

# Creedy Number 1 Limited

# Creedy 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 2 and 3 October 2018 and was unannounced.

Creedy 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. Creedy House can accommodate 44 people. At the time of our inspection there were 36 people living at the service.

Creedy House is a large, detached premises situated in a residential area in Littlestone-On-Sea. The service was divided into two areas: The House, which accommodated people requiring nursing as their primary need and The Lodge, where people living with dementia had their bedrooms.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Creedy House was last inspected 21 March 2018. At that inspection it was rated as 'Requires Improvement' overall. Five breaches of Regulation were found during that inspection.

At this inspection we found improvements had been made, however we found one new breach, and two continued breaches of the regulations and two areas for improvement. This is the third consecutive time the service has been rated 'Requires Improvement'.

Quality auditing had improved and action taken to address some shortfalls we identified at the last inspection. However, there were still areas that had not improved and these had not been picked up through the monitoring process. This included shortfalls in robust recruitment processes; the provider had not ensured staff had complete work histories.

People were being kept safe from abuse. Staff had received training in safeguarding and had an improved understanding of how to report concerns. People were supported safely around risks, however some risk assessments lacked guidance on action to take if someone's needs changed. Risks to the environment had been assessed.

Staffing had been reviewed and assessed using a dependency tool. There were sufficient staff to meet people's needs and keep them safe. Medicines were stored, administered and disposed of safely. The service was clean and well kept, and staff used personal protective equipment to reduce the risk of the spread of infection. Accidents and incidents were logged and actions taken to reduce the risk of the incident reoccurring were documented.

People's needs were assessed prior to them receiving a service. Staff received the training and supervision required to complete their roles effectively. Staff made appropriate referrals when necessary, for example to the falls clinic, dietician and speech and language therapist (SaLT). People's needs were met by the design of the building and suitable adaptations had been made. People enjoyed the food and were supported to eat sufficient amounts. The principles of the Mental Capacity Act were being complied with and any restrictions were assessed to ensure they were lawful, and the least restrictive option.

Staff treated people with kindness and compassion and people and their relatives told us they liked the staff. Staff knew people's needs well and people told us they valued their staff. People and their relatives were consulted around their care and support. People's dignity and privacy was respected and promoted and staff encouraged people to be independent as safely possible.

Care records had not all been maintained to provide an up to date reflection of people's needs. However, this was rectified on the day by staff. People told us the activities had improved, and the service had employed an additional activities coordinator. People's concerns and complaints had been logged and responded to appropriately.

People were supported to have a comfortable end of life.

There was an open and inclusive culture that had been improved by the registered manager. People, their relatives and staff were engaged in the running of the service. The service was working with other professionals and local health providers to ensure partnership working resulted in good outcomes for people.

At this inspection, we found three breaches of Regulation. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Risks to people's safety and welfare were not consistently managed to make sure they were protected from potential harm.

Effective recruitment procedures were not in place.

People's medicines were stored and administered safely and securely.

People were protected from abuse or the risk of abuse.

There were enough staff deployed in the home to meet people's needs.

### Is the service effective?

**Good** 

The service was effective.

The service had been adapted to ensure all areas had wheelchair access.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

**Good** 

The service was caring

People were treated with dignity and respect.

People were involved with their care. Peoples care and treatment was person centred.

Staff recognised when people needed emotional support and were able to provide reassuring compassionate care.

### **Is the service responsive?**

**Requires Improvement** ●

The service was not consistently responsive.

People participated in activities which met their needs. People received care that was based on their needs and preferences.

The service had a complaints policy and people's relatives knew how to complain.

People were supported to have a dignified, pain free end of life.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

Improvements had been made as a result of audits, but they had not picked up all the issues we found during the inspection.

Action to address previously breaches of regulations was not timely.

Staff worked well to provide consistent joined up care.

People and staff were positive about the culture of the service, and had faith in the registered manager to drive improvements.

People's opinions had been sought and used to make improvements.

