

## Countrywide Care Homes (2) Limited

# Argyle House

### Inspection report

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Date of inspection visit:  
29 April 2019  
30 April 2019

Date of publication:  
14 June 2019

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service: Argyle House is registered to provide accommodation for people who require nursing or personal care for up to 87 older people, some of whom are living with dementia. The home is set out over four floors, with each floor set up as a separate unit providing a particular type of care; these are residential dementia care, nursing care, dementia-nursing care and residential care. At the time of the inspection the provider had closed the dementia nursing floor; people who had previously lived on this floor had moved to other areas of the home. There were 41 people living in the home at the time of inspection.

People's experience of using this service:

People and relatives told us the service had improved since the new registered manager started in January 2019. Most people were satisfied with the service they received and felt previous concerns had been listened to and acted upon.

The provider, registered manager and staff were clear about improvements that had to be made at the service. They were proud of what they had achieved but understood that further improvement was needed in some areas, for example record keeping and staff deployment. Improvements already achieved needed to be sustained and embedded.

Everyone praised the registered manager who was approachable, resourceful and provided strong leadership. All staff told us they were motivated to work with the registered manager to make the improvements needed at the service.

Staffing levels had been increased and there were now sufficient staff to ensure people's care needs were safely met. The registered manager was aware that improvements were required to ensure that staff were consistently deployed and were able to spend time with people. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

People were provided with a variety of nutritious meals, based on people's choices and including special diets for those who needed them. Improvements continued to be required to the mealtime experience for people living in one area of the home.

Most people were happy living at Argyle House. They felt safe and liked the staff who looked after them. People received safe care and they were protected against avoidable harm, abuse, neglect and discrimination.

Improvements had been made to ensure that people's medicines were safely managed. People's safety was maintained because staff followed the risk management plans in place to mitigate risks to people.

The arrangements in place for food safety and infection control had improved. The environment was clean

and well maintained.

External healthcare professionals supported staff to help people maintain or improve their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff had access to the support, supervision and training they required to work effectively in their roles.

Staff were friendly and caring; they treated people with respect and maintained their dignity. Staff encouraged people to maintain their independence.

People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's preferences.

Information could be provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

The service provided appropriate end of life care to people.

The service met the characteristics for a rating of "requires improvement" in all five key questions. Therefore, our overall rating for the service after this inspection was "requires improvement".

Rating at last inspection:

Inadequate (report published 17 January 2019).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

At the last comprehensive inspection, the provider was in breach of regulations 10, 12, 14, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We placed positive conditions on the provider's registration to restrict admissions to the service and to provide monthly reports to the Care Quality Commission (CQC).

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

**Requires Improvement** ●

# Argyle 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of co-ordinating care services for relatives.

#### Service and service type:

Argyle House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The first day of the inspection was unannounced. We carried out an announced visit on the second day.

#### What we did:

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We contacted the health and social care commissioners who monitor the care and support the people receive. We also contacted Healthwatch England, the national consumer champion in health and social

care, to identify if they had any information which may support our inspection.

During the inspection process we spoke with 11 people who lived in the home and four people's relatives. We also spoke with 15 members of staff, including care staff, senior care staff, nursing staff, kitchen staff, housekeeping staff, the registered manager, the regional quality compliance inspector and regional director. We looked at 12 records relating to people's care needs and six staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, quality surveys, training information for staff and arrangements in place for managing complaints.

We observed support being provided in communal areas of the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection we were made aware of allegations of neglect regarding one person who lived in the home. This is currently under investigation by the local safeguarding authority.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

We have inspected this key question to follow up the concerns found during our previous inspection on 13, 18 and 19 September 2018. At that inspection Safe was rated Inadequate.

At the last inspection we found that there were insufficient numbers of staff, which put people at risk of unsafe care and support. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 18 Staffing. The provider had failed to identify and address serious risks to people's health and well-being. Medicines were not being managed safely and people could not be assured that they would receive their prescribed medicines. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 12 Safe care and treatment. We placed positive conditions on the provider's registration and required them to make improvements.

