Miss Amanda Sutherland

Burlington Care and Support Services

Inspection report

Burlington House
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
Burlington Care and Support Services, referred to as Burlington House, is a residential care home that provides personal care and support for up to 13 people with a learning disability. Accommodation is provided over two floors within two separate but adjoining buildings. At the time of the inspection there were 11 people living at the home.

Burlington House had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published. Burlington House was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:
People told us they were happy and liked living at Burlington House and staff were seen to be kind, caring and respectful of people's needs.

Relatives continued to provide positive feedback about the care and support people received. One relative said, "Whenever I visit I'm always impressed by the individual attention my family receive and feel they are in a safe and supportive environment."

We found improvements had been made in all areas of the service over the six-month period since the last inspection, but further improvement was required, and the timeframe did not allow for sustained improvement to be evidenced.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff were not provided with appropriate training, necessary for them to undertake their role. We discussed what we found with the provider who confirmed some courses had been booked and others were planned.

People's care records contained good information about people's goals and future aspirations, however we found there was little information to show how people were being supported to achieve them.

People's medicines were stored and managed safely, however we found some aspects of medicines recording could be improved.

People, staff and relatives felt there were enough staff on duty to support people and keep them safe. However, we were unable to tell from the rota if there were sufficient staff on duty to meet people's needs. We have recommended the provider reviews staffing levels.

People were protected from the risk of avoidable harm.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely and were suitable to be supporting people who might potentially be vulnerable by their circumstances.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated.

People were encouraged to share their views and people told us they were aware of how to make a complaint.

People and their relatives had confidence in the service and told us the home was well managed. The provider had increased their level of oversight and lessons had been learnt from past inspections.

The service was clean, staff had access to personal protective equipment (PPE) and there was a plan in place to make the necessary environmental improvements as detailed in the services refurbishment plan.

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

Rating at last inspection and update
The last rating for this service was 'Requires Improvement' (published on 11 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Following the inspection in January 2019, we issued a 'notice of decision' to impose a condition on the providers registration. This required the provider to undertake a review of the quality assurance systems in place and carry out monthly audits in respect of pressure area care, risk assessments, medicines management, care planning, service users' rights and social care needs including activities, socializing with others and outings.

The provider was required to send to the Care Quality Commission a monthly report confirming the dates on which these audits had taken place, and include the actions taken or to be taken as a result of these audits to demonstrate that any areas of risk were being properly identified, assessed and mitigated. In addition, the provider was required to carry out an audit to ensure the premises were clean, suitable for the purpose for which they were being used and properly maintained. This information was to be used to establish a comprehensive refurbishment plan which the provider was required to send to the Care Quality Commission monthly, detailing any updates/progress.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to the need for consent and staff training. We have also made recommendations in relation to, staffing levels and governance. Please see the action we have told the provider to take at the end of this report.

Follow up:
This is the fourth consecutive time this service has been rated 'Requires Improvement.' We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. In addition, we will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Burlington Care and Support Services

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 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 team consisted of one inspector.

Service and service type
Burlington House 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.

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

Notice of inspection
The inspection took place on the 14, 18 and 21 October 2019, the first day was unannounced.

What we did before the inspection
Before the inspection we reviewed the information, we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information

about the home, what the home does well and improvements they plan to make. We also contacted South Devon and Torbay NHS Foundation Trust's quality assurance and improvement team (QAIT) as they had been working with the home following their previous inspection. We used this information to plan the inspection.

During the inspection
We spoke with seven people living at the service, four members of staff, the service manager who managed the home on a day to day basis and the registered provider who is also the registered manager. To help us assess and understand how people's care needs were being met we reviewed four people's care records. We also reviewed a number of records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. Following the inspection, we received feedback from three relatives.

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.

Using medicines safely

At our last inspection we found medicines were not stored securely or managed safely. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection whilst we found improvements had been made and the provider was no longer in breach of regulation 12, however, some improvements were still needed.

• Some aspects of medicines recording could be improved.
• One person had been prescribed a medicine as PRN (as and when). Records did not contain clear guidance for staff as to when these should be used. This information is necessary as it provides staff with information to help ensure those medicines are administered in a consistent way. This was in place when we return for the second day of the inspection.
• Where directions had been provided these were not always clear or easy to follow. However, staff were administering the person medicine as prescribed.
• Medicines were stored securely at the correct temperatures.
• Staff confirmed they had received training in the safe administration of medicines and were having their competency assessed.