# Creedy House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 3 October 2018 and was unannounced. Two inspectors, a specialist nurse advisor and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection, we looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the deputy manager, the registered manager of another of the providers homes, and the provider. We spoke with two nurses, one senior care staff and two carers and the cook. We looked at ten people's care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys.

During our inspection we spent time with the people using the service. We spoke with 15 people and four relatives. We observed how people were supported and the activities they were engaged in.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe at Creedy House. One person told us "I feel safe because the staff dash up to me as soon as I press my buzzer and I am never left too long without help." A relative told us "One thing I can say is that I am surprised by how many wonderful staff there are here whenever I visit."

At our last three inspections, we identified that recruitment checks had not always been completed. At this inspection, we found the provider had not followed safe practice in relation to recruitment processes. Sufficient checks to explore staff members' employment history to ensure they were suitable to work with people who needed safeguarding from harm had not been completed. In four of the files reviewed the provider did not have details of each staff member's full employment history. References had been obtained by the provider for all employees including from the most recent employer. The provider completed Disclosure and Barring Service (DBS) checks before staff started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Following the inspection, the registered manager sent us confirmation of a new employment history form for new staff to complete prior to them starting work.

The provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care needs for people living with specific long-term conditions, such as diabetes, were not always met. For example, there was a risk assessment and care plan in place for a person which stated that the blood glucose level should be checked daily and included the specified range for the person. However, it was noted that on one occasion the blood glucose level was substantially higher, yet no further action was taken by staff, such as informing the person's doctor, or monitoring the level again after a short period of time. Staff should have specific guidance to inform them how to deal with occasions when the person's blood glucose increased, to ensure that any risk from abnormal blood glucose levels is minimised. Care records showed that guidance was available for staff on how to recognise extremes in blood glucose readings, including typical symptoms of low or high blood glucose. However no further guidance was available for staff on how to safely manage an increased blood glucose reading.

Risks relating to the prevention of dehydration were inconsistent. Fluid charts were used to document the person's fluid intake, and a national screening tool was used to ascertain the person's risk of dehydration. However, one person was noted to have had low fluid intake, when compared to the nationally recommended therapeutic levels. For example, an adult is recommended to have around 1500ml of fluid per day, and the person had not been recommended a reduced fluid intake by a healthcare professional. We noted that they had had significantly less than this on two occasions. The care plan daily records showed that staff offered the person more fluids, but they were refused. There was no further attempt by staff to encourage more frequent fluid intake, or to refer the person to their doctor to ensure measures could be taken to reduce the risk of dehydration.

The provider had failed to ensure that action had been taken to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Management of the risk of falls was robust. We noted that a falls risk assessment was completed at admission, and reviewed monthly or as the person's needs required. Each person had a mobility risk assessment. These detailed any equipment (such as hoists and slings) and the number of staff members required to support the person safely during movements such as, transferring from the bed to the chair, walking, or moving in the bed. Where people had long term health conditions, care needs were regularly assessed and met. One person had specific needs in relation to a skin condition. Their care plan reflected the care given by staff. This included specific guidance regarding avoidance of laundry products which may have exacerbated the person's skin condition, the use of topical medications to alleviate the symptoms, and a wound management plan in case of skin breakdown. People's healthcare needs with regard to conditions such as epilepsy were adequately met, and their care plans were sufficiently detailed and followed national guidance. Guidance for staff included how to care for a person during and after a seizure, and the referral pathways to ensure any such episodes were followed up appropriately.

