

Aspire Care (UK) Limited

Fawnhope Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fawnhope Rest Home is a care home. Fawnhope Rest Home is registered to provide accommodation and personal care for up to 19 people, some of whom were living with a dementia related condition. The care home accommodates people across two buildings. There is the main care home which accommodates up to 17 people and a small two-bedroom annexe located through a garden. At the time of the inspection there were 15 people living in the home.

People's experience of using this service and what we found

People and their relatives told us they thought the service was safe. The quality and safety of the service had improved for people since our last inspection.

At our last inspection we found that the administration and storage of medicines was not managed safely. Although the management of people's medicines had improved, more robust processes were required to prevent errors occurring.

Providers are required to inform CQC about various incidents and events which occur within the home. The provider had failed to ensure that incidents and accidents were reported to CQC as required.

Risks to people were managed and people were protected from the risk of abuse. There were suitable systems for ensuring the home was clean and equipment was safe for use. Staff were recruited safely, and there were sufficient numbers of staff to keep people safe. Staff had received appropriate training and support to enable them to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, consent had not always been sought where needed.

People's care plans contained detailed information about them and their care and support needs to help staff deliver personalised care. The management team reviewed the care and support provided to people to make sure it continued to meet their needs.

People and their relatives told us they thought the staff were kind and caring. The staff team knew people well and we observed positive interactions. One relative told us, "It's homely here, the manager and staff are very nice and helpful. I visit every day and always feel welcome."

The provider had improved people's wellbeing by ensuring there was an activities coordinator who provided meaningful activities. People were supported to access their community and participate in person centred activities.

The registered manager had systems and processes to monitor quality within the home, but these had not always identified the shortfalls we found. Action plans had been developed to address on-going improvements.

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 27 September 2018) 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.

The service remains rated requires improvement, but the Commission acknowledges improvements have been made. This service was rated requires improvement both at the last inspection and at this inspection. At this inspection we found improvements had been made but the provider was still in breach of regulations, and improvements were still required.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fawnhope Rest Home on our website at www.cqc.org.uk.

Enforcement

At this inspection we have identified one breach in relation to failing to notify CQC of significant events. Please see the action we have told the provider to take at the end of this report.

Follow up

We will ask the provider to complete an action plan following this report being published to detail how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection 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?

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Fawnhope Rest Home

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 was conducted by one inspector on both days of the inspection.

Service and service type

Fawnhope Rest Home 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. 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

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative of a person about their experience of the

care provided. We spoke with seven members of staff including the registered manager, the operations manager, the team leader, the chef and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

After the inspection

We reviewed the evidence gathered during the inspection. We spoke with three relatives of people. We communicated with three external professionals who regularly visited the service.

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 remained the same. This meant 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.

Using medicines safely

At our last inspection the provider had failed to protect people from the risks associated with the unsafe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, on-going development of medicines management and systems was required to ensure people received their medicines safely.

- Medicines were not always safely managed, records kept were not always accurate. We found the quantity of medicines, recorded on each person's medicines administration records (MARs), was not the same as the amount of medicines stored, compared to the records. For example, we counted medicines held for some people and found, one person had too many tablets in stock and two other people, had too few. Staff had signed the MAR charts to show they had administered people's medicines as prescribed, but the incorrect amount of medicines we found, meant we could not be assured that people had received their medicines as required. We discussed this with the registered manager who had completed an audit two days prior to our checks and found no errors. They agreed to look at the systems and processes in place to review the safe management of people's medicines.
- Medicine administration records (MAR) were completed as required although as described above, they did not always match the amount of medicines stored for people.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe. However, these checks had failed to ensure safe medicines administration was maintained.
- There were safe storage facilities for medicines that required extra control by law. At the time of our inspection there were no medicines of this type being prescribed to people.

Assessing risk, safety monitoring and management

- Risks to people were managed safely and external healthcare support for people was sought when needed. However, following the inspection, we received feedback from external healthcare professionals which raised concerns about how risks were managed and if people received effective and prompt care. As a result, we requested further records from the service, which we reviewed. For example, one person who spent part of the day cared for in bed, required staff support to re-position. Records demonstrated that the risks to the person were being managed safely. The registered manager had requested an assessment from external healthcare professionals, for a special mattress that would relieve any pressure to the person's skin and had sought support from their GP to review their healthcare needs.