Staffing and recruitment

At our last inspection we recommended the provider uses a suitable tool to determine people's level of dependency to ensure that staffing levels are sufficient to meet people's assessed needs. The provider stated within the PIR, "We look at everyone's needs on a daily basis and build in hours of one to one support, this is reflected in our rota." At this inspection we found improvements were still needed.

• People, staff and relatives we spoke with felt there were enough staff on duty to support people and keep them safe. One relative said, "I do not have any concerns about staffing levels or their ability to meet [person's name] needs." Staff told us that following the last inspection the provider had introduced extra staff in the evening between 5pm and 9pm.
• We were given a copy of the rota and found it was not a true reflection of the hours currently being delivered by the service. It did not reflect hours being delivered by the providers outreach service nor did it identify additional one to one hours which had been funded.
• Neither the service or deputy manager were able to tell us exactly what hours people had been funded for. This meant we were unable to tell from the rota if there were sufficient staff on duty to meet people's needs.

Whilst the provider gave us assurances staffing levels were suitable, we recommend the provider reviews the system in place and takes action to ensure the rota is truly reflective of the hours being delivered.

•People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely and were suitable to support people who might potentially be vulnerable by their circumstances.

Systems and processes to safeguard people from the risk of abuse
• People continued to be protected from the risk of abuse.
• People told us they felt safe living at Burlington House. One person said, "I do feel safe, it's my home." Another said when asked if they felt safe, "Yes I like living here, [staff member's name] is my friend." Relatives were clear that they did not have any concerns about people's safety. One relative said, "I have never had any concerns about [person's name] safety. All the staff I have met have been very good."
• There were effective systems in place to protect people from abuse and staff were aware of when and how to report concerns and were confident they would be dealt with.
• The service manager had reported concerns appropriately to safeguard people if they felt people were at risk of harm or abuse.

Assessing risk, safety monitoring and management; Premises safety

At our last inspection we found the provider was failing to ensure they were doing all that is reasonably practicable to manage and mitigate risks associated with people's care needs and/or the environment. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

• We looked at the care records and risk management plans for four people. We found people were protected from most risks associated with their complex care needs.
• Assessments identified risks, for example, in relation to mobility, skin care, nutrition and community engagement. This helped to ensure staff had the information they needed to provide care for people in ways which minimised risks to them. However, we found where people were living with long term health conditions such as diabetes, guidance could be improved. We also noted that one person did not have a bedrail risk assessment in place. The deputy manager told us a new bed was in the process of being delivered and all the staff were aware the bedrails were not to be used.
• Improvements had been made in relation to the environment.
• Windows above ground floor level were now being appropriately restricted.
• People were no longer at risk of scalding or legionella as water temperatures were being checked monthly, and legionella checks were being carried out annually by an external company.
• Fire safety records showed routine checks on fire and premises safety were taking place. The provider had in place an up to date Fire Risk Assessment, which is a legal requirement and staff had received training in fire safety.
• At our last inspection we found one person's personal emergency evacuation plan (PEEP) had not been updated following a change in their health. At this inspection we found some people's PEEP's were still not being updated as people's circumstances changed. For example, were people had moved rooms. We brought this to the providers attention who assured us they would update and remove any misleading information.

Preventing and controlling infection

At our last inspection we recommended the registered provider undertook a complete review of infection

control procedures to ensure the service follows best practice. At this inspection we found improvements had been made.

• Following our last inspection, the provider sought advice from Torbay healthcare trust. A specialist infection prevention & control nurse visited the home to carry out a review of the current measures in place and provide advice. For example, providing liquid soap at all hand wash basins and the purchasing of pedal bins for bathrooms.
• The service was clean, free from odour and there was a plan in place to make the necessary environmental improvements as detailed on the services refurbishment plan. For example, upgrading bathrooms, laying new flooring and the purchasing of fixtures and furnishings.
• Laundry processes had sufficiently improved to help prevent the spread of infection and reduce the risk of cross contamination. There was clear separation between soiled or dirty linens awaiting laundering and clean linens waiting to be returned to people's rooms. The provider told us staff lockers were due to be removed from this area.
• The provider had appointed an infection control champion and introduced a new monthly infection control audit, this identified any concerns and documented any action to be taken and by whom.
• New cleaning schedules had been put in place which covered all areas of the home including people's bedrooms.
• Personal protective equipment (PPE) was readily available for staff to use when needed.

