Woodchurch House Limited

Woodchurch House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Woodchurch House is registered as a supported living service care, a care home with nursing, a domiciliary care service and an extra-care housing service.

A supported living service provides care and support to people living in supported living settings so that they can live as independently as possible. Under this arrangement people's care and housing are provided under separate contractual agreements. An extra care housing service provides care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. In both supported living services and extra care housing services people's care and housing is provided under separate contractual agreements. In a care home with nursing service people receive accommodation, nursing and personal care as a single package under one contractual agreement. A domiciliary care agency provides personal care to people living in their own homes.

Woodchurch House can provide accommodation, nursing and personal care for 78 people. It can accommodate older people and people who live with dementia. It can also provide care for people who misuse drugs and alcohol, people who need support to maintain their mental health and people who have physical and/or sensory adaptive needs.

At the inspection there were 73 people living in Woodchurch House. Three people were using the care home with nursing service and were funded by a health authority as they needed complex nursing care. The remaining people used the supported living service, rented their accommodation and had tenancies with Woodchurch House Limited. These people could choose which provider delivered their care. All the people using the supported living service had chosen to receive their nursing and personal care from nurses and care staff employed by Woodchurch House Limited.

No-one living in Woodchurch House was using it as a domiciliary care service or as an extra-care housing service.

The accommodation was provided on two self-contained floors comprising a number of bedrooms, communal bathrooms and lounges. Each person had their own large bedroom and private bathroom. There was no physical separation between the accommodation used for the supported living service and the care home service. A person using the care home service may have their bedroom next door to a person using the supported living service and both people may use the same communal lounge.

People's experience of using the service and what we found
People and their relatives were positive about the service. A person using the supported living service said, "I get on fine with the staff here. They're kind to me." In a thank-you card a relative said, "Bless you and thank you for your love and care mum received. I was always impressed with the hard work and standard of

Woodchurch House." Another relative said, "When my family member has been unwell and I've got upset the care staff have been wonderful and kind to me so I'm reassured. They're like my daughters."

The inspection of Woodchurch House was prompted in part by notification of an incident when a person using the service had an accident while being helped to transfer using a hoist. The person fell and sustained a serious injury. The incident was investigated by the local safeguarding of adults authority who concluded the accident was the result of an isolated example of neglectful care. At this inspection suitable steps had been taken to reduce the likelihood of the same thing happening again.

People received safe care and treatment in line with national guidance from nurses and care staff who had the knowledge and skills they needed. There were enough nurses and care staff on duty and safe recruitment practices were in place. People were helped to take medicines in the right way and hygiene was promoted to prevent and control infection. People had been helped to quickly receive healthcare attention when necessary.

People were supported to have maximum choice and control of their lives and nurses and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Most of the accommodation was adapted and maintained to meet people's needs and expectations. Steps were being taken to address a small number of defects.

People were treated with kindness and compassion, their privacy was respected and confidential information was kept private.

People were consulted about their care and had been given information in an accessible way. People were supported to avoid the risk of social isolation by pursuing their hobbies and interests. Complaints had been resolved and people were treated with compassion at the end of their lives.

There was a service manager who was applying to become the registered manager. The service manager was a nurse. Quality checks had been completed and people had been consulted about the development of the service. Regulatory requirements had been met, good team work was encouraged and joint working was promoted.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service at the comprehensive inspection completed on 11/14 December 2018 was Requires Improvement (inspection report published 26 March 2019) and there were four breaches of regulations. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulations.

Why we inspected
The inspection of Woodchurch House was prompted in part by notification of the incident described above when a person sustained a serious injury.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details in our safe findings below.

Is the service effective?

Good

The service was effective.

Details in our effective findings below.

Is the service caring?

Good

The service was caring.

Details in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details in our well-led findings below.

Woodchurch House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by two inspectors.

Service and service type
This service can provide nursing and personal care for people living in a supported living setting so they can live as independently as possible. People's care and housing are provided under separate contractual arrangements. The Care Quality Commission does not regulate premises used for supported living. This inspection looked at the nursing and personal care provided for these people.