- Risk assessments had been regularly reviewed to reflect people's changing needs. One external healthcare professional told us, "I have never observed any problems whilst there [Fawnhope] with staff and residents [people]."
- Staff knew each person well and could recognise how they expressed if they were unsettled or unhappy about something. This meant that any risks around people's behaviours, were recognised and acted upon.

At our last inspection we recommended the provider considered current guidance on fire safety and took action to update their practice accordingly, so staff were clear about their responsibilities in an emergency. The provider had made improvements.

- Fire safety risks had been assessed. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire.
- Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Health and safety audits identified when action was required, and the provider ensured that there was a timescale for work to be completed. For example, during our inspection we saw that the laundry room was being upgraded and they had identified that one bathroom needed to be replaced, which was planned in the near future.
- Business continuity plans were in place to ensure individuals were prioritised in terms of risk during crisis situations.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood the local multi-agency safeguarding procedures to report any safeguarding incidents. However, we found one incident and four accidents that although, had been reported to the local authority, had not been reported to CQC as required. Further information about this can be found in the well-led section of this report.
- The provider had policies in relation to safeguarding and whistleblowing and staff had received training based upon these.
- Staff understood their responsibilities to keep people safe and knew the provider's whistleblowing policy. All staff we spoke with, confirmed they would not hesitate to raise concerns if they had them. One staff member said, "I have no concerns about reporting and would tell the local authority or CQC if I need to."
- People and their relatives told us they felt safe. One person said, "Oh yes I feel quite safe here". A relative told us, "I feel my [relative] is very safe at Fawnhope."

Staffing and recruitment

At our last inspection we recommended the provider sought advice and guidance from a reputable source about using a systematic approach to ensure sufficient staff were deployed to meet people's needs. The provider had made improvements and now used a nationally recognised dependency tool to determine the amount of staff needed to meet people's needs.

- Our observations were that there were enough staff available to meet people's needs. Since the last inspection the provider had employed an activities coordinator and a team leader who provided additional support for people, as well as providing sufficient care staff to meet people's needs. People told us that staff were available when they needed them. One person said, "Yes there are enough staff, it's good because they know you and you can chat to them."
- However, relatives we spoke with did not all feel there were enough staff available for people. For example, one relative said there were not always enough staff to support their relative to hospital

appointments.

- During our inspection we saw records that demonstrated that people were regularly being supported to access the community and there were enough staff available for them to do this.
- The provider had a recruitment process in place to help ensure the staff they recruited were suitable to work with the people they supported. All of the appropriate checks were completed for all staff.

Preventing and controlling infection

- The service was clean, hygienic and well maintained, although some areas had been identified as requiring redecoration. There was an action plan for this work to be completed. Several bedrooms and parts of the home had been redecorated since the last inspection.
- Domestic staff were employed and completed regular cleaning tasks in line with set schedules.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons, which we saw they wore when needed.
- The laundry room was in the process of being refitted with new flooring and shelving. It was clean and organised, with a process for ensuring there was no cross contamination.
- The registered manager had completed regular audits to ensure that suitable standards of hygiene were maintained in the home and the providers infection control policy had been recently updated.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents.
- Accidents and incidents were investigated, and actions put in place to minimise future occurrences. These were discussed and analysed during handovers between shifts and at staff meetings.

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

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 our last inspection the provider had failed to work within the principles of The Mental Capacity Act and this was a breach of Regulation 11 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, records of people's mental capacity assessments and best interest decisions, needed improving to ensure legislation was being effectively applied.

- A closed-circuit television (CCTV) system had been installed in the communal areas of the home. There were no signs to inform people living at the home or visitors, that CCTV was in use. In addition, we did not see evidence that people had consented to the use of CCTV or that where they lacked capacity to consent, decisions about this had been made in their best interest.

We recommend that the service seek advice and guidance from a reputable source about consent for the use of surveillance equipment and update their practice accordingly.

- People's consent had been sought for their care needs. Where people lacked capacity to consent to care, the principles of MCA were followed, and best interest decisions made. However, some additional decision specific MCA assessments were needed for some people. For example, people who lacked capacity to consent to their medicines being managed by staff, did not have decision specific MCA assessments. We discussed this with the management team who assured us that they would complete these assessments and best interest decisions promptly.

- Staff had knowledge of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected. One staff member said, "We give people choices and try not to confuse them with too much. I sometimes leave people for a while to decide, then when I come back I can support them to make a decision."

