

Redlands House Limited

Redlands House

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:

- Redlands House is a residential care home that was providing personal care to 26 people aged 65 and over at the time of this inspection. Some of those residing at Redlands House were living with dementia. It is registered to provide care and support for up to 33 older people. However, at the time of this inspection, the service was undergoing major refurbishment work and was not able to accommodate the number of people it is registered for.

People's experiences of using this service:

- This was the service's first inspection under a new registration.
- The major building work that is currently taking place had some impact on the people who used the service. The home, at times, was chaotic and was not yet wholly suitable for the people who used it. However, it is acknowledged that the provider had recognised that the environment needed improving to give those that lived at Redlands House a better quality of life.
- The quality monitoring system the provider had in place covered all aspects of the service however it had not been fully effective at identifying and rectifying the issues found at this inspection. This included confusion over who had legal responsibilities to make decisions on a person's care and lack of up to date information in some care plans in regard to nutritional needs. However, staff knew people's needs well and this mitigated the risk to some extent. Medicines management requires improvement.
- Some events that are required by law to be reported to the Care Quality Commission (CQC) had not been. However, appropriate actions had been taken by the service to safeguard people.
- A fire door was found to be open which gave easy access to a main road and major building works. The provider took immediate action to make it safe.
- People received a responsive and caring service.
- The individual risks to people had mostly been identified and managed.
- Risks from the building work, environment and working processes had been mitigated.
- The service had processes in place to help protect people from the risk of abuse.
- Staff knew people well and we saw that they had built warm, kind and respectful relationships with those people that used the service and others.
- People were supported to have maximum control over their lives, remain independent and dignity was maintained. We saw that staff supported people in a respectful and gracious manner.
- People's care was assessed, reviewed and personalised and staff knew people's needs, preferences and likes well.
- There were enough staff to meet people's needs when the service ran smoothly. People felt more staff were needed in the event of emergencies or incidents.
- Staff had received an induction, training and ongoing support and demonstrated knowledge. People told us they had confidence in the staff.
- People told us they would recommend the home. One relative we spoke with said, "I wouldn't want [family member] to be anywhere else. We know [family member] is well looked after which means we don't worry. I would happily recommend coming here."

- For more information on our inspection findings, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection:

- This was the service's first inspection under its new registration. The regulated activity of 'accommodation for persons who require nursing or personal care' was registered with the CQC on 19 December 2017.

Why we inspected:

- This was a planned comprehensive inspection based on the service's new registration.

Follow up:

- We will continue to monitor the service to ensure people receive safe, high quality care. Further inspections will be planned for future dates taking into consideration the overall rating for the service.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Redlands 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, one medicine inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, specifically for people who live with dementia.

Service and service type:

- Redlands House is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection, there were 26 people living at Redlands House, some of whom lived with dementia.
- Accommodation was in one adapted building. At the time of this inspection, major refurbishment work was being carried out to extend and update Redlands House. Work had commenced in September 2018 and was expected to be completed by summer 2019.
- The service had two managers registered with the CQC. 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. At the time of this inspection, one registered manager was absent from the service. For this report, the registered manager we refer to will be the one that was present on the day of the inspection visit and immediately following it.

Notice of inspection:

- This was an unannounced inspection and the provider was not aware of our inspection prior to our visit.

What we did:

- Prior to our inspection we reviewed and analysed the information we held about this service. This included reviewing statutory notifications the service had sent us. A notification is information about important

events which the provider is required to send us by law.

- We also viewed the information sent to us by stakeholders. Feedback was requested from the local authority quality assurance and safeguarding teams. We also contacted the medical practice and district nursing team who provide treatment to service users living at Redlands House for their feedback.
- We spoke with 11 people who used the service and three relatives.
- We spoke with a provider's representative, one of the registered managers, area manager, deputy manager, one team leader, a cook, the activities coordinator and one care assistant.
- We reviewed medicines administration records for 18 people, care records for seven people and other records associated with the management of the service.
- After our inspection, we asked the provider for further documents and these were received within the requested timescale. These were reviewed and were included as part of our inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe.