Woodchurch House is also a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided and both were looked at for the three people concerned during this inspection.

No one living in Woodchurch House was using it as a domiciliary care service or as an extra-care housing service.

The service did not have a manager registered with the Care Quality Commission. It is a requirement that Woodchurch House has a registered manager. The registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

In this report we only refer directly to 'the supported living service' and 'the care home with nursing service' when our conclusions do not relate to the whole service.

Notice of inspection
The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with 13 people using the supported living service and one person using the care home service. We also met with five relatives.

We spoke with six care staff and two nurses. One of the nurses was the clinical lead for the service and supervised the provision of nursing care. We also spoke with two of the social coordinators, a housekeeper and the maintenance manager. We met with a visiting commissioner and spoke by telephone with a healthcare professional. In addition, we met with an external management consultant, the service manager and the compliance manager.

We reviewed documents and records that described how care had been planned, delivered and evaluated for eight people.

We examined documents and records relating to how the service was run. This included health and safety and in particular the steps taken to ensure the safe use of hoists. It also included the management of medicines, staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used to assess, monitor and evaluate the service.

In addition, 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 speak with us.

After the inspection
After the inspection we spoke by telephone with two more relatives to obtain feedback about their experience of using the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to support staff to keep people safe from harm and abuse
At the last inspection there was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not promptly notified the local safeguarding of adults authority when concerns had arisen about people being at risk of abuse. This had limited the ability of the authority to take prompt action to ensure people were kept safe.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements had been made to address the shortfalls.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 13. The registered provider had developed more robust systems and processes to manage safeguarding of adults concerns. The safeguarding of adults authority had been notified about any concerns. Also, the registered provider had promptly provided the authority with all the information it needed to assure itself people were being kept safe.

• People were being safeguarded at this inspection from situations in which they may be at risk of experiencing abuse. Nurses and care staff had received training and knew what to do if they were concerned a person was at risk. A person using the supported living service said, "The staff are bubbly and I always feel completely safe with them. I like to know they're around." A relative said, "I trust the staff completely and never have any concerns about how they are treating my family member."
• There were systems and processes in place to guide staff to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management
At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service's 'no-smoking' policy for staff had not been enforced. A routine urine test for a person had not been completed regularly.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements had been made to address each of the shortfalls.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12. Staff had been given additional training and were following the 'no-smoking'

policy by only smoking in a designated outside area. A healthcare professional told us and records confirmed that urine and other medical tests were being completed in the right way. New checks were being completed to ensure the service's continued compliance for both of these matters.

• An accident had occurred shortly before the inspection when a person had fallen from a hoist and had sustained a serious head injury. The incident had occurred because two care staff had not used the hoist in the correct way. The service manager and compliance manager had investigated what had gone wrong and had taken action to reduce the likelihood of the same thing happening again. The care staff directly involved in the accident had immediately received more training and their competency to safely use hoists had been assessed and confirmed.
• The written guidance for nurses and care staff about the safe use of hoists had been made more detailed and all nurses and care staff had read it. In addition, the service manager and clinical lead were completing new spot-checks to ensure hoists were being used in the right way. All hoists used in the service had been checked to ensure they were in good working order. We asked five care staff about the safe use of hoists and each of them correctly described how they followed the training and guidance they had been given. We saw a person being helped to transfer using a hoist and this was completed in the right way.
• All the measures taken had helped to ensure people were kept safe when being assisted to transfer using a hoist.
• Other aspects of people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. A person using the supported living service said. "The staff help me a lot and they never seem to mind."
• People were helped to keep their skin healthy. When necessary people were provided with special air mattresses to reduce pressure on their skin making the development of pressure ulcers less likely. Also, nurses and care staff used special low-friction slide-sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
• People were helped to promote their continence. They were discreetly assisted to use the bathroom whenever they wished and nurses regularly checked to ensure people had not developed a urinary infection.

• Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. The accommodation was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Nurses and care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Staffing and recruitment
• Relatives and people living in the service said there were enough staff on duty. The service manager had calculated how many nurses and care staff needed to be on duty to meet people's care needs. A person using the supported living service said, "When I use my call bell the staff are quickly there." A relative said, "The staff are very busy in particular when someone 'phones in sick at the last moment. But even then the staff are organised and get things done. I've not seen people having to wait for care or heard the call bells always ringing."
• There were enough nurses and care staff on duty. Sufficient nurses and care staff had been employed and records showed shifts were being reliably filled. People were promptly assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed.
• Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done so the service manager could check their previous good conduct.
• Disclosures from the Disclosure and Barring Service had been obtained. These disclosures establish if an

applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only suitable people were employed to work in the service.

Learning lessons when things go wrong
• There was a system to analyse accidents and near misses to establish what had gone wrong and what needed to be done about it. An example was identifying the times of day when people had fallen so the reasons for this could be identified.
• When things had gone wrong suitable action was taken to give people the assistance they needed. This included requesting assistance from healthcare professionals. An example was helping a person using the supported living service stay safe in their bedroom. The person was at risk of falling when getting out of bed without assistance from care staff. With agreement from the person and their relatives a remote sensor had been fitted in the bedroom. This alerted care staff when the person was getting up and in need of assistance.

Using medicines safely
• People were helped to safely use medicines in line with national guidelines. Medicines were reliably ordered so there were enough in stock and they were stored securely in clean, temperature-controlled conditions.
• There were written guidelines about the medicines prescribed for each person. Nurses and senior care staff who administered medicines had received training. Medicines were administered in the correct way so each person received the right medicine at the right time. A person using the supported living service said, "I want the nurses to do my medicines and I get them like clockwork."
• There were additional guidelines for nurses and senior care staff to follow when administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary.
• Suitable steps had been taken for a small number of medicines administered covertly (without a person's knowledge). Consent had been obtained from relatives . Also, advice had been obtained from a healthcare professional to confirm it was safe to administer the medicines by discreetly mixing them in food.
• The service manager and the clinical lead regularly audited the management of medicines so they were handled in the right way.

Preventing and controlling infection
• Infection was prevented and controlled by nurses and care staff correctly following guidance about how to maintain good standards of hygiene. A relative said, "The service is very clean and has a pleasant, fresh atmosphere throughout."
• Nurses and care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
• There was an adequate supply of cleaning materials. Fixtures, fittings and furnishings were clean as were mattresses, bed linen, towels and face clothes.
• In response to the risks of coronavirus people living in the service, staff and visitors had been given extra advice about the importance of washing their hands. In addition, anti-bacterial soap was available for use throughout the service.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The external management consultant had met each person before they moved into the service. This gave people and their relatives the chance to ask questions about the care and facilities provided in Woodchurch House.
• The meeting also assessed the care a person needed to receive to make sure the service could meet their needs. When completing the assessment a number of nationally recognised tools were used to ensure comprehensive information was collected. Examples of were things known to increase the risk of a person developing sore skin, experiencing falls and having allergic reactions.
• The assessment also considered how to respect a person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage. Another example was asking a person if they had a preference about the gender of the nurses and care staff who provided their close personal care.

Staff support: induction, training, skills and experience
• New nurses and care staff received introductory training before they provided people with care. Care staff received refresher training in subjects including the safe use of hoists and how to support people to promote their continence. Nurses also received refresher training in clinical subjects including managing healthcare conditions and wound-care.
• Care staff knew how to support each person in ways right for them. An example of this was a member of care staff responding appropriately when a person became upset and was at risk of placing themselves and people around them at risk of harm. The person was anxious because they could not recall when their lunch time meal was due to be served. A member of care staff quietly pointed to a nearby clock and reassured the person they would assist them to go to the dining room in plenty of time for their meal.
• Nurses knew how to provide safe clinical care. An example of this was the assessment, treatment and evaluation of an area of sore skin a person had developed before they moved into the service. Records of the care provided and photographs of the wound healing showed nurses had the knowledge and skills they needed to provide clinical care in the right way.
• Nurses and care staff supported people to maintain good oral hygiene. Care staff described how they provided practical assistance such as noting when a person needed to buy a new toothbrush or renew their supply of denture cleaning products. People had also been supported to attend dental appointments. A relative said, "I think the care is good. I've not seen my family member without their dentures or without their hearing aid."
• Nurses and care staff received individual supervision from a senior colleague to review their work and to plan for their professional development. Checks were completed to ensure nurses were registered with their