- The staff team acted in the best interests of people and respected their choices and understood the role of relatives with power of attorney.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made and people were being supported in the least restrictive way. For example, people had regular opportunities to go out.

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

- Information about people's personal and health needs was included within their care plans, which could go with the person to hospital, to help ensure their needs could be consistently met.
- People received support from other healthcare professionals when required, including GP's and community nurses.
- People were supported to access appointments with healthcare professionals in local clinics or in the home, when needed. The registered manager told us that they had a good working relationship with the local health centre. This meant that any medical advice or support could be accessed quickly for people.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met. Care plans were further developed as staff became familiar with people's needs, choices and preferences.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care.
- The provider had an equality and diversity policy and staff understood how to ensure people's individual needs and wishes were met.

Staff support: induction, training, skills and experience

- Staff spoken with felt supported by the registered manager. One said, "I can approach the manager [they are] supportive. They [registered manager] listen and are helpful."
- Staff had received training in relevant subjects and they told us they felt equipped for their role. Training staff had completed included; mental capacity awareness; medicines management, safeguarding and equality and diversity. One staff member said, "Yes, we get enough training, I have done dementia training and am doing more online training. They [management team] give you all the information you need, things change all the time, we need to keep up to date."
- People told us they felt staff were knowledgeable. One person said, "Yes the staff know what they are doing."
- Staff had regular supervision and an annual appraisal, which had enabled the registered manager to monitor and support them in their role and to identify any training opportunities.
- Staff told us that they had received an induction when they started working in the home. This included shadowing more experienced staff, whilst getting to know the people living at the home.

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

- Meals provided at Fawnhope Rest Home were freshly prepared by the kitchen staff. People had choice, with two options being available for each meal. A person told us, "The food is alright, if I don't like something, I can just say, and they do offer something else." We observed that the lunchtime meal was a sociable occasion with positive interactions between people and staff.

- People and their relatives told us the food was good and they were able to enjoy meals together if they wished. One relative said, "They have a roast dinner on a Sunday and I am invited in to join [relative] which I really enjoy."
- Where people required their food to be prepared in a specific way because of a medical need or problems with swallowing, staff were aware of the associated risks. Staff followed guidance from healthcare professionals in relation to these.
- People's food and fluid intake was monitored, and action taken where required. For example, they referred people to GPs or specialists for advice and offered meals fortified with extra calories.

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

- The service was clean and decorated according to the tastes of the people who lived there. People's bedrooms had been personalised and reflected their personal interests and preferences.
- New signage had been purchased to support people living with a cognitive impairment to recognise their bedrooms or bathrooms. These were being installed around the home.
- The home had recently made some improvements to the building. These included new windows being fitted, the laundry room being upgraded, and people's bedrooms being decorated.

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 requires improvement. At this inspection this key question has now improved to good. 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 and their relatives told us the staff were kind and caring and they looked after them well. One person said, "The girls [staff] are very kind." Relatives comments included, "The staff are always friendly", "Staff are kind and caring" and "The staff are very good, [relative] is very well looked after, I'm very happy."
- Information about people's life history was recorded, which staff used to build positive relationships. Care documentation included information about people's protected characteristics including any religious beliefs and cultural needs.
- Staff spoke to people in a kind way and offered support in a relaxed and caring manner. One staff member explained, "We care about improving things for the people that live here. It matters that we treat them as we would our own family." We observed one person who wanted to dance to the music that was playing. Staff got up with them and the person danced around the lounge smiling and singing along to the music.
- People had keyworkers who were key members of staff allocated to provide additional support to a named person. They were referred to as 'ladybirds.' Their role included supporting the person to maintain contact with family members and friends, supporting them to keep their bedrooms tidy and looking at activities that the individual person may enjoy.
- Families and visitors were welcome in the home. One relative told us, "I always feel welcome, we can come any time."

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

- During the inspection we observed people being given choices about what they would like to do and where they would like to spend time. People were empowered to make their own decisions. For example, one person did not want to watch a film that other people had chosen to watch. Staff explained to them patiently they could watch a different programme on the television in the dining room or if they wished could choose to do something else.
- People and their relatives were involved in planning and reviewing their care. Relatives told us that staff contacted them about any changes if appropriate. One relative said, "They [registered manager] always keeps me informed."
- The management team were aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities when respecting people's privacy. Staff recognised when people

wanted to spend time on their own and always knocked before entering rooms. One person told us, "Yes, they always knock or keep me covered up when helping me to wash."