At this inspection, whilst we saw improvements had been made, further improvements were still required in some areas. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Staffing and recruitment:

- Our observations during the two days of this inspection were that staff were mostly able to meet people's personal care needs. However, they were extremely busy at certain times of the day in some areas of the home and did not always have time to meet people's need for social stimulation and interaction. For example, in one area of the home, people did not always receive appropriate support with their meals due to the lack of staff available to support people in a timely way. We brought this to the attention of the registered manager; they immediately revised the meal time arrangements, to ensure that there were sufficient staff available to support people with their meals. Our observations of the mealtime experience in the two other areas of the home was that this was a calm and pleasant experience with enough staff to provide people with the support they needed.
- We found that the provider had increased staffing levels in all areas of the home. Feedback from people about staffing levels included, "They [staff] don't take long when I press my buzzer." And, "Sometimes they take a long time to come, but not often."
- We received feedback from some people that the use of agency staff affected the consistency of the care they received. We discussed this with the registered manager, who was able to show us that agency usage had reduced every month since January 2019, due to a focus on recruitment and reducing unplanned staff absences.
- Most staff told us that they were deployed in sufficient numbers to meet people's needs and did not feel rushed. Comments included, "We're not so rushed and the things that need to be done are done. We now have extra staff for the morning which has made a difference." And, "I think it's better now we have more

staff, we have time to do what is needed."

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the service.

Assessing risk, safety monitoring and management:

- We found that some improvement was required to record keeping in relation to people's risks. We found that details of incidents that may impact on people's safety were recorded, but not always in a consistent place. There was a risk that staff would not know where to find the information. We could see that overall the consistency and accuracy of record keeping had improved since the last inspection; the registered manager was working with staff to build on these improvements.
- We found that risks to people had been assessed. Care plans provided staff with the information they needed to manage risks to people's health and wellbeing. For example, where people required staff support to move, were at risk of falls or were at risk of their skin breaking down. These assessments were reviewed regularly and in response to people's changing needs.
- People had equipment to help them stay safe. For example, people at risk of falls had sensor mats in their rooms that alerted staff when people were walking. One person's relative said, "There is a pressure mat by [Family member's] bed, so we know they are safe." People had call alarms that were within easy reach and people who needed pressure relieving mattresses to maintain their skin had these regularly checked to ensure they were maintained on the correct setting. However, we saw one pressure mattress that had no information for staff regarding the level it should be set to. We discussed this with the registered manager who explained this information had been made available but had been removed. They immediately arranged for this information to be replaced.
- Maintenance staff undertook regular checks of equipment in the home to make sure it was safe for people and staff to use. This included checks of water temperatures to ensure the water was a safe temperature for people to use and checks of firefighting equipment.

Systems and processes to safeguard people from the risk of abuse:

- People were cared for safely. People and relatives told us they felt safe and comfortable with the staff that provided their care. One person said, "The people around me make me feel safe." Another said, "If I didn't feel safe I would speak to someone."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.
- Staff told us they were confident that if they raised any concerns the registered manager would take them seriously. The registered manager fully understood their responsibilities to keep people safe and had raised concerns appropriately with the local authority when needed.

Using medicines safely:

- Improvements had been made to medicines management. Medicines were administered, stored and disposed of safely. Staff had received training and their competencies were regularly checked.
- Regular audits were in place to ensure any errors were quickly identified and acted upon.

Preventing and controlling infection:

- At this inspection we found that improvements had been made to infection control and food safety. People were protected by the prevention and control of infection. However, continued improvements were required to the food safety records held in the kitchenette areas of the home. Some improvements had been

made and the registered manager was working with staff to build on these. Food safety records in the main kitchen were fully completed.

- People and their relatives told us that the home was clean. One person said, "It is clean and well maintained." Another said, "My room and the building are cleaned every day." Our observations confirmed that the environment was visibly clean and fresh.
- Housekeeping staff told us they had time to ensure the home was cleaned to a high standard and had access to appropriate personal protective equipment. One member of staff said, "We have time to do all the jobs needed... We make sure we follow procedures like wearing gloves and aprons."

Learning lessons when things go wrong:

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- Staff reviewed risk assessments and care plans following incidents to reduce the risk of recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.
- The registered manager and provider had used earlier CQC inspection reports as a basis for learning from past errors and making improvements.

# 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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

We have inspected this key question to follow up the concerns found during our previous inspection on 13, 18 and 19 September 2018. At that inspection Effective was rated Requires Improvement.

At the last inspection we found that people were not adequately supported to have enough to eat and drink and were at increased risk of malnutrition. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 14 Meeting nutritional and hydration needs. We placed positive conditions on the provider's registration and required them to make improvements.