professional body to practice their profession.

Supporting people to eat and drink enough with choice in a balanced diet
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals giving people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person using the supported living service said, "The meals are very good and there's always more than enough for me."
• People were free to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by care staff. People could have drinks and snacks in between meal times.
• People's body-weight was monitored so significant changes could be noted and referred to healthcare professionals for advice. Nurses and care staff also recorded how much people had to eat and drink to check enough nutrition and hydration was being taken. Some people were being food supplements to help them maintain a safe body-weight.
• Speech and language therapists had been contacted when people were at risk of choking. Nurses and care staff were following the advice they had been given including blending food and thickening drinks to make them easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to receive coordinated care when they used or moved between different services. This included nurses passing on important information when a person was admitted to hospital or if they moved to a different care setting.
• Nurses supported people who lived with longer term health conditions in the right way. An example was assisting people with diabetes to use medicines prescribed for the condition and to follow the right diet to maintain their health.
• Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see dentists, chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 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 to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being supported to choose when they wanted to get up/ go to bed, what clothes they wanted to wear and whether they wanted to be assisted to have a shower or a bath. A person said, "I can choose when I want to get up, go to bed and when I use my bedroom during the day."
• When people lacked mental capacity decisions were made in each person's best interests. Relatives and healthcare professionals had been consulted when a significant decision needed to be made about the care provided. An example was the clinical lead liaising with a person's relatives when it was necessary for them

to have rails fitted to the side of their bed. This helped prevent them rolling onto the floor and possibly injuring themselves.
• Applications had been made to obtain DoLS authorisations for people using the care home with nursing service when they lacked mental capacity and needed to be deprived of their liberty. For people using the supported living service who need to be deprived of their liberty in order to receive care and treatment the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. Applications for both groups of people had been made in the correct way but no authorisations had been received.
• Some authorisations can have conditions stating what additional steps need to be taken so a person can receive the least restrictive care possible. There were arrangements to ensure any conditions placed on authorisations received in future were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Adapting service, design, decoration to meet people's needs
• There were passenger lifts giving step-free access around the accommodation. Hallways and doors were wide to accommodate people who used wheelchairs. There were raised toilets with support frames around them and an accessible call bell system.
• Each person had their own large bedroom and private bathroom. People had been encouraged to personalise their bedrooms furnishing and decorating them as they wished. People could lock their bedroom door.
• There was enough communal space. There were some signs to help people find their way around and more were being fitted.
• Most of the accommodation was well maintained and decorated. Some banisters were damaged and were about to be replaced. The gardens were well-kept, level and accessible.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People were positive about the care they received. A person who lived with dementia and had special communication needs smiled and held hands with a member of care staff when we used sign-assisted language to ask them about their care. Another person said, "I like to see the staff and they check on me at night to make sure I'm okay. I like that too."
• Nurses and care staff had received training and recognised the importance of promoting diversity by respecting the choices people made about their identities and lifestyles. This included meeting spiritual needs through religious observance.
• People from the gay, lesbian, bisexual and transgender communities were welcome in the service.