This was the service's first inspection following a change to its registration on 19 December 2017.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Major structural building work was taking place at the time of our inspection visit. A new wing had been opened and was in use whilst one end of the building was sealed off for major refurbishment. Where the two sections met, we found an external door open and easily accessible to those that lived at Redlands House. This door led to both a main road and the section of the home where major building work was taking place. The magnet that ensured the door remained secure had failed. In addition, we found power tools unattended in a communal area. This posed a risk to those people living at Redlands House. However, the provider took immediate action to identify and rectify the failed magnet on the door and this had been fixed by the time our inspection visit ended. We also noted that the unattended power tools were removed and none were identified for the remainder of our visit.
- The individual risks to people who used the service had been identified, mitigated and reviewed. For example, where people were at risk of their skin breaking down, equipment and regular repositioning were in place to help reduce that risk and keep people safe. We saw that for one person, who had non-verbal communication, this was considered when assessing the risks associated with the evacuation of the building in the event of an incident such as a fire.
- The risks associated with the environment and working processes had been assessed and mitigated. This was important given the extensive building work that was currently being undertaken and we saw that this had been separately assessed and managed. The risks that had been identified and mitigated included, for example, those around the outbreak of fire, use of chemicals within the home, moving and handling and the management of Legionella. We saw that equipment had been serviced and lifting equipment checked as required by law. We did find two pieces of furniture that were not secured to the wall that could pose a risk of harm to those people that lived at Redlands House. However, the registered manager confirmed that all furniture had been assessed for risk of harm and secured as necessary within 48 hours of our inspection visit.
- Our observations of the environment showed no apparent risks other than that mentioned above and a wi-fi panel that was without its cover. The registered manager told us one had been ordered and would be fixed on arrival. Portable heaters were in use to counteract any decrease in temperature due to the building work and these had been risk assessed. During our inspection visit we found the home to be consistently warm throughout.
- We observed that people had call bells within reach and those we spoke with confirmed this to be the case. One person who used the service told us, "There's a call system, I just have to press the button but there's also staff about much of the time so you can just ask."
- Accidents and incidents were recorded along with appropriate follow up actions. We saw that these were then analysed each month to identify any trends or contributing factors to help mitigate future occurrences.
- The provider had an emergency plan in place for the home that gave staff information and guidance on

what to do in an emergency. For example, locations of utilities and who to call in what type of emergency.

Using medicines safely

- Some people's Medication Administration Records (MARs) showed gaps, discrepancies and deleted records that were unexplained. This meant that the records sometimes did not confirm that people received their medicines as prescribed. A system was in place to report and investigate medicine incidents or errors, to help prevent them from happening again, but we noted that incidents we had identified had not been raised by staff and reported.
- Records also showed that there were times when people were not given some of their medicines because they had not been obtained in time. For example, one person had not been given two important cardiovascular medicines for three days because there had been delays in obtaining them. For another person we identified that their eye gel had also not been applied on the day of our inspection visit because it had run out. However, the registered manager obtained the medicine on the day of our inspection. The service showed us records of contact with the GP practice or pharmacy to obtain medicines but arrangements in place were not sufficiently robust to ensure medicines were obtained in time.
- For some people who used the service, there was a lack of personal identification available with medicine records to help staff correctly identify people when giving them their medicines and ensure safety. However, the staff team were consistent and no agency staff had been used in the home which reduced the risk of errors through misidentification.
- Supporting information was available for staff to refer to when handling and giving people their medicines. There was information about known allergies and medicines sensitivities and about how people preferred their medicines to be given. When medicines were prescribed on a when-required basis, there was written information available to show staff how to give them consistently and appropriately.
- Staff who handled and gave people their medicines had received training and had their competence assessed regularly to ensure they managed people's medicines safely.
- Medicines were stored securely for the protection of people living at the service and within appropriate temperature ranges. The provider told us there were plans to create a secure medicine storage area as part of the current refurbishment work.