There were records to show that checks took place to ensure the safety of people, staff and visitors. Procedures were in place for ensuring portable electrical appliances and firefighting equipment were properly maintained and tested. Fire drills were taking place regularly and included feedback on what could improve for the next fire drill. Water temperatures were checked and recorded to reduce the risk of scalding. The registered manager completed a daily walk around of the service to monitor the environment to check that people were kept safe. The business continuity plan detailed the steps staff should take in order to keep people safe in the event of emergencies

At our last inspection, there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The provider had failed to ensure there were enough staff to meet people's needs. At this inspection we found improvements in this area, and the breach had been met. At our last inspection the manager was using a dependency tool to calculate the number of staff required but had not recorded their calculations in a formal way, to show how the number of staff needed was determined. At this inspection the registered manager was now recording their calculations on a monthly basis to demonstrate that staffing levels were determined according to people's changing needs. We reviewed rotas that showed there had been the assessed number of staff on duty consistently. We observed staff were not rushing, and had time to engage with people and have meaningful conversations. One person told us "I think that there are plenty of staff at all times, even the weekends, I never have to wait if I need to spend a penny." The service used agency staff to cover gaps in the rota when required. For example, one person needed additional support and this was being provided on a one to one basis by consistent agency staff. The registered manager told us they used the same agency to provide continuity of care for the people living at the service.

People received their medicines in a safe way. One person told us "I get all my medicines like clockwork every day, I've no need to worry on that front anymore." We reviewed medication administration records (MAR) for people at the home which were accurate, with no gaps in signatures. A nurse we spoke with told us medicines were counted in when received into the home and were routinely counted as part of a stock reconciliation procedure during the medication cycle.

Arrangements for safe administration of medicines followed the home's policies and procedures, which had been written with guidance from the Nursing and Midwifery Council and the Royal Pharmaceutical Society. The policies provided information and guidance on all aspects of safe medicines management, from ordering, receipt, administration, records, controlled drugs, and disposal. There was specific information on



the management of homely remedies, including a clear record of administration, reason for administration, and effects of the medication on the person. Some people received medicines on an 'as and when' (PRN) basis. People who had been prescribed PRN medications had PRN protocols in place, which included the reason the medicine had been prescribed, frequency of administration and maximum dose within a 24 hour period. Pain charts were in use if a person was unable to verbally say they were in pain and required medication.

Each person had been assessed to check whether or not they had the mental capacity to make their own decisions with regard to their medication administration. Covert medicines were given where the person may not have had the mental capacity to make decisions about their own medications, and had refused their medicines previously. Staff had discussed the need for covert administration with the person's next of kin and their doctor, to ensure any decisions made were in the person's best interests. People's MAR included specific information on how best to administer their medicines covertly, for example whether to include the medication in the person's food.

Medicines requiring storage in a fridge were stored in the locked clinical room, and the temperature of the fridge and clinical room were checked daily to ensure that the medications were stored within temperature ranges recommended by the manufacturer. Medicines that required special storage were appropriately and securely stored and managed. There was a log book which detailed each time a controlled drug had been administered, and was signed by two trained members of staff.

At our last inspection, staff did not always recognise safeguarding incidents between people. At this inspection we found all staff had been re-trained in safeguarding. Incidents that had occurred and potential scenarios were discussed during team meetings to reinforce learning. The registered manager understood their responsibilities regarding safeguarding and had reported concerns to the local authority safeguarding team. Since the last inspection the registered manager had improved their working relationship with the local authority safeguarding team and told us they were regularly in contact to seek advice when necessary.

Processes were in place to prevent and control the spread of infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. Staff had received training in infection control and we observed them to be using personal protective equipment appropriately. People and their relatives we spoke with told us they always found the service to be clean.

At our last inspection, we noted that incidents and accidents were being documented by staff, with some oversight from the registered manager. However, that analysis did not record the actions taken as a result of the incident and therefore was not a complete record of the incident. At this inspection we found improvements in this area. The registered manager provided training for staff to ensure they were aware of how and what to document. There was an improved accidents matrix in place organised by month. This contained an overview of accidents and incidents in the month, and what action had been taken to minimise the risk of it reoccurring. The registered manager was responsible for reviewing this and ensuring appropriate action had been taken.

