual needs. People were supported to access their personal and spiritual preferences. This met their individual and diverse needs.

Where people required support with important decisions we saw advocacy guidance about the service and how to access this was on display in the public areas of the home. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them.

## Is the service responsive?

### Our findings

People and relatives told us they were happy with their care but the feedback we received about their care plans, and reviews was mixed. They said, "I can discuss the care any time. [Names] care plan was due to be reviewed in May and it hasn't been done yet", "Yes, when necessary" and "Yes, but the care plan's not been discussed." However, one person told us, "Not really, I have to ask if I want to know anything."

At our last inspection we recommended that appropriate recording systems were put into place and monitored effectively. During this inspection we found improvements had been made. However, we recommended that all people's care plans reflected their individual needs.

The care files we looked at followed a chronological pattern that supported staff to access information about people's individual needs. Preadmission assessments had been completed prior to anyone moving into the service. These would ensure the needs of people could be met. Personal information was included in care files which included people's individual health needs and how to support these. Evidence of reviews by professionals was recorded that confirmed any deterioration in people's conditions were acted upon by the home.

Most of the care files reflected initial assessments had been completed and relevant care plans and risk assessments were in place that guided staff about how to meet people's individual needs. Areas covered included, continence, falls, moving and handling, wound care, nutrition and personal care. Relevant daily records were seen that demonstrated the care people had received throughout each shift. However, we noted one person's care file required up to date details about how to manage their individual needs safely. We discussed this with the registered manager who undertook an immediate review of their record and demonstrated that reviews had been completed and care plans were updated to reflect their individual needs.

We recommend that the provider seeks nationally recognised guidance to ensure all people living in the service have up to date relevant care plans.

The registered manager told us they were introducing a new record into people's files that was shared with members of the wider professional team. These contained information about what was important to people their needs, choices and likes.

Care files contained information about how to support people as they neared the end of the life and the individualised care required. Where appropriate and authorised by a medical practitioner do not attempt cardio pulmonary resuscitation records were seen. This ensured people's needs were managed safely as they neared the end of their life.

At our last inspection we made recommendations that an assessment of the activities on offer at the service took place, and where needed, improvements were made to ensure that people's needs were met. During this inspection we found improvements had been made.



People, relatives and staff we spoke with confirmed a variety of activities were available to people. They said "[Name] loves music", "[Name] enjoys the singing", "I watch TV, I don't like some of the activities. I like music and films." However, others told us, "[Name] doesn't want to join in the activities", "They have tried to involve [name] in the activities, but [name] doesn't want to", and "Activities, they don't do enough to stimulate them, a lot more could be done with them." Staff told us an, "Activity coordinator works Monday to Friday [and there are] lots of things going on."

Records we looked at confirmed what activities people had undertaken. There was programme of activities on display and we observed activities taking place during our inspection. Activities included, quizzes, hairdresser, reminiscence therapy, external entertainers and remembrance Sunday events.

Systems to deal with complaints were in place that ensured any concerns or complaints were investigated and acted on appropriately. Records included details of the concerns along with the actions taken, outcomes for these and any lessons learned. All complaints were reviewed as part of the quality audit and any themes or trends discussed and shared across the company. Policies and guidance were available on how to raise a concern and how to act on these.

People we spoke with told us they knew how to raise a concern. They said, "If I had any issues I'd talk to them" and "Only 18 months ago and it was sorted." We saw positive feedback had been received by the home in the form of surveys and feedback received.

The service had made use of assistive technology for the benefit of people living and staff working there. Computer systems were used to complete audits and monitoring, along with the development of people's records. The registered manager told us people were supported to access the internet where they requested and gave an example of one person who regularly used the computer during the day. Hand held electronic devices were available for people to use and all areas of the home had wireless internet access that supported people to access technology of their choosing. This supported choice, individualised care and activities for them. The registered manager told us she was increasingly utilising emails as a form of communicating with relatives who lived a distance from the service.

## Is the service well-led?

### Our findings

People and relatives told us that the registered manager was approachable and visible around the home. They told us, "I think I have met her once", "She always says hello and the office door is normally open" and "It has gradually improved over the last 12 months."

At our last inspection we identified systems and processes that enabled the service to identify and assess risks to people and their health and welfare required improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and the service was meeting the requirements of the regulation.

All of the staff we spoke with were complimentary about the registered manager and the improvements in the service. They told us, "It is much better, now big improvements, feel happier. The home is getting into a better place. [Registered manager] is a lovely supportive manager you can go to her with anything" and "The manager is firm but fair, supportive. There is a definite improvement." The registered manager told us, "We have a really good team we are working as a team."

The manager who was registered with the Care Quality Commission took overall responsibility for the service. It was clear the service was being managed well and the registered manager was visible and operated an open-door policy. She had a good understanding about the operation and management of the home and was clearly committed to making the improvements required in the service. Throughout the inspection all of the staff team were open transparent and supportive of the process. Any information requested by the inspection team was promptly provided that promoted a positive process.

Whilst we saw improvements had been made in the service further improvements were required in relation to the management of medicines and formal consent recorded for people. As well as recommendations in relation to individual risks and care plans.

Relevant certificates were on display in the public areas of the service. These included the registration with the Care Quality Commission, the ratings from their last inspection and employer's liability insurance. The service submitted relevant notifications to the Care Quality Commission as required by law. This demonstrated its commitment to openness and transparency.

The service recognised the values of staff and the contribution they made to the delivery of care. We saw staff were nominated employees of the month and staff told us their views were valued as part of team meetings. Minutes from a variety of meetings including team meetings and daily stand up meetings with all heads of departments were seen. These included the dates of these and the topics discussed. This ensured relevant people received updates and were included in decisions in relation to the service.

The service had a system in place to enable people, visitors and staff to provide their views. A comments box was available in the entrance to the service to enable anonymous feedback about the service provided. Annual surveys were submitted to people and relatives. The registered manager told us the registered

provider was changing the way feedback was obtained from people which ensured more frequent feedback about the service was obtained. Results from the most recent survey demonstrated people were happy with the care they received. The registered manager told us surveys had been sent to people recently and they were awaiting the results of these.

A wide variety of audits were taking place that demonstrated the service was monitored and safe for people to live in. Areas covered included, care plans, medicines, mealtime experience, health and safety, unannounced visits, falls and cleaning schedules. The findings had been recorded which included any recommendations going forward. Senior audits and quality reviews were undertaken that demonstrated senior management was monitoring the service ensuring people were safe and well cared for and the staff team happy and supported. Actions plans had been developed that ensured any improvements required were completed. This would ensure appropriate actions were taken to reduce any future risks to people, visitors or staff.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The provider failed to ensure formal consent had been signed as agreed in people's care files.</p> <p>Regulation 11. – (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12. – (2) (g)</p>