At this inspection, whilst we saw improvements had been made, further improvements were still required in some areas. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Supporting people to eat and drink enough to maintain a balanced diet:

- At this inspection we found that the registered manager had made many improvements to ensure people's nutritional needs were met and effectively monitored. However, improvements continued to be needed in some areas.
- At lunch time in one area of the home on the first day of the inspection there were not enough staff to ensure people were supported to eat their meal in a timely way. Staff were observed to support more than one person with their meal at the same time and some people were left for long periods with no support meaning that their meal was cold by the time they received assistance. We discussed this with the registered manager who immediately reviewed the way lunch service was managed. We saw staff put this into practice the following day and everyone received the assistance they required in a timely way.
- The completion of people's nutritional records had improved since the last inspection, however the registered manager needed to ensure that staff consistently completed the total balances of people's fluid intake where required. The majority of records we reviewed were fully completed and this was an area where they were working with staff to embed improvements.
- People told us they were offered a choice of food and drink, most people said that they enjoyed the food. Comments included, "Gradually the food has improved, it's nice now and you do get a choice, they're putting new food on the menu and you get a bigger variety." And, "They would give me something else if I don't like the choices."
- People were supported to maintain a healthy and balanced diet. We saw that people were shown the food that was available to help them to make a choice and that people were offered choice for every meal.
- Staff were aware of any dietary requirements and preferences that people may have, and this was

documented within care plans as required. Where people required a modified diet this was provided, one person's relative told us, "The food is pureed, it is quite nice, I have tasted it and it is well presented." Where people required their food to be fortified we saw that this was provided. We saw that thickener kept in the kitchen to thicken people's pureed food to the correct consistency when required was not recorded. We discussed this with the registered manager who immediately arranged for a record to be implemented.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- No new admissions had been received into the home since the last inspection. However, we saw that when people had been admitted to hospital and were ready to return to the home they received a thorough assessment of their needs before returning to the service. These assessments were used to identify any changes to people's needs since their hospital admission and ensure that the service was able to continue to meet their needs.
- The registered manager told us they took the needs of all the people living at the home into account when assessing people, to make sure staff could continue to meet everyone's needs.
- The registered manager considered protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff support: induction, training, skills and experience:

- Staff were supported and felt that their supervision meetings were effective. Staff told us that they could feedback any ideas for improvement or concerns to senior staff or the registered manager. One member of staff said, "We didn't used to get support but there is loads of support now, communication is much better."
- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Training included information about health conditions people lived with, such as dementia.
- People told us they thought permanent staff were well trained to meet their needs. One person said, "They flush and empty my urine bag regularly, I think they know what they're doing."
- We looked at training records and found staff were up to date with all training required by the provider, which was delivered face-to-face or via the computer. Staff told us they found the training helpful and appreciated that the registered manager fulfilled their requests for additional training.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- People told us that staff supported them to access other health and social care professionals such as a GP or community nursing staff. One person said, "I was coughing blood on Saturday and the nurse and doctor looked at me immediately." The person's care records showed that emergency medical care had been called for promptly.
- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help. For example, people had input from dietitians, speech and language therapists and nursing specialists for long term health conditions. We saw that staff followed the advice of professionals, for example by providing fortified food.

Adapting service, design, decoration to meet people's needs:

- People's rooms were decorated to their choice. People had personalised their bedrooms with pictures and other belongings that were important to them.
- Areas were accessible to the people living in the home; with various communal areas for people to use, and a garden. People and their relatives told us that they were supported to access the garden when the weather was nice. We saw people moving freely around the home with staff support when required. There was appropriate signage in place to support people living with dementia.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and found that they were. The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and these had been recently reviewed by the registered manager. Best interest decisions were recorded in care plans where people were unable to consent to their care.
- People told us that staff asked for their consent before carrying out any care. One person said, "Yes, they [staff] are very prim and proper about that."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

We have inspected this key question to follow up the concerns found during our previous inspection on 13, 18 and 19 September 2018. At that inspection Caring was rated Inadequate.

At the last inspection we found that people's dignity was not maintained, and their privacy not always respected. Staff lacked time to spend with people and people did not have choice in how they spent their time due to low numbers of staff working at the service. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 10 Dignity and respect. We placed positive conditions on the provider's registration and required them to make improvements.