Staffing and recruitment

- The service had a system in place that mitigated the risk of employing staff not suitable to work with the people who used the service.
- We viewed the personnel files of three staff members and records confirmed that this system had been followed. Completed checks on potential staff had included the completion of a Disclosure and Barring Service (DBS) check and obtaining two references to help assess character and performance.
- People who used the service, and their relatives, had mixed opinions on whether there were enough staff available to meet people's needs. Most felt more would be beneficial with one relative explaining that staffing levels were adequate, "...whilst things were running smoothly." They explained that it only took one person who used the service to require additional support to influence the availability of staff. However, we found no incidents where people's needs had not been met due to lack of staff during the inspection.
- One staff member agreed that staffing was, at times, stretched due to the level of dependency needs of the people who lived at Redlands House. This staff member felt they could not always give people the time they wanted to due to staffing levels.
- Our observations during the inspection visit showed that call bells were answered promptly and that people received the care they needed at the time they needed it.
- Staffing rotas we viewed showed that the assessed staffing levels were consistently in place. On the day of our inspection, we noted however, that five members of the management team were in the home which may have had a positive contributing factor to the levels of assistance people received. However, staffing rotas showed that at least two managers were in the home most days, often more.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with who used the service told us they felt safe. One person said, "They do everything for you. I've not been here very long but it seems very safe." Others we received feedback from agreed, telling us they had no concerns about people's safety.
- The staff we spoke with told us they had received training in safeguarding adults and the training matrix we viewed confirmed this.
- Most staff we spoke with could give us examples of symptoms that may indicate abuse. However, one staff member was unable to explain this although we saw they had received recent training in safeguarding adults. All staff knew how to report allegations of abuse.
- From the records we viewed, we saw that the service had raised potential safeguarding concerns with the local authority and appropriate action had been taken as a response.

Preventing and controlling infection

- People were protected from the risk of infection as the service had procedures in place to manage the risks associated with this.
- Staff had received training in infection prevention and control and had access to personal protective equipment such as gloves and aprons. We saw that bins were pedal-operated which lessened the risk of cross infection.
- The home was visibly clean. Infection prevention and control had been considered when building the new wing of the home and we saw hard floors throughout. The old part of the home which was adjacent to the building work, we also found to be clean despite major refurbishment work.

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.

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

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

- The risks associated with meeting people's nutritional needs had been assessed. However, these were not consistently well managed. For example, records were inconsistent in the recording of information associated with the support people needed to remain nutritionally safe and well. For one person, the Speech and Language Therapist (SALT) had recommended a soft diet to minimise the risk of choking. During our inspection visit we saw that this person did not receive their food in the recommended texture. In addition, the amount of thickener required in the person's drink, again to minimise the risk of choking, had been increased by the GP. However, this increased amount had not been consistently recorded in the person's care plan. Furthermore, one staff member we spoke with told us that this person did not require a specialist diet. We could therefore not be assured that this person was receiving the support they required to maintain their health and wellbeing.
- For two further people who used the service we saw that their nutritional care plans did not contain accurate and up to date information. The lack of information did not put these people at risk of choking but did put them at risk of receiving care and support in a way they had not chosen.
- People could take their meals wherever they chose, should it be in their rooms, the lounges or the two dining rooms available. We saw that they received support when they needed it.
- We observed the lunch served in both dining rooms and one of the lounges. For those people that took their lunch in the dining room in the new wing of the home, we saw that this was a social and relaxed environment that was beneficial for people. However, for those in the lounge and remaining dining room, lunch was noisy due to the building work taking place. When we spoke with the management team regarding this, they told us that the noise was due to emergency work being carried out in response to the failed magnet on an exit door that we had found open to the area where major building work was being carried out. We were told that lunchtime was normally a protected time when the builders stopped noisy work.
- We observed lunch in the dining room in the old wing of the house to be chaotic. Some of this was due to the building work taking place and the resulting logistics of the layout. However, we noted that meals were being served one or two at a time which meant staff were permanently going in and out of doors in the dining room which was disruptive. In addition, it meant people did not receive their meals at the same time and we saw that some people on shared tables had almost finished their meals before others received theirs.
- The people we spoke with who used the service told us they enjoyed the meals provided. One person said, "Actually, you know that's something I think is very good, the food is excellent and there's plenty of it." We were told by people that they received alternative choices if they did not wish for the meals planned and we saw this happen during our inspection visit. Furthermore, we saw that a choice of drinks were available

throughout the day and within reach of people.