# Is the service effective?

## Our findings

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 we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The provider failed to ensure that conditions on people's DoLS had been followed. At this inspection we found improvements in this area, and that the breach had been met. Staff understood the principles of the MCA and people were offered choices throughout the inspection, like where they would like to spend their time and what they would like to drink. When important decisions needed to be made on people's behalf, best interest meetings had taken place with people who knew the person well. One person was observed to have bed rails on their bed. There was a mental capacity assessments and best interest decision process in place for the use of bed rails. Staff told us that bed rails were only used according to the organisation's policy. We noted that where people had bed rails fitted, a risk assessment had been completed to ensure that they were being used safely.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made as required and any specific conditions attached to authorisations met.

At our last inspection, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The provider had failed to ensure people's health needs were managed safely. At this inspection we found improvements and the breach had been met. People had access to healthcare services and were supported to live healthier lives. All healthcare professional visits or interactions were clearly recorded within the person's care plan, including screening for diabetes, medication reviews by the person's doctor, and chiropody visits. People had been referred to Speech and Language Therapy (SALT) or to the dietitian where required, and any advice or recommendations made had been incorporated into people's care plans. Where people had been recommended for regular weight monitoring based on their nutrition risk assessments, we saw that this was carried out, and action taken if the person's weight was higher or lower than expected. Appropriate action had been taken when people fell, with referrals made to the falls clinic, and advice sought from occupational therapists and the GP.

People had information to take to hospital, should the need arise. This documentation included their current medical needs, any medicines they were prescribed including when it had last been taken and details of relatives or next of kin. The most current health care concern was also documented. Staff told us they worked well with hospital staff when a person was due to be discharged to ensure the person received continuity of care. The registered manager informed us additional staffing was now rostered on to cover any staff that may be scheduled to support a person with a hospital appointment.

People's needs were assessed using a comprehensive assessment tool, before they moved in to the service. This supported the registered manager to consider if the service could meet people's needs and review if any additional staffing or training was required. This assessment was used to formulate the person's care plan. Where possible people and their relatives were involved in planning their care delivery and were aware of risks to be monitored and managed. Consideration was given to people's protected characteristics during the assessment process to ensure these could be met by the service.

Staff completed regular assessments of people's ongoing needs using recognised tools. These included Waterlow assessments (to assess the risk of people developing pressure areas or skin breakdown) and a malnutrition universal screening tool to identify people at risk of losing weight. Specialist mattresses and cushions were used to help support people who were at risk of developing pressure areas. Where concerns were identified around how much people ate or drank, records were made. This enabled staff to track how much people ate and formed a starting point for dieticians to decide if fortified or food supplements were required.

New staff received an induction to the service. This included shadowing more experienced staff, completing training and the Care Certificate, along with getting to know people and the service. The induction covered a period of six weeks, although this was flexible depending on the individual staff member.

Staff received ongoing support through regular updates, supervisions and annual appraisals. Staff continued to receive updates in mandatory training and were offered other additional training that was relevant to people they supported. For example, Managing Aggression; Diet and Nutrition; Care Planning; Dignity and Respect and Equality and Diversity. A spreadsheet contained detail of what training had been completed and enabled the registered manager to identify who was due to complete or refresh training. One staff member told us "Our training is good. The best one was common signs of illness training recompleted. It was nice to go over things again. The signs of what people have when they have UTIs for example shaking or sweating. I've been able to use it to go and speak to the nurse about a person if I'm worried about them." One person told us "I am more than confident with the staff's abilities."

Following the inspection, the registered manager sent us confirmation of booked training courses including ESTHER training, dementia awareness, care of the dying and maintaining healthy skin and preventing skin damage.

At our last two inspections we highlighted that there were no pictorial menus available for people living with dementia. At this inspection we noted that pictorial menus had been purchased, and were being used as well as photographs taken of the food cooked, which staff told us were more meaningful for the people living at the service. People were supported to eat sufficient amounts to maintain a balanced diet. People and their relatives told us there was a good selection of food, which they enjoyed. Comments we received from people included; "There's always plenty of food on offer and seconds if you can manage it" and "The food is very good and if there is something I don't like I tell them, and they will bring me something else."