At this inspection, whilst we saw improvements had been made, further improvements were still required in some areas. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Ensuring people are well treated and supported; respecting equality and diversity, respecting and promoting people's privacy, dignity and independence:

- People told us that staff treated them well. However, staff still lacked time to spend interacting with people on a one to one basis. Comments from people were varied and included, "Occasionally they sit and talk to me.", "There is no one to talk to.", "Staff are nice and kind." And, "The staff are caring, they know my likes and dislikes." We saw in one area of the home some people were left for long periods with little interaction from staff.
- People told us they had good relationships with staff, one person said, "If I asked for anything to be done, they would do it for me." Another person's relative said, "I have seen positive care with staff and residents."
- Some of the people we met with were unable to tell us how they felt about the service, but all seemed comfortable in the presence of staff. We observed people being affectionate with staff and laughing.
- Staff knew the people they were supporting well. For example, we saw staff supporting a person who was becoming anxious at a mealtime by speaking with them gently and giving them an object that they knew would bring them comfort.
- Most people told us that their privacy was respected. One person said, "The staff show me respect, when I close my door in the afternoon about 3pm they do knock before entering." Another commented, "They close my door and curtains when administering personal care, they treat me with respect." However, one person said, "Sometimes staff knock, sometimes they just come into my room." We observed staff entering people's rooms and saw that they always knocked and waited for a response.
- Relatives told us that their family members dignity was maintained. One person's relative said, "My [family member] is always clean and free from odour, and they are well presented when we visit."

- Staff we spoke with understood about confidentiality. They told us they wouldn't discuss anything about a person in front of others, only staff, and in a private area so they would not be overheard. Records were stored securely.
- People were supported to be as independent as possible. One person told us, "I feel safe because they let me be independent." We saw that people had the equipment and adaptations they needed to support them to be as independent as possible. For example, plate guards to enable people to eat independently at mealtimes.

Supporting people to express their views and be involved in making decisions about their care:

- People and their relatives told us they had been involved in developing individualised care plans and these were reviewed with them. One person said, "I remember my care plan and it has been revisited." We saw that people, or their relatives had signed the record of their care reviews to show their involvement and agreement.
- We saw records of review meetings in people's care plans where people had clearly been involved in deciding how their care would be provided and asked about their preferences.
- Not everyone using the service could communicate verbally, but staff had a good understanding of how to support people with making choices. This included the use of pictorial information, visual cues and body language.
- No one currently required the support of an advocate. However, the registered manager was able to support people to access advocacy services should they need to. Advocacy services support people to have their voice heard on issues that are important to them and have a say in decisions that affect them.

# Is the service responsive?

## Our findings

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

Requires Improvement: People's needs were not always met.

We have inspected this key question to follow up the concerns found during our previous inspection on 13, 18 and 19 September 2018. At that inspection Responsive was rated Requires Improvement.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the inspection in September 2018, people told us that their personal preferences were not always respected. This meant that people did not consistently receive care that met their choices and needs. People told us that they often had to wait for their care and support and that staff were too stretched to provide a responsive service.
- During this inspection we observed that staffing levels had been increased in all areas of the home and staff were more able to meet people's care needs. However, in some areas of the home there were not sufficient staff to meet people's social needs. Social activities were provided and although people enjoyed these, we saw that it was difficult for staff to provide interaction and stimulation to people who required this on a one to one basis. The registered manager was aware of this and was working with staff to improve. For example, activity staff told us that one to one time was planned for the mornings and a member of activity staff was always based in the area of the home where people were living with dementia.
- The provider had recruited additional activity staff since the last inspection and people told us they enjoyed the activities on offer. One person said, "You can do games etc. most days. The activities seem quite well organised. They take people out on trips and things."
- Activity staff spoke positively about the work they did with people and the improvements that had been made in the home by the new registered manager. One staff member commented, "We recently did a fete, care staff helped which was good and all of the people on the residential floor came down for it which was good. We've got a summer fete booked and some farm, animals are coming soon, they will set up a pen in the garden."
- People told us that staff usually answered their call bells in a timely manner when they rang for assistance. One person said, "I have no complaints about them answering the call bell, they come quickly." Another said, "Staff support me with what I need."
- All the care plans we reviewed contained personalised information to support staff to provide people with individualised care. For example, information regarding how people liked their personal care to be delivered, their routines and preferences and any religious or cultural needs.
- People's preferences were recorded within their files, and staff had good knowledge of these. For example, each person's care plan contained information about the impact of any health conditions and how they wanted staff to support them. We spoke to staff and found that they had good knowledge of people's needs and preferences.
- People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard. For example, people's care plans contained information about their communication needs and the support they required. The activity plan was

available in a pictorial format and delivered to all people weekly.