- We spoke with the cook during our inspection and they demonstrated knowledge of people's needs and food hygiene and safety. They understood different diets and what was required to deliver those. They told us people were consulted on admission regarding their food likes and dislikes and that they (the cook) were regularly updated if people's needs changed. They told us there were no restrictions on the food they could purchase and our observations showed us people had access to enough food and drink to meet their needs.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- For one person who used the service, there was confusion over whether their family member had a lasting power of attorney in place (LPA). An LPA is a legal document that appoints one or more people to help people make decisions on their behalf. It was particularly important that this was clear in this instance as the person who used the service lacked capacity to make their own decisions and made them particularly vulnerable. The management team told us they had requested a copy of the LPA but that it had not been received. We recommend that the provider refers to current guidance in relation to the MCA.
- Staff had a good understanding of consent and we observed staff offering people choice and gaining their permission before assisting them.
- Staff told us they had received training on the MCA and demonstrated a working knowledge of this. One staff member could fully explain the principles of this legislation and told us that they initially, "Always assumed people had capacity." The training records we viewed confirmed that most staff had received training in this topic.
- From the records we viewed we saw that, where there was doubt over a person's capacity to make a particular decision, an assessment had been completed and decisions had been made in the person's best interests. Records showed how this had been completed, why and when. Consideration had been given to ensuring the person had been given the best support and environment to help them make the decision for themselves.
- Appropriate DoLS applications had been submitted to the supervisory body although none had been processed at the time of this inspection. The service had records in place to show what applications had been submitted, when and that they had been received by the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Care records we viewed showed that assessments had been completed prior to people moving into the home to ensure their needs could be met.
- Through discussions with staff, they demonstrated that they had good knowledge of people's needs, likes and preferences.
- The care records we viewed showed that people's preferences had been documented. For example, what

people liked to wear and their hobbies and interests.

- From the records we viewed, we saw that the service had worked with others, such as the hospital, to ensure people received consistent care.

Staff support: induction, training, skills and experience

- The people we spoke with who used the service told us they had confidence in the staff's abilities to support them. Relatives agreed although one felt some staff were better than others.
- Staff told us they had completed an induction when they first started and that it prepared them for their role. One staff member told us they had received another induction when the new wing of the home had been opened to ensure orientation and knowledge.
- Supervisions and appraisals were undertaken by the service to monitor staff performance, training and competency. Staff confirmed they had received these.
- Most staff had completed up to date mandatory training covering areas such as safeguarding adults, moving and handling, food hygiene and fire awareness. Training was delivered in a variety of forms such as online and face to face.
- Our observations during the inspection confirmed that staff put training into practice. For example, we saw that staff appropriately assisted a person to move using a piece of equipment. We saw them ensuring the person's safety and offering reassurance and an explanation of what was happening throughout the manoeuvre.

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

- Due to the ongoing building work, the environment was not yet wholly suitable for the people who lived there. However, the provider had identified that improvements were required to the environment and started major work to accomplish this. Both existing and potential service users had been made aware of, and consulted, on the refurbishment work.
- From the new wing that had already been completed at the time of the inspection, we could see that consideration had been made to the needs of those that lived at Redlands House. This had resulted in airy, bright and wide spaces that assisted people's health, wellbeing and independence. However, it had not yet been fully completed and still lacked signage and factors to assist people with orientation around the wing although the registered manager told us this was in progress. Shortly after our inspection, the provider sent us images to show further work they had completed in relation to this.
- People's rooms were personalised and contained objects that were relevant to them. The refurbishment work had considered factors that would enhance people's lives in relation to their own space such as en suite facilities.
- The communal area in the new wing of the building was comfortable and encouraged people to spend time together socialising in small groups.
- The bathroom in the new wing was spacious, bright and was adapted to ensure the people who used the service could be as independent as possible.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a wide range of healthcare professionals and, from the records we viewed, we saw that appropriate referrals had been made in a timely manner.
- The people we spoke with who used the service told us they saw healthcare professionals regularly and as required.
- The feedback we received from healthcare professionals was positive. They told us the service made prompt and appropriate referrals and followed their recommendations. They told us the service gave a good standard of care to those that lived at Redlands House and that communication was 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care and support from staff who were kind, caring and thoughtful.
- Everyone we spoke with, both those people that used the service and others who provided us with feedback, told us staff were considerate and compassionate.
- One person who used the service told us, "[Name of staff member] knows how much I love dogs and the other day she told me she'd got a surprise for me. She said, 'You'll never guess'. She'd arranged a special dog activity day, a sort of bring your dog day. She's going to bring her dog, anyone can bring theirs too. [Name of staff member] is very caring; she makes me feel like a person." We had confirmation, shortly after our inspection, that this activity had taken place.
- One relative we spoke with told us the service was, "Blessed with very good members of staff." A health professional agreed and told us they found staff to be polite.
- Staff we spoke with talked of the people they supported with kindness and warmth and most demonstrated they knew people well. One staff member told us, "Looking after people is a pleasure." They went on to say that they enjoyed making people feel wanted and making their lives more meaningful. Another spoke compassionately about one person who used the service, demonstrating they clearly understood what was important to the person and their wellbeing.
- Throughout our inspection visit we saw that the people who used the service were relaxed and comfortable and clearly at ease with staff members. We saw one staff member ensuring people were of the right temperature and offering to fetch blankets should anyone be cold.