Learning lessons when things go wrong
• Lessons had been learnt, it was clear that the service manager and provider were keen to learn from past inspections. For example, by providing increased oversight, improvements to the environment, seeking specialist advice and support in relation to people's complex needs as well as the management and safety of the premises.
• Accidents and incidents were recorded, and records showed appropriate action had been taken in response.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we found people were not always supported to have maximum control over their lives and senior staff were not consistently applying the principals of The Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and the provider was still in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

• At the last inspection we found people were not supported to have maximum choice and control of their lives. For example, the service held or supported some people to manage their finances as they lacked capacity. However, there were no mental capacity assessments to show that people did not have capacity to manage their finances or that the decision to hold their monies had been made in a person's best interests. At this inspection we found the had not taken any action and the situation had not changed.

This continues to be a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• People were supported and encouraged to make decisions for themselves. However, records were not as clear as they could have been. For example, records showed staff had assessed one person's capacity to make a complex decision. Whilst we did not find this person lacked capacity to make the decision. It was not possible to tell from the records that staff had taken the time to fully consider all aspects of the decision to be taken as well as the person's understanding. We discussed what we found with the provider who described a person-centred approach, which had taken place over several months. However, none of this information formed part of the person's care plan or could be found at the time of the inspection.

We recommend the provider reviews all documentation and guidance relating to how staff record a person's capacity to make specific decisions.

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

• We found where restrictions had been placed on people's liberty to keep them safe, the registered manager had worked with the local authority to seek authorisation to ensure this was lawful.

Staff support: induction, training, skills and experience
At the last inspection we found the systems in place to monitor staff training could not be relied upon, as it was not kept up to date. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection whilst we found improvements had been made and the provider was no longer in breach of regulation 17. Records showed the provider was in breach of regulation 18.
• Staff were not provided with appropriate training, necessary for them to undertake their role.
• The provider monitored staff training on a training matrix. The training matrix provided to us identified significant gaps in the training staff had received. For example, not all staff had received training in areas including, mental capacity and deprivation of liberty safeguards, basic first aid, infection control, food hygiene, dementia, mental health awareness and Autism. This meant the provider could not be assured that staff had the necessary skills to carry out their duties. We discussed what we found with the provider who confirmed some courses had been booked and others were planned.
• The provider told us, and records showed all staff completed an induction and did not work unsupervised until they had been assessed as competent to do so.
• Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
• Staff told us they felt supported by the services management team. Comments included; "Very supported", "They have an open door", "They will always make time to see me if I need to speak with them" and "I can talk to them about anything, we are a very close team."
• We found staff files contained insufficient evidence to demonstrate staff were receiving regular supervision in line with the home's policy and expectations and some supervisions were of a poor quality.

Whilst we found no evidence that people had been harmed, the failure to ensure staff had been provided with appropriate training and supervision potentially placed people and staff at risk. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Healthcare support

At the last inspection we found some people did not have access to healthcare professionals when they needed them. This was a breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made, the provider was no longer in breach of regulation 9.

• People were encouraged and supported to use a range of healthcare services and staff supported people to attend appointments.
• Following the inspection in January 2019 the provider had updated the systems for recording appointments and outcomes. These were now being reviewed each month as part of the care planning process. This helped to ensure referrals were made and followed up in a timely manner.

• The provider told us that people's needs were assessed before they started using the service to help ensure their needs could be met and care was planned and delivered in line with people's individual assessments.

Supporting people to eat and drink enough to maintain a balanced diet
At the last inspection we found one person was not receiving nutritional supplements as prescribed. This was a breach of regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 14.
• People continued to be supported and encouraged to be involved in the choosing and planning of their meals and made choices about the kind of foods they enjoyed. One person said, we are having spaghetti bolognaise tonight, it's my favourite." Another said, "I like the food [staff member's name] is a really good cook."
• People were able to participate in meal preparation if they chose. One person said, "I always make my own breakfast, but staff cook the dinner."
• People's care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a soft or modified diet, this was provided in line with their assessed need.
• Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and professionals were involved, when required, to support people and staff.
• People could help themselves freely to food and snacks throughout the day.

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

At the last inspection we found the provider was failing to address environmental concerns identified at previous inspections. This was a breach of regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and others were planned, the provider was no longer in breach of regulation 15.

