Homestead Services Limited

Homestead Care Home

Inspection report

208 Ogley Road
Walsall
West Midlands
WS8 6AN

Tel: 01543360120

Date of inspection visit:
26 April 2018

Date of publication:
28 November 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 26 April 2018 and was unannounced. This was our first inspection of this service since its registration on 23 January 2017.

Homestead Care Home name is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates a maximum of 33 people in one adapted building.

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. There was a new manager who had recently joined and was present during our inspection. At the time of our inspection they had started their application to become registered manager and this was accepted on 9 May 2018.

People and relatives consistently told us the service was safe. The registered manager was driving necessary improvements to the safety of the service, such as recruitment processes, moving and handling support and medicines management. Although staffing levels had recently increased, staff were, still not always available to safely meet all people's needs. We also found some approaches to risk management did not promote people's freedom as far as possible.

Systems did not ensure people were always supported as needed with their meals and drinks to remain well, although we also received some positive feedback about this aspect of people's care. Staff were not supported to develop the skills and knowledge needed for their roles which we saw impacted on how people were supported to make choices, and how people were supported to live with dementia and with behaviours that may challenge. Improvements were ongoing in this area. Staff reported improved support from the new registered manager who was addressing training and support needs. Overall people and relatives expressed satisfaction with the support provided and spoke positively about staff. People were supported to access healthcare support. Home developments were underway to enhance people's comfort and experience.

We received consistent feedback about the caring approach of staff and there were genuine and positive relationships between people, relatives and staff. People were supported to express their views and choices about their care. We observed a respectful approach from staff and people were treated kindly. However, people did not receive a consistently caring service. The care and support provided did not always meet people's needs and therefore ensure people were always treated with respect and to have their independence promoted as far as possible. Staff were also not always available to spend time with people and to reassure them if issues arose.

Relatives and staff told us group activities of interest were usually offered, however we did not find that people had good access to their interests and activities of choice. Continued improvements were required and ongoing to people's care plans so these would reflect people's current needs and wishes. People and relatives were involved in care planning processes and expressed satisfaction with the support provided. People and relatives felt comfortable making complaints and could be confident they would be addressed.

The provider's systems to assess, monitor and improve the service were not always effective. Systems did not ensure incidents were always learned from and investigated, and that relevant partner agencies were always informed of safeguarding concerns when necessary. This was in breach of two regulations and we are deciding our regulatory response to this. We will publish a supplementary report once this decision is finalised.
We identified another breach of the regulations because people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

Systems and processes were not always effective to ensure the quality and safety of the service. A new registered manager had joined the service and was driving improvement in priority areas such as to people's care planning, and support and training for staff. Improvements were underway with engagement from people, relatives, staff and other stakeholders. Feedback consistently showed the provider and new registered manager were open and committed to driving up the quality of the service. People, relatives and staff spoke positively about this, their current experiences of the service and the caring approach of staff.

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 always safe.

Systems did not ensure all incidents and safeguarding matters were responded to appropriately. This had put people at further risk of harm.

Further improvements were required to how people's risks were managed. People had improved support with their moving and handling, and improvements were ongoing to recruitment processes and medicines management to ensure their safety.

People and relatives consistently told us the service was safe.

Is the service effective?

Requires Improvement

The service was not always effective.
Systems did not ensure people always received the support they needed with hydration and nutrition and with behaviours that may challenge.

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

People were helped to access healthcare support. Improvements were underway to the décor and design of the home to improve people's experiences.

Staff knew people well, however they had not always been supported to develop the skills and knowledge for their roles. This was being addressed. Overall people and relatives were satisfied with the support provided. Staff and relatives spoke positively about recent improvements.

Is the service caring?

Requires Improvement

The service was not always caring.

The care and support provided did not always meet people's needs and ensure people always received a caring service. Staff

were sometimes too engaged in tasks to interact meaningfully with people.

We received consistent feedback about the kind and caring approach of staff who had developed good relationships with people and relatives.

People were supported to express their views and choices about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Improvements were required to ensure people had good access to their interests and activities of choice. Relatives and staff told us group activities of interest were usually offered.

People's care plans were being redeveloped as they did not always reflect and help meet their current needs.

People and relatives were involved in planning their care and told us they were happy with the support provided.

People and relatives felt comfortable making complaints and could be confident they would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems and processes to assess, monitor and improve the quality and safety of the service were not always effective. People's needs and wishes were not always safely met and staff did not always have the skills and knowledge for their roles.

The provider had not always notified the Commission and relevant partner agencies of specific incidents as required.

There was a new registered manager. Improvements were ongoing to the quality and safety of the care provided. People, relatives and staff gave consistently positive feedback about their experience of the service and recent developments.