During lunch we observed staff supporting people to eat. Staff sat at the same level as the person, and waited to ensure they had finished their mouthful before offering the next one. Staff encouraged the person to hold the handle of the cup, when they did not respond, staff asked them again, and then guided their hand to the cup and supported them to hold it. With gentle promoting and encouragement, the person was able to drink independently, and the staff praised them.

People who had dietary requirements or required additional support received it. One person was intolerant of lactose and was offered soy products as a replacement, and another person had an allergy to a particular

fruit. Kitchen staff were able to tell us about people's allergies or preferences, and how they differed food to accommodate them. This information was also available in the kitchen. The cook told us they always ask and monitor what food people enjoyed, and people gave positive feedback about the food.

Part of Creedy House was purpose built and met people's needs. The older part of the building had also been adapted to meet people's needs. The corridors and doorways were wide and the manager had due regard to guidance of best practice for a dementia care setting. For example, there were handrails in corridors to aid mobility. Signage to toilets and lounge areas were easily visible and in written and pictorial forms. Peoples bedroom doors were painted in different colours to help people to more easily distinguish them. This helped to aid people's awareness of their surroundings. Bedrooms were personalised with people's own possessions, photographs and pictures. There was a garden that people were able to access and spend time in. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The service had a cinema room / sensory room, and a 'sun corridor' which had been decorated in different themes where people could sit. Sensory items were available with each window having a different design, photographs or magazines and rummage boxes available for people to enjoy.

## Is the service caring?

### Our findings

At our last inspection, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found staff to be busy and task orientated. People and their relatives told us staff had little time to spend with them to provide compassionate engaging care. At this inspection, we found improvements, and that the breach had been met. One person told us "The staff are just charming, and we have a good old laugh and a natter." A relative told us "We could not be happier with the care he is receiving, they are kind they are considerate, and I know they really do care about him and know him."

At our last inspection staff did not have time to spend with people. At this inspection, staff levels had been re-assessed and staff had time to spend with people. We observed numerous kind and caring interactions between staff and people. People and their relatives told us they were happy with the care received. Staff knew people well and provided emotional support when needed. We observed one person becoming restless and agitated. Staff were quick to respond, asking them discreetly if they wanted to go for a walk, avoiding the person's agitation escalating and causing disturbance to anyone else using the lounge area. Staff interactions with people were kind and patient allowing time for people to process conversations. A staff member told us that when a person becomes anxious, they make them tea and sit and talk to them to offer reassurance. One person would worry about when their loved one would visit. Staff put a whiteboard in their room, which demonstrated which day of the week it currently was, and which date the person's relative was due to visit.

Staff knew people well, including their likes, dislikes and backgrounds. Throughout the inspection we observed staff discussing people's histories, families and hobbies with them. One staff member told a person what was in the newspaper that day, whilst other people were able to read the newspaper themselves. We observed staff using people's preferred names.

Some people needed additional support to communicate. There were signs around the home to support people's understanding of the use of rooms, for example the bathroom. There were various documents available throughout the home that had been adapted to include pictures and symbols to support people's understanding of the document.

People and their relatives told us they were supported to make decisions about their care and treatment. One person told us, "I am always listened to, I jolly well make sure that I am." Staff were able to describe to us how they would change their approach with people, depending on how they were presenting on that given day. For example, staff told us they would ask people if they wanted support with personal care, and if the person refused, they would return later and ask again. Staff told us people then consented to their personal care, but on the rare occasion when they continued to refuse, staff would respect their decision and inform the nurses, deputy or registered manager.

People and their relatives told us staff respected their privacy and dignity. One person told us "The staff always knock on the door and don't enter until I am ready for them to do so and have answered." Staff told us they go into people's room with a smile on their face, and the aim to perk up people's day. Staff showed a

good understanding of what people were able to do for themselves, and told us of the importance of encouraging people to be independent. Staff told us they encouraged people who could wash an area themselves, to do so, giving them praise and reassurance if they required it. Relatives and loved ones were welcome at the service, and told us staff were friendly, approachable and polite.