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

- The people who used the service and, where appropriate, their relatives, had been involved in making decisions about planned care and support. They had also been involved in regular reviews.
- One person who used the service told us, "I'm able to do most things for myself so I am able to decide about how I live." Another person said, "I can go out for lunch. My family took me out recently and it was lovely."
- For one person we saw that the service had risk assessed and discussed with them their ability to be able to access the community alone to promote independence.
- Following the admission of a person into the home, the service completed a four-week assessment. This involved staff having regular conversations with the person to ensure they were happy with the care received and whether any changes needed to be made.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us their dignity was maintained and that staff respected them.
- One person who used the service said, "The girls (staff) are very good, I think they treat us with respect."

- Staff we spoke with showed genuine concern for people who used the service and, from our discussions with them, demonstrated respect.
- Our observations confirmed people were treated well, that their dignity was maintained and their independence encouraged. For example, we saw that one person asked for the volume on the TV to be turned up. Instead of doing this for the person, a staff member gave them the control and told them they could then change the TV as they wished.
- People's right to privacy and confidentiality was respected. We saw that personal documents were stored away and that computers were password-protected.
- Throughout our inspection we saw that confidential conversations were had in private and that staff were discreet. We did, however, accidentally walk in on a staff member assisting a person to use the toilet. Although the bathroom had a lock in place, the staff member had not used it.
- The care plans we viewed showed that people's dignity and independence had been considered when planning the care and support they needed and wished for.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People received personalised care.
- The people we spoke with were happy with the care they received as were their relatives and the healthcare professionals that provided them with treatment.
- Both the relatives we spoke with told us they had no concerns in relation to the care and support their family members received and were confident in the service's abilities. One said, "I, in fact we, the family, think [family member] is being very well looked after and we are extremely happy with the care [family member] is getting. [Family member] is happy and that's what's important." The other relative told us, "I'm not worried (about their family member) in the slightest. The staff look after them (their family member's needs) straight away."
- The care plans we viewed contained personalised information to assist staff in meeting people's individual needs. They had been regularly reviewed and assessed and people and their relatives had been involved in these.
- Although not all the care plans we viewed contained accurate information, we were confident that staff knew people's likes, dislikes and preferences well enough to meet them. This was demonstrated through observations made at the inspection and conversations with staff.
- All providers of publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use the service and have information or communication needs because of a disability, impairment or sensory loss. From the records we viewed, we saw that the service had taken steps to meet the AIS requirements. For example, for one person who communicated in a non-verbal way, the care plan recorded how the person communicated using gestures and what these may mean. For another person, we saw that a pictorial communication book was in place to help them effectively communicate with staff.
- The service had a newly appointed activities coordinator in place and we saw them engaging in activities and social stimulation with the people who used the service. However, although the service sent us activity planners following our inspection, we saw no information up in the service, on our inspection visit, telling people what future activities were available. Although planned activities would not be suitable for all, the service needs to ensure people have information so they can make informed choices and plan their day.
- During our inspection, we saw that people enjoyed being entertained by a singer. We saw that staff reminded people of the activity and supported them to access it if they chose to. They showed encouragement and support to people.
- People told us they accessed trips outside of the home and that they enjoyed them. One person said, "I read and love music. I have been on trips into the city with a carer. We went into Norwich and did a bit of shopping, it was great. By the time I got back, I was on springs!"
- However, one person told us how much they enjoyed walking outside and that a friend helped them to do that. They told us about a recent occasion where their friend was unavailable to help so they asked if a staff

member could go with them. They told us no one was available to go with them so they had to miss out on that occasion.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place and people told us they were confident that any concerns they may raise would be appropriately managed. However, we did not see a complaints policy up in the service during our inspection.
- One relative told us of a concern they had raised with the service. They told us this was actioned immediately and that they have not had to raise the same concern since. They told us they were confident the management team would take any concerns seriously and do their utmost to action them.
- We saw, from the records we viewed, that when complaints were raised, these were fully and appropriately investigated and a response given to the complainant.
- When we raised a concern on a person's behalf at the inspection, we saw that the management team actioned it promptly and investigated it fully.
- We saw that the service had last formally sought people's feedback on the service in October 2018. We saw that the responses were mostly positive and that all who responded would recommend the home. In addition, informal feedback was sought on a much regular basis in the form of meetings, post admission discussions and at care plan reviews.