Homestead Care Home

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.

The inspection took place on 26 April 2018 and was unannounced. The inspection was conducted by an 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. Their area of expertise was dementia care. At the time of our inspection there were 26 people living at Homestead Care Home.

As part of our inspection planning, we sought information and feedback from commissioners of the service. We also checked whether any information was available from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also asked the provider to complete a Provider Information Return (PIR) to support the planning of our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider submitted the Provider Information Return as requested. We referred to this and other information we held about the service to help inform our inspection planning. After our inspection, the manager and provider cooperated with our requests for additional information to support our inspection processes.

During our inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people living at the home, a relative, a district nurse and dietician. We also spoke with two care staff, a senior care staff, the cook, the deputy manager, the care manager and the registered manager. We had passing conversations with other people and staff during our visit. After our inspection, we spoke over the phone with a pharmacist, a care staff member and three relatives. We requested and sampled records provided by the registered manager as part of our inspection including records about two people's care, two staff recruitment files and records about the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

This was our first assessment of the key question 'Safe' since the provider's registration in January 2017. We found systems did not always ensure people's risks and incidents were always managed safely. We have therefore rated this key question, 'Requires improvement'.

We saw examples where some safety incidents had been responded to appropriately to promote people's safety. Staff knew how to recognise and report potential abuse to help protect people and had recorded concerns and safety incidents. However, systems had not ensured those records were always picked up through audits and addressed. This meant some internal incidents had not been appropriately investigated and responded to, for example lessons had not always been learned from incidents where people displayed behaviours that may challenge others. Staff had not received training in how to support people with behaviours that challenge and we saw they did not have an informed or consistent approach, for example when there were verbal altercations between people. This meant that situations were not always stopped from escalating. More significant incidents where some people were at potential or actual risk of physical harm had not been investigated to help effectively review and monitor the needs of people involved, and to minimise future risks. The provider had also failed to alert relevant partner agencies such as the local authority and the Commission of incidents as necessary. The registered manager assured us their systems would be reviewed to address this, and they made retrospective safeguarding alerts during and following the inspection.

Further improvements were required to how some people's other risks were managed. Some people were monitored more closely in communal areas to help keep them safe, as there had been a number of unwitnessed falls in recent months before our inspection. However, improvements were required to ensure people's falls risks were managed through an appropriate balance of promoting their independence and safety. We observed restrictive approaches from some staff in response to two people who frequently stood up. The two people were routinely asked or helped to sit back down as soon as possible. There were not enough staff to spend time engaging or walking with those people who had little else to do. This approach kept people safe but did not promote their freedom.

People told us there were enough staff. One person told us it, "Depends how busy staff are, but they're not too bad at all," in responding to their calls for help. Staff told us that increased staffing levels had helped improve how people were supported. However, we found that staff were not always deployed to safely meet people's needs at all times. For example, staff told us two people needed to use mobility aids when walking to remain safe. Both people had walked to other parts of the home unassisted and without their mobility aids before staff identified this risk. We also saw staff were not able to spend quality time with people or always respond promptly when people needed help. Staff were not always present and available to promptly respond to people's needs.

Feedback from people and relatives showed they felt the service was safe. One person told us, "They look after me and I am sure I'm safe." A relative told us they felt people were, "Absolutely" safe. The registered manager was driving necessary improvements to the safety of the service. For example, falls logs had been

introduced and monitored. This had helped reduce some people's falls and they had been referred on to the falls clinic. One person described improved confidence with getting around the home and told us, "Thanks to them leading me I can walk quite a long way now." Staff told us the registered manager had arranged training as they not been satisfied with how people were previously supported with moving and handling. We saw staff supported people well with this aspect of their care, communicating with people and reassuring them.
People and a relative told us the home was kept clean and tidy. Although building work was ongoing, we saw the home was well maintained with the support of domestic staff. Some odours were detected in one area of the home which was due to be redecorated. Feedback about this, and other recommendations from the local authority's infection control audit had been followed and routine health and safety, and infection control checks were in place to help keep people safe from risks posed by the environment. The registered manager had taken suitable action following an infection outbreak in March 2018 with advice sought from Public Health England.

We looked at how people were supported with their medicines. A local pharmacist's medicines audit of March 2018 had found generally safe practice with some areas of improvement needed for medicines records. The registered manager had since introduced additional audits to address their recommendations. Our sample of records found they were completed clearly, however one of three records viewed did not accurately correlate with the amount of medicine in stock. The registered manager told us this would be addressed along with other issues we identified, such as ensuring the temperature of the medicines trolley was monitored. This was to ensure people's medicines remained effective.