- There were systems in place to ensure confidentiality, which staff were aware of and adhered to. Care plans were stored securely so that only staff had access to them.
- People's independence was encouraged, such as supporting people to do as much as possible for themselves during personal care and to go out into the community. For example, one person liked to help with laying the table and folding laundry.

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 now improved to good. 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

At our last inspection the provider had failed to ensure there were accurate, up to date and contemporaneous records for people. This placed people at risk of not receiving the appropriate care and support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation.

- After our last inspection the registered manager had updated people's care plans to ensure they were more person centred. Each person had an individualised plan of care which outlined their care and support needs, such as oral care, nutrition, spiritual needs and mobility.
- Care plans were reviewed regularly and updated to reflect people's changing needs.
- Staff appeared to know people well, including their likes, preferences and life histories. We observed staff chatting to people discussing recent things they had done and asking about their families.
- People told us they received the care and support they needed from staff. One person said, "I feel listened to and involved in deciding how I want to be supported."
- Relatives told us they felt the staff provided individual care and knew people well. One relative said, "I think the staff do a good job, [relative] has really improved, their wellbeing and confidence is so much better for being there." Another relative told us, "The staff are so good, when it was [relative's] birthday they did an afternoon tea for [relative] and our family, it was lovely."

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 the provider had failed to assess, plan and provide activities to meet people's emotional and social needs and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation.

- Following our last inspection, the provider had taken action and an activities co-ordinator had been employed. People and staff were very positive about the effect this had had on people's wellbeing. However, at the time of our inspection there was no activities co-ordinator, as they had recently left. The registered manager told us they had employed a new activities coordinator, who was due to commence work at the

home the following week.

- People had the choice of engaging in planned activities at the home. This included activities based around music, gardening, pet care and arts and crafts. One person told us, "I have grown some tomatoes and I love being out in the garden and sweeping up or picking the tomatoes." Another person liked to keep busy and enjoyed being involved in activities of daily living. They were supported by staff to lay the tables for meals and liked to do some of their own laundry by hand washing small items. In addition, the home held regular church services for people. These were Christian services, but we were told that should people have other cultural or religious beliefs, these would be met, and appropriate services arranged for them.
- Staff understood the positive effect which animals had on people's wellbeing. The home had their own guinea pigs, which people were supported to care for and spend time with, if they chose to. One person was observed to be enjoying their interaction with the guinea pigs and told us, "I had them when I was a child, I love stroking them and giving them a cuddle, it makes me so happy."
- Records demonstrated that people were being supported to regularly engage in activities in their community. For example, people were supported to attend a local coffee shop and had been going so regularly, that the coffee shop had organised a free coffee and cake morning for them. In addition, we saw that people were supported to attend a local community animal farm. One person had a season ticket as they had enjoyed going so much, they were able to go whenever they wanted.
- People's individual wishes had been considered and activities planned around this. For example, one person attended a 'knit and natter' group in the local community, as they enjoyed knitting. Another person had wanted to learn how to use a computer. The activities co-ordinator had looked at how this need could be met and had supported them to attend a computer course at the local library.
- Technology was considered to support people to engage in meaningful activities and to stay in touch with their families. One person used to have a job that involved working with numbers and the management team told us they were trying to source a computer for their use. This was so they could support them to create their own spreadsheets and have meaningful activity. In addition, some people had their own hand-held computers and were supported to use them to have video calls with their families.

Improving care quality in response to complaints or concerns

At our last inspection, we recommended that the service seek advice and guidance from a reputable source about the management of and learning from complaints. At this inspection the provider had made improvements and complaints had been managed and acted on appropriately.

- The provider had systems in place to record, respond to, follow up and close complaints. The complaints policy was also available in an 'easy read' pictorial format, so that people with cognitive impairment could be supported to understand and use it if needed.
- People's feedback during this inspection indicated they had no concerns about the quality of care and support provided by staff. One person said, "I know how to complain if I need to. I've not had any major concerns but talk to the manager if I want a grumble about food or something, they always do something."
- Relatives we spoke with said they knew how to raise any concerns and who they could speak to in the event that they were unhappy. For example, one relative told us, "I would speak to the [registered] manager, they are always very helpful."