## Is the service responsive?

### Our findings

At our last inspection, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure records regarding people's care and support were accurate and up to date. At this inspection, we found improvements, and that the breach had been met.

At our last inspection the provider had recently introduced a new electronic system for care records. At this inspection the system was being fully used. Staff we spoke with embraced the new system and told us they helped improve the continuity of care. Most people had detailed person-centred care plans that fully reflected their needs. However, others required updating and were not consistently reflective of people's current needs. We brought this to the attention of the deputy manager who immediately updated the records. Staff knew people well, and were aware of individual risks, however people were placed at risk of receiving care that did not meet their needs.

Within people's care plans were life histories, guidance on communication and personal risk assessments. In addition, there was guidance describing how the staff should support the person with various needs, including what they could and could not do for themselves, what they needed help with and how to support them. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks and activities. There was also specific person-centred detail such as which toiletries a person preferred, how they liked to dress or the type of music they liked to listen to. Staff had received face to face person centred training, and were able to tell us how they adapted their approach from person to person.

At our last inspection, relatives told us there was a lack of engagement for their relatives. At this inspection, a second activities coordinator was working through their induction. They conducted activities on a one to one basis or for a group of people. Activities were available throughout the week, with the registered manager telling us "We are a 24/7 service the social activities need to continue during the weekend." During the morning of our inspection, activity coordinators visited each resident in their room, offering them puzzles colouring or reading books and encouraged them to take part in the group activities of the day. During the afternoon there was a sing along session in the lounge, which people enjoyed. The activities coordinator organised a range of activities including reading poems, armchair exercises to music and reminiscence. One person told us "There is always something going on here, I like to pick and choose when to join in." A relative told us "I often find someone in his room with him have a sing song or just a chat."

There was a comprehensive policy about dealing with complaints that staff and the manager followed. Complaints since the last inspection had been investigated and responded to. There was a guide about how to raise concerns displayed around the service in an accessible format. A monthly audit was also completed, this helped to ensure the registered manager had an oversight of complaints and would be able to identify any patterns or trends. People and their relatives told us they knew how to raise concerns or complaints. A relative told us "We have not had to raise a concern or make a complaint yet as they were so welcoming, and things have continued in that vein."

People's end of life wishes had begun to be discussed and were recorded in their care plans together with any Do Not Attempt Resuscitation (DNAR) decisions. Care plans contained guidance for staff around how to support people and their families at the end of their lives. Some care plans contained person-centred detail for example, one person's plan detailed the type of funeral service they wanted and that they would prefer donations to their chosen charity rather than flowers. The registered manager had introduced a document to gather information from people and their families about what was important to them. They understood that it could be a difficult subject to discuss with people and their loved ones. One person had been supported to stay at the service for respite care. The person's partner was receiving end of life support at the service, and this allowed them to spend their final days together. The registered manager told us "It was lovely because she was with him when he passed."

Following the inspection, the registered manager sent us confirmation that training had been organised for themselves and the nurses to attend advanced care planning to enable them to better support people at the end stages of their life.



## Is the service well-led?

### Our findings

At our last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service and mitigate risks. They had failed to hold an accurate and contemporaneous record regarding each person. At this inspection we found that although there had been improvements made there were still some areas that needed improvement, therefore the breach had not been fully met.

The registered manager had been auditing the service with regular checks on a weekly and daily basis. We noted an improvement in the service and the registered manager had been very responsive to requests for documents. However, despite this, there were areas of work that had not been completed by the time we inspected the service. For example, some care plans had not been updated and did not identify people's current needs. Some guidance for staff was lacking, for example detailing what action should be taken when a person displayed higher blood glucose levels. An audit has been completed on staff files, and despite this being a subject for improvement in the past two reports, we found staff files did not adequately detail staff employment histories. Furthermore, the auditing tool the provider used to review the quality of recruitment files contained inaccurate information, asking for employment history for staff covering a period of 10 years and not a full employment history.