• Following the inspection in January 2019, we issued a 'notice of decision' to impose a condition on the providers registration. This required the provider to carry out an audit to ensure the premises were clean, suitable for the purpose for which they were being used and properly maintained. This information was to be used to establish a comprehensive refurbishment plan which the provider is required to send to the Care Quality Commission monthly, detailing any updates/progress.
• At this inspection we found improvements had been made. For example, new fire doors had been installed, bedrooms and communal areas had either been or where in the process of being redecorated and some furniture had been replaced.
• The 'annex' was no longer being used as a storage area, it had been redecorated with people's art work and was being used as an area for people to take part in activities, complete with a pool table and karaoke machine.
• People told us they enjoyed spending time in the annex, one person said, "It's much better now." Another said, "We do things with staff, like painting or singing." A staff member said, "We now have a space where we can engage people, support them to plan their day or just sit and talk".

Good

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.

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 continued to tell us they were happy living at Burlington House. One person said, "Its good living here, all the staff are kind." Another said, "I have friends here and all the staff know me really well."
• Relatives continued to provide positive feedback about the care and support people received. One relative said, "Whenever I visit I'm always impressed by the individual attention my family receive and feel they are in a safe and supportive environment."
• Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and beliefs.
• Staff told us they had received equality and diversity training and understood how to deliver care in a non-discriminatory way ensuring the rights of people with a protected characteristic were respected.

Supporting people to express their views and be involved in making decisions about their care
• People were involved in creating and reviewing their care plans and we saw some people had taken time to personalise their individual folders.
• People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences.
• People, along with family members, were encouraged to share their views about the care people received through regular reviews and meetings.

Respecting and promoting people's privacy, dignity and independence
• People's right to privacy and confidentiality was respected. People had a key to their own room which was kept locked when they were not present, and staff knocked on people's doors and waited for a response before entering bedrooms.
• People were encouraged to play a part in the planning of their care and the running of the home. Staff described how they supported and encouraged people to develop their daily living skills by helping them to take part in household tasks such as shopping, meal preparation, washing their clothes or tidying up.
• People were supported to maintain and develop relationships with those close to them and relatives told us they could visit whenever they wished and were always made to feel welcome.
• People's personal records were kept secured and confidential and staff understood the need to respect people's privacy including information held about them.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At the last inspection, we found people were at risk of not receiving care and support that was personalised because support plans lacked sufficient detail. This was a breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection whilst we found improvement had been made and the provider was still in breach of regulation 9.

• Following the inspection in January 2019, staff had spent time with people updating their care and support plans. Whilst we found improvements had been made, work was still needed to ensure people's care plans were fully reflective of people's needs and provided clear guidance for staff to follow. For example, in relation to pressure area care, management of diabetes or working towards future goals and aspirations.
• Most of the care records we viewed were personalised, detailed and provided staff with information and guidance they needed to care for people safely and in a consistent way that met their preferences. However, we found support plans continued to lack detail of the support people needed to develop life skills and increase their independence.
• People's care records contained good information about people's goals and future aspirations, however we found there was little information to show how people were being supported to achieve them.
• People's care records were regularly reviewed and updated, however we found these did not always consider all the information available. We discussed what we found with the provider and deputy manager who acknowledged the new care plan process was still being developed, updated and embedded.

This continues to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• People were aware of their support plans and confirmed they had been involved in their development. One-person said, "My support plan contains information about me."
• People's care records were regularly reviewed and updated, however we found these did not always consider all the information available. We discussed what we found with the provider and deputy manager who acknowledged the new care plan process was still being developed, updated and embedded.

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

At our last inspection we found people were not fully supported to lead full and active lives, follow their interest or take part in social activities. At this inspection we found improvements had been made.

• People, relatives and staff told us there were now more opportunities for people to go out and occupy their time. The provider had introduced an activities champion who had begun working with people and sourcing new opportunities for people to take part in. They also supported people to access the community more frequently to pursue particular interests or hobbies.
• Each person's support plan included a list of their known hobbies/interests and staff described how they supported people to take an active part in the local community. One person told us each month they went for a meal out at a different restaurant which they enjoyed. Another person told us how much they enjoyed attending various groups and clubs, such as gateway, boots and laces and me and my pen. They also attended 'art journal matters' at South Devon College where they were working towards a city and guilds qualification and proudly showed us their various forms of art work. Other people took part in tai chi, went sailing or worked in a local charity shop.
• The service continued to support people to maintain friendships and keep in touch with relatives.

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 a disability, impairment or sensory loss and in some circumstances to their carers.