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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- The service had a book of visual references to use to support people to make choices. For example, there were pictures relating to clothing, personal care, washing and dressing, using the bathroom, food and drink, leisure activities and people's emotions or feelings. We did not observe this being used with people, but the management team said they are working with people and staff to develop this area of practice.
- People were kept informed of activities and events in the home and local community. We saw posters were available in communal areas of the home to support this.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The management team told us that they would engage with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.
- People were supported to state their wishes for the support they wanted to receive at the end of their life. This was recorded as part of their care plan. This helped to ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- Staff had received training in end of life care.

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 remained the same. 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.

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

- Providers are required to inform CQC about various incidents and events which occur within the home. These are called notifications. We found four accidents and one incident that had not been reported to CQC as required. For example, one person had fallen and sustained a head injury and one person had accused another person of hitting them. CQC's role is to regulate services and monitor that appropriate action was taken to safeguard people. We discussed the failure to notify the CQC of these events with the registered manager, who recognised that it was their legal responsibility to ensure CQC are notified of significant events as required. They assured us that notifications would be sent as required in the future.

The failure to notify CQC of significant incidents and accidents which occurred whilst services were being provided, was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4).

At the last inspection the provider had failed to have effective systems and processes in place to monitor the safety and quality of the service and to drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a registered manager in the service and the provider had employed an operations manager and a team leader, to support the registered manager in their role. New systems and practices had been implemented by the management team. However, the improvements made since our last inspection needed to be embedded into the service to ensure they were maintained. Many of the changes and improvements we saw, had been made in the months prior to our inspection, which meant there was not enough evidence of consistent good practice over time.
- A range of audits were carried out. However, we identified shortfalls with medicines records and notifications to CQC, which the provider's quality monitoring system had not identified.
- Meetings were held for staff to involve them in the running of the home. Surveys were sent to external professionals, people and their families to obtain feedback. We reviewed these and observed positive feedback. One relative had said, 'Thank you for all your hard work and kindness you have shown to [relative] and myself.'

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Following the inspection, we received mixed feedback from external professionals about the culture at the service. One external professional told us, 'The [registered] manager is generally welcoming and helpful.' However, other external professionals raised concerns about staff not engaging positively with people and healthcare support not being sought promptly for people, when needed. We discussed this with the registered manager who told us they would review the culture within the service.

We recommend that the provider keeps the day-to-day culture at the home under review to check that it is open, positive and person-centred and act if any concerns are highlighted.

- People told us they felt comfortable approaching the management team and staff if they had any queries or concerns. One person said, "I feel listened to and can speak to any of the staff or the [registered] manager." Another said, "Yes they [management team] are good here, and the girls [staff] look after me well."
- The interactions we observed between people and staff were friendly and warm and staff were focussed on meeting people's needs and resolving their queries.
- Staff told us they felt supported by the registered manager. One staff member said, "I can approach the [registered] manager they are supportive. They listen and are helpful."
- The rating awarded from the last CQC inspection was displayed at the service. This was important as it helped inform people and others about the quality and safety of the service.

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

- People and relatives knew who the registered manager was and told us they thought the service was well run. One relative said, "The registered manager is always helpful."
- Feedback was sought from people using the service and their families. We viewed records and saw that the feedback given was positive.
- Feedback was also sought from external professionals. Although the comments we viewed from the service's own survey were positive, this contradicted with feedback we received from some external professionals. We discussed the concerns we received following our inspection with the registered manager, who told us they would look into the concerns raised about the service provided and their engagement with external professionals.

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

- The management team were open with us about ongoing service development. There was an action plan which demonstrated they had recognised where further improvements were needed.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. Following any incidents people and their relatives were kept informed and apologies made where required. One relative told us, "I feel they [management team] keep me involved and tell me when things have happened."

Continuous learning and improving care

- The registered manager told us they felt supported by the provider. There had been two new management positions developed, that the provider had recruited to, which assisted the registered manager in the management of the service.
- The management team met regularly and had reviewed all the systems and processes in the service to

identify where improvements could be made. However, this has not identified some of the shortfalls we found during our inspection.

Working in partnership with others

- The pharmacy that supplied the medicines for people, had recently been into the service to review their medicines protocols. The registered manager had worked with them to look at where improvements could be made and had acted on their advice.
- The registered manager told us they worked well with external health and social care professionals. They had close links with the local GP service and had regular visits from community nurses, who provided advice and guidance where needed. Records confirmed that external healthcare professionals were involved in providing support and guidance.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the commission of significant events as required.