Promoting people's privacy, dignity and independence
• People's right to privacy was respected and promoted. Nurses and care staff understood the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care nurses and care staff closed the door and covered up people as much as possible. Communal bathrooms and toilets had working locks on the doors.
• Private information was kept confidential. Nurses and care staff had been provided with training about managing confidential information in the right way. When discussing the care to be provided nurses and care staff did this discreetly so they could not be overheard.
• Written records containing private information were stored securely when not in use. Most care records were electronic. Access to these was password-protected so only authorised staff could access them.
• People received care promoting their dignity. A person was pleased to show us their neatly-ironed clothes hanging in their wardrobe. People wore clean clothes of their choice and had been supported to wash and comb their hair.
• People were assisted to be as independent as they wished. An example was a person who liked to help housekeeping staff by folding linen. Another person liked to help kitchen staff by peeling potatoes. A person using the supported living service said, "The staff know I like to do things at my own speed and they're not always interrupting and let me get on with things."

Supporting people to express their views and be involved in making decisions about their care
• People were supported to be actively involved in making decisions about things important to them as far as possible. An example was a member of care staff chatting with a person about when they wanted to be assisted to have a bath or shower. Another example was a nurse asking a person if they wanted to have a medical dressing checked where they were sitting in a communal area or if they wanted to return to their

bedroom.
• Most people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The service had developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to weigh up information, make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• The external management consultant, nurses and care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans had been regularly reviewed in consultation with each person and their relatives so they accurately reflected people's changing needs and wishes.

• People received person-centred care responsive to their needs. People were supported to safely move about their home with assistance from one or two care staff depending on how much assistance was needed. Care staff understood some people derived comfort from having cherished keepsakes with them at all times. Special arrangements had been made to support a person who wanted to travel overseas to stay with a relative. The service manager had liaised with a family member who was accompanying the person on the trip, arranged for enough medicines to be packed for the trip and offered to help with sundries such as buying sun-block cream.

• Some people had special communication needs and did not find it easy to say if they were uncomfortable or in pain. Nurses and care staff had received training and knew how to recognise indirect signs a person needed assistance.

• Nurses and care staff regularly checked on people who received most of their care their bedrooms. This was to make sure the people were comfortable and had everything they needed. A person cared for in their bedroom said, "The staff are always popping in to see me to make sure I'm okay."

• With each person's agreement nurses and care staff kept in touch with relatives so they knew about any significant developments in their family member's care. A relative said, "I like being kept up to date. There was a time when my mother was being considered for hospital treatment. The staff told me and I so I had the chance to say I definitely wanted her to receive the medical care she needed at Woodchurch House if at all possible as all the staff know her."

• Relatives could remotely access a number of care records relating to their family member. There was a secure internet application enabling relatives to review on a real-time basis key parts of the care their family member was receiving.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with physical and/or sensory adaptive needs and in some circumstances to their carers.

• People had information presented to them in a user-friendly way. Parts of care plans were written in an

easy-read style with pictures and graphics. Care staff had hand-held devices with graphics they could show to people describing the care they wished to offer them. There was a pictorial menu and care staff chatted with each person to help them decide what meal they wanted to have.
• Important documents presented information in an accessible way. There was a leaflet explaining the role of the local safeguarding of adults authority giving the authority's contact details.
• Some people lived with hearing-loss. Care staff made sure hearing aids were working properly and were comfortable for people to use. Care staff also spoke clearly but discreetly with these people making sure they had been understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People had been supported to keep in touch with their families. Relatives were free to visit their family members whenever they wished. A relative said, "I'm always made to feel welcome by the staff, we have a chat and it's all very relaxed."
• The service had an internet connection and so people could use emails and social media to keep in touch with their families.
• People were supported to pursue their hobbies and interests. There were social coordinators who invited people to enjoy small group events including armchair exercises, games and crafts. They also engaged people on an individual basis helping them to deal with correspondence and providing nail and hand-care. There were outside entertainers who called regularly to the service.
• People were supported to celebrate seasonal occasions such as Easter and Christmas and personal events such as birthdays.