Improving care quality in response to complaints or concerns:

- At the inspection in September 2018 we found that the arrangements in place for managing complaints required strengthening. At this inspection we found that people were happy with how their concerns and complaints had responded to. People told us they knew who to speak with if they were unhappy and wished to make a complaint. The registered manager was visible and accessible to people. One person said, "I have had to complain... it was satisfactorily resolved."
- Where an investigation had taken place, the outcome, any actions taken, and lessons learned were recorded.

End of life care and support:

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's personal, cultural and religious beliefs and preferences.
- People were supported to make decisions about their preferences and these were recorded in their care plans. Other healthcare professionals such as GPs and community nurses were involved as appropriate.
- Staff had received training in a range of areas to meet people's end of life care needs.

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We have inspected this key question to follow up the concerns found during our previous inspection on 13, 18 and 19 September 2018. At that inspection Well led was rated Inadequate.

At the last inspection we found that appropriate systems to monitor the quality of care that people received had not been implemented. Areas identified at the previous inspection in relation to the deployment of staff and governance of the service had not been resolved by the provider. The provider had not deployed appropriate strategies to address previous breaches of regulation to drive continuous improvement. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 17 Good governance. We placed positive conditions on the provider's registration and required them to make improvements.

At this inspection, whilst we saw improvements had been made, further improvements were still required in some areas. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The systems in place to monitor the quality and standard of the service had improved. The provider, registered manager and senior clinical staff carried out regular audits of all areas of the service and we saw action was taken when areas for improvement were identified. The registered manager had addressed many of the areas of concern raised at the last inspection, however improvements continued to be required in some areas. For example, improvements were required to ensure staffing deployment met people's holistic needs and to ensure records were completed consistently. The registered manager was aware of the areas where improvement continued to be required and was working with staff to improve these areas.
- Staff were clear about their roles and responsibilities towards the people they supported. They told us that they were listened to when they raised concerns and prompt action was taken in response.
- Staff were encouraged to attend regular meetings. Staff meeting minutes confirmed that staff could raise concerns and make suggestions as to how the service could be improved. We saw minutes of a staff meeting where staff had raised a concern about staffing levels in the evening in one area of the home. The registered manager had discussed this with the provider and staffing levels had been increased.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
- The provider had displayed the last inspection rating on their website and in the home as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Feedback from people, their relatives and staff confirmed that the service had improved since the recruitment of the new registered manager. We received feedback that the service was providing improved care to people. Our observations and review of records confirmed this.
- People and their relatives spoke positively about the registered manager and told us that the registered manager knew people well and was available to them. One person said, "I was going to move, but since new people took over its better." Another person said, "I know who the manager is, he checks on everyone every morning. I think he knows his residents." Another person's relative said, "Approachable manager and visible. Staff are approachable and all willing. They're doing better than the other managers that have been here."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. Staff told us that the registered manager had made many positive improvements and that staff now worked together as a team for the benefit of the people living in the home. One member of staff said, "It's much better here now. [Registered manager] is a great manager, all the staff are much happier and working as a team to improve the home." Another said, "The change in manager has had a big impact, we can call any time and he comes to support."
- The provider, registered manager and staff team understood their roles and were open and honest. The registered manager ensured open communication with people, their relatives, staff and outside agencies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People's feedback about the service was captured through regular contact with people and their relatives. We saw minutes of meetings that had taken place where people and their relatives had the opportunity to contribute to the running of the service and were asked for their opinion of the care they received. People and their relatives told us that these meetings were valuable to them. One person's relative said, "I attend relatives' and residents' meetings, when we mention any problems they are attended to straight away. We mentioned lack of communication and now they let us have cards to write on and things are addressed. We suggested more outings as well."
- We saw meeting minutes where people and their relatives had fed back that staffing levels had improved but they would like staff to ensure extras were attended to as well as meeting people's basic care needs. At this meeting people also fed back that call bell response times were better.

Continuous learning and improving care:

- The provider and registered manager had complied with the conditions imposed following the inspection in September 2018. Improvements in the care experienced by people could be seen and people, relatives and staff told us that the quality and safety of care had improved.

Working in partnership with others:

- Good relationships had been developed with local commissioners and the registered manager had worked with them to make improvements in the home.