The registered provider had not ensured that quality monitoring was effective in highlighting shortfalls in the service and making improvements. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager and senior staff completed a range of checks and audits on the service. Regular health and safety and infection control audits were completed and any actions that were identified were completed and signed off. Regular checks on medicines were completed and the registered manager sampled and checked people's care plans to ensure they contained the necessary level of detail. Names of people responsible for actions and timescales were added to any action plans for improvement. Accidents, incidents and complaints were reviewed by the registered manager and by staff at the provider's head office to check if any patterns were emerging. These were used for learning and improving the service. Staffing levels were reviewed daily by the registered manager to ensure that there was adequate staffing to meet people's needs. The provider commissioned a consultant to review the quality of the service regularly and used this as a method to drive improvements within the home.

At our last inspection, the service has been without a registered manager for in excess of 800 days, however a new manager had been appointed. At this inspection that manager had been successfully registered with CQC as the registered manager for the service.

People, relatives, staff and the manager all told us there was an improved relaxed atmosphere within the service. Staff told us that since staffing had been reviewed they had more time to provide person centred care. People told us "The manager is easy to talk to and I find her absolutely fine" and "there is a nice feel to

it here." A relative told us "I would say there is a happy atmosphere here."

People and staff told us the management of the service had improved under the new leadership of the registered manager and the newly appointed deputy manager. Staff told us they received better supervision, guidance and that communication was open and honest. Another staff member told us that any issues were resolved immediately, which has helped to improve the culture and the care people received. The registered manager told us their aim was to make the service a home people were proud to live in, and staff to work at.

The registered manager told us they had received good support from the provider, and their line manager. The registered manager told us that there had been an improvement in collaborative working with the provider and their other services, where previously they had worked more in isolation. The registered manager said "The biggest change is that all the managers are supporting each other. It means a lot to me personally."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance of the service and on the provider's website.

The registered manager was aware of their responsibility to comply with our registration requirements. The registered manager had notified the Care Quality Commission of important events as required. The registered manager was also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

At our last inspection, we found comments made on quality assurance had not always been followed through to ensure action was taken and reported back to people and their relatives. At this inspection we reviewed the most recent surveys completed by relatives. The results of the quality assurance surveys were positive, with comments including that the registered manager was 'Very helpful and polite, puts you at ease with any concerns, all issues are dealt with quickly' and that staff were, 'An excellent very dedicated team.' The results of the quality assurance surveys were displayed in communal areas, and included action the service was planning on taking. The registered manager intended sending out the results via email. One comment had noted that they were unsure of who worked at the service due to staff not wearing uniform. The registered manager was in discussions with the provider regarding uniforms for the staff. The registered manager informed us they would continue to review and update the feedback to reflect actions taken on issues raised by relatives.

The registered manager informed us they were due to send out questionnaires to gain feedback from people. This would be created in pictorial and standard to enable people to better understand the questions asked. The registered manager informed us the activities coordinators will be responsible for supporting people who may need more help to complete them. Surveys for health care professionals were also in the process of being created.

Staff team meetings had been held regularly. Staff were informed of any new staff recruited, any changes to the menu and accidents and incidents were reviewed. Staff were praised by the manager for the decrease in falls the previous month, and encouraged to remain vigilant in supporting people. The service had an 'employee of the month' award to encourage good practice and recognise where staff went over and above their normal duties. Other meetings were scheduled periodically to discuss things like health and safety, any clinical updates and any changes with housekeeping or the kitchen.

Staff had formed good working relationships with health care professionals. The registered manager was meeting with the GP to look at ways to improve their working relationships to enable better outcomes for people. The manager worked closely with the local authority safeguarding team to seek advice and guidance and the local authority commissioning group had visited the service to conduct service reviews.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had failed to ensure that action had been taken to mitigate risks.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider had not ensured that quality monitoring was effective in highlighting shortfalls in the service and making improvements.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The provider had failed to operate effective recruitment procedures.
Treatment of disease, disorder or injury	