Improving care quality in response to complaints or concerns
• The complaints procedure was written in a user-friendly way using larger print to make it easier to read. It reassured people about their right to make a complaints, explained how complaints could be made and described how they would be investigated. A relative said, "There's a pretty informal feeling to the place and that's even more the case since the new manager started a month or so ago."
• There was a procedure for the service manager and compliance manager to follow when resolving complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it.
• Records showed complaints received by the service since the last inspection had been quickly resolved.
• The compliance manager said all complaints would be investigated fully and whenever possible resolved to the complainant's satisfaction.

End of life care and support
• People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
• The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life.
• The service held anticipatory or 'comfort' medicines. This was so they could quickly be given by nurses in line with a doctor's instructions to provide a person with pain relief.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care
At the last inspection there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Robust quality checks had not been completed resulting in the registered provider not having sufficient oversight of the service to ensure the consistent provision of safe care and treatment.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements had been made to address the shortfall.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 17. Quality checks were being completed to monitor and evaluate the service. Robust action had been taken to learn from the incident described earlier when a person was not assisted to safely use a hoist.

• Other quality checks had resulted in plans being made to address the limited number of shortfalls identified at this inspection. Examples were the repairs due to be made to the banisters and improving signage.
• People and most relatives considered the service to be well run. A person using the supported living service said, "This is home for me now and I'm okay with that as I've what I need here." However, a relative said on some occasions nurses and care staff did not pass on information to each other resulting in their family member not always receiving consistent care. An example was care staff arranging for the person's laundry to be done in-house whereas the relative had agreed they would do it at home. We raised this concern with the service manager who said they would consult with the relative again and remind care staff about how to correctly manage the person's laundry.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection there was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered provider had not promptly informed the Care Quality Commission of important events that happened in the service. This had limited our ability to check appropriate action has

been taken to ensure people consistently received safe care and treatment.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements had been made to address the shortfall.

At this inspection enough progress had been made and the registered provider was no longer in breach of regulation 18. Notifications to Care Quality Commission had been submitted in an appropriate and timely manner.

• There was a culture in the service emphasising the importance of providing people with person-centred care. A relative said, "This is a big place but the staff on each floor are fairly constant and so you get to know them and it gives it more of a family-feeling."
• The service manager and compliance manager understood the duty of candour. This requires the service to be honest with people and their representatives when significant things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
• It is a legal requirement a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been supported to comment on their experience of living in the service. There were residents' meetings. The service manager had consulted with people and their relatives on an individual basis about suggested improvements to the service. Suggestions had been acted on an example being changes to the menu.
• Health and social care professionals had been invited to give feedback about their experience of visiting the service and working with staff. A healthcare professional told us, "I am satisfied with how nursing care is provided and how the staff work with me. Things seem better with the new manager in post." A social care professional said, "I am very impressed with the new manager who is very organised, listens to and follows advice."
• Members of staff had been asked to comment about working in the service. They said after a period of low morale in the service things had considerably improved after the arrival of the service manager. This was because they were included and treated as valuable team members.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There was no registered manager. The previous registered manager had left their post shortly before the inspection. In their absence the compliance manager had run the service for a short time until the new service manager had been appointed. Soon after their appointment the service manager had submitted an application to us to be registered in their role. The service manager is a registered nurse.
• The service manager met regularly with senior staff who formed the service's senior leadership team. The team comprised staff working in various departments such as care delivery, housekeeping, catering and maintenance. This helped to ensure a coordinated response was provided to resolve any problems arising.
• Nurses and care staff understood their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use

of equipment including hoists and medical devices.
• There was a senior member of staff on call out of office hours to give advice and assistance to care staff.
• Nurses, care staff and ancillary staff had been invited to attend regular staff meetings. These meetings were used to promote team work and to discuss developments in the running of the service.
• Nurses and care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Working in partnership with others
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The service manager subscribed to some publications describing best-practice initiatives in providing people with nursing care.
• The service operated an innovative arrangement enabling a key member of the primary healthcare team to remotely access and update people's medical notes. This helped to ensure nurses had accurate information about the nursing care each person needed.
• The service manager and compliance manager attended a meeting with the managers of other services run by the registered provider. This was done to share and learn from examples of best practice in the provision of supported living and residential care services.