• At the previous inspection January 2019, we found records relating to people's communication needs contained conflicting information. At this inspection we found improvements had been made. Support plans identified people's communication needs and how they could be supported to understand any information provided. For example, through visual aids and planners. This approach helped to ensure people's communication needs were met
• The provider had developed some information in an easy read format, for example, the annual survey and complaints procedure. This helped to ensure that people had access to the information they needed in a format they could understand.

End of life care and support
• At the time of the inspection no one at the service was receiving end of life care.
• The service mainly supported younger adults and did not have extensive experience in supporting people towards the end of their lives. However, where people's wishes were known about how they wanted to be cared for at the end of their lives, this was recorded in their care plans.
• Staff confirmed they had received training in end of life care and understood the importance of respecting people's wishes, religious beliefs and preferences.

Improving care quality in response to complaints or concerns
• People were aware of how to make a complaint and felt able to raise concerns if something was not right. One person said, "I would speak to [providers name]." Another said, "I would tell my keyworker."
• Weekly discussions gave people an opportunity to talk about any complaints, concerns or worries they may have.
• Relatives knew who to contact if they had concerns and felt confident they would be listened to and appropriate action would be taken.
• Although the service had not received any formal complaints since the last inspection, the provider told us they would always act upon concerns in an open and transparent way and use them as an opportunity to improve the service.

Requires Improvement

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the 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 saw improvement in several areas over the six-month period since the last inspection, but further improvement was required, and the timeframe did not allow for sustained improvement to be evidenced.

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

At our last inspection we found the service manager and provider had failed to ensure systems were effective in assessing, monitoring and improving the quality and safety of the services provided. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw all aspects of the service were under review and a number of improvements had been made. However, we found some of these changes needed time to fully embed and some improvements were still required, the provider was no longer in breach of regulation 17.

• Following the inspection in January 2019, we issued a 'notice of decision' to impose a condition on the providers registration. This required the provider to undertake a review of the quality assurance systems in place and carry out monthly audits in respect of pressure area care, risk assessments, medicines management, care planning, service users' rights and social care needs including activities, socializing with others and outings.
• The provider was required to send to the Care Quality Commission a monthly report confirming the dates on which these audits had taken place, and include the actions taken or to be taken as a result of these audits to demonstrate that any areas of risk were being properly identified, assessed and mitigated.
• At this inspection we found improvements had been made in the overall running of the service and audits were more robust. The provider had increased their level of oversight and undertook regular quality audits and had oversight of the service improvement plan. However, they had not in all cases, identified some of the issues we found during this inspection. For example, in relation to the management of people's finances.
• Systems and processes needed further embedding to ensure improvements were sustained. For example, improvements were still needed in relation to personalised care planning and the environment.
• The provider recognised improvements in the culture of the service still needed to be embedded and sustained. This was evident in the discussions we had regarding staff training, supervision and on-going role modelling.

We recommend the provider continues to review the systems in place to monitor the service and ensure they are fully compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• Improvements had been made to the environment and checks were in place to help ensure an appropriate

standard was maintained. Improvement was on-going, and the provider had an action plan in place, which included further refurbishment of the property.
• The provider was supported by a service and deputy manager, and a team of care staff. Each had recognised responsibilities and there were clear lines of accountability.

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
• The provider had systems in place to provide effective oversight of the service. They regularly met with the service manager to discuss all aspects of the running of the home, including staff performance, people's care needs and the environment. The service manager told us they felt supported by the provider.
• The provider and service manager were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
• Concerns and complaints were listened to and acted upon.
• The provider displayed their CQC rating within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care
• The provider had used surveys to engage people, relatives and other agencies about the quality of the service.
• Relatives had confidence in the service and told us the home was well managed. One relative said, "The service is very well run, my relatives happy, and I have found the staff to be very supportive and caring."
• Regular staff meetings took place to ensure information was shared and expected standards were clear.
• Staff told us they felt listened to, were supported and had input into the running of the home.
• The provider and service manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.
• The provider responded promptly to address any issues raised at this inspection.
• The service was working in partnership with other organisations to support care provision and service development. Following the previous inspection, the service continued to be supported by South Devon and Torbay NHS Foundation Trust's quality assurance and improvement team (QAIT).

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure each person had a care and support plan designed to achieve their preferences, and to ensure their needs are met. Regulation 9(1)(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received the necessary skills required to carry out their duties. Regulation 18 (2)(a)