End of life care and support

- The service had sought and recorded people's end of life wishes and preferences.
- These included people's wishes on who they wished to be involved in decisions, any special requirements and where people would like to be cared for at the end of their life. Further person-centred information included how people would like their room. For example, the type of music a person would like played and any factors to be avoided due to potentially making the person distressed.
- We saw that anticipatory drugs were in place for one person to aid a dignified and pain-free death when the time came.

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.

Service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, safe and effective care.

Continuous learning and improving care

- Although the provider had a quality monitoring system in place that covered all aspects of the service provision, it had not been fully effective at identifying the issues found at this inspection.
- Medicines management and care plan audits had been completed on a regular basis by the service however these had failed to identify and rectify the issues reported on under the key questions of 'Is the service safe?' and 'Is the service effective?'
- Regular maintenance and visual checks had been completed on the fire prevention and detection system within the home. However, considering a faulty magnet had been discovered on a fire exit, we reviewed these checks to see whether fire doors were checked and whether the fault had been previously identified. Detailed information on what exactly had been checked was not available so we could not be confident that fire doors had been regularly checked. This was discussed with, and accepted by, the management team.
- The remaining quality monitoring audits that were in place had been effective at improving the standard of service people received. For example, senior managers completed regular compliance visits and unannounced night spot checks, ensured people received an effective and safe service at night. These checks covered areas such as the environment, security, cleanliness, call bell response times, environmental temperature and staff approach and appearance.

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

- The service had failed to obtain confirmation that a person's relative had a POA in place. This had had an impact on how the service delivered care and support to that person and put them at risk.
- From the complaints we viewed and through discussion with the registered manager, we saw that they were open and transparent regarding complaints, concerns and suggestions. The registered manager said, "We see complaints as a positive; a way of improving."
- The service had correctly followed the duty of candour requirements for a recent complaint along with other incidents we viewed. This regulation requires incidents to be managed transparently, apologies provided and the relevant persons informed on all the facts of the matter.
- The major refurbishment being undertaken demonstrated a commitment to improving the environment and the service people received.
- We saw that action plans were in place to help improve the service.

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

- Services are required by law to report certain events to CQC, one of which is any allegations of abuse.

During our inspection we found two incidents that the service had reported to the local authority safeguarding team but not to us. However, we saw that the service had responded appropriately to protect the individuals and had reported the incidents to the local authority to further safeguard. Following our inspection, a discussion was had with the area manager regarding this who acknowledged and accepted the incidents should have been reported to CQC.

- There was a clear organisational structure in place and the two provider's representatives were visible in the home on a regular basis.
- There were two registered managers in post. At the time of this inspection, one registered manager was supporting the home, along with a deputy manager and area manager, whilst the second was absent. The absence of one of the registered managers had not detrimentally impacted on the service as the provider had ensured continuity and adequate cover.
- The registered manager demonstrated knowledge and explained how they kept their knowledge up to date through sector magazines, attending training and signing up to alerts from good practice organisations. The registered manager held a nationally recognised management qualification.
- The registered manager told us they felt supported by the provider and received regular supervisions. They told us they were happy in their role and their long length of service demonstrated this. They told us they attended regular manager meetings, had daily support from senior managers and saw the provider on a regular basis.

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

- We observed a lack of visual information available for the people who used the service, their relatives and visitors. There were no accessible activity plans on show and the complaints policy was not available. Other than a board keeping people up to date with the refurbishment work, no other information was on show for people.
- There was a positive workplace culture at the service. Most staff told us the team worked well together and this was observed on the day of our inspection visit.
- There were regular meetings for staff and the various departments within the home. These were arenas for discussion, problem-solving and the sharing of information to improve the service.
- People had been engaged and consulted on the current refurbishment work and we saw that they had been kept up to date with progress via written bulletins, regular meetings and a large blackboard in a communal area of the home.
- During our inspection we saw evidence that the service had considered the needs of others in relation to their equality characteristics. For example, needs associated with religious beliefs.

Working in partnership with others

- The service had built communicative and long-lasting relationships with the GP surgery and local district nurses. The feedback we received from both told us that. One said the service always made a senior member of staff available when they visited and that they were well informed on service user's needs. A second described staff as reactive and, "Happy to listen to advice."
- The registered manager told us that they had built good links with the local community who had provided activities to their residents. This included local school children for some intergenerational work, the Brownies, local charities and the church.
- A close local business had offered their services in the event of an emergency and we saw that the home had a plan in place with them should the home have to be evacuated.