Before our inspection, commissioners of the service had informed the provider that improvements were required to their recruitment processes, for example for the provider to have oversight and ensure recruitment checks were completed as planned. Staff told us they had completed suitable recruitment checks before starting in their roles, including checks through the Disclosure and Barring Service (DBS) and character references. Records we sampled confirmed this and the manager told us they had introduced new audits of recruitment processes to ensure this practice continued. We found that safe recruitment processes were in place which reduced the risk of people being supported by unsuitable staff.

Requires Improvement

Is the service effective?

Our findings

This was our first assessment of the key question 'Effective' since the provider's registration in January 2017. We found that people were not always supported in line with the principles of the Mental Capacity Act 2005 (MCA) and did not always have their nutritional and hydration needs met. Staff had not always received the training and support required to undertake their roles effectively. We have rated this key question, 'Requires improvement'.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were not supported in line with the requirements of the MCA and to make their own decisions as far as possible. A blanket decision had been made for all people living at the home to be subject to monitoring and supervision through a bedroom sensor system. This had been introduced in July 2017 to help reduce falls, and it alerted staff when people got out of bed and when people left their bedrooms. The registered manager told us all people living at the home had to have this monitoring in place. However, we did not see evidence that this measure had been risk assessed for each individual or consideration of alternative and less restrictive means of keeping them safe. This did not promote people's liberty. People's consent had not been sought for this level of monitoring support, and it had not been considered or agreed as in people's best interests where some people could not consent. Mental capacity assessments had not always been carried out where it was considered people could not make such decisions about their care. In another example, suitable policies and processes were not in place for the use of CCTV in communal areas. The provider had not appropriately sought consent for the supervision and monitoring of people in their care.

Staff had not all received training in the MCA and did not demonstrate understanding in this area. We saw opportunities to support people to make basic decisions such as how to have their drink served were not always taken. Two staff assumed people living with dementia did not have capacity to make particular decisions. Although only some people had Deprivation of Liberty Safeguards authorisations in place confirming they should be accompanied when leaving the home to ensure their safety, one staff member told us nobody was able to leave the home alone. This did not assure us people's liberty was promoted, and they were supported to make their own decisions as far as possible. Further improvements and training were ongoing in this area.

People were not supported by staff who understood the MCA, and consent to people's care and treatment was not always sought in line with legislation and guidance. This is a breach of Regulation 11 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems did not ensure people were consistently supported to eat and drink enough. Although we saw other people were encouraged to stay hydrated, one person had little access to drinks throughout the day and this was not effectively monitored by staff despite our prompts. This person had fluid charts in place, which showed they had been given below their recommended amount of fluids over the previous four days before our inspection. This had not been picked up in audits and put the person at an increased risk of infections and dehydration. A visiting dietician confirmed our findings that people's fluid amounts were not calculated as planned to help effectively monitor whether they had had enough to drink to minimise their identified risks. Another concern was shared with us by a visiting dietician who found one person's weight had deteriorated and was worse than staff had identified. Their risk had not been monitored correctly or as planned since December 2017 and there was no care plan in place to help meet their nutritional needs. The dietician confirmed relevant training would be arranged with the home again, in addition to ongoing support from other healthcare professionals.

Our other findings including feedback from people and relatives suggested these concerns were not the consistent experience of this aspect of people's care. Another person who required support was prompted and well encouraged until they finished their meal. A relative confirmed another person received a similar level of support as needed and had enough to eat and drink. People spoke positively about the meals and were encouraged to drink. One person told us they were given their preferred breakfast, juice every day and enough to eat. Menus were developed based on people's feedback and dietary requirements, and they were given meals of their choice. The provider had failed to ensure consistently effective support with people's meals and drinks.

People's needs were not always responded to effectively and staff had not received all training set out by the provider, to help equip them with the skills and knowledge for their roles. For example, only some staff had completed training on how to support people with behaviours that may challenge, and fewer staff had received dementia care training a number of years earlier. We saw those needs were not always effectively met for people, through an informed and consistent approach from staff. For example, staff did not always respond to reassure people or prevent verbal altercations between them escalating. A staff member told us they recorded those behaviours and had done brief refresher training in this area, but the staff member told us this had not helped them always confidently know what to do to support individual people effectively. Those records had not been reviewed or used to inform how people were supported. A healthcare professional told us they considered that some people's behaviours were less well managed as new staff were less familiar with people's needs.
The registered manager had consulted other healthcare professionals in response to some people's behaviours and had plans to develop staff knowledge to ensure consistently effective support in this area. Some feedback reflected that support from staff was effective at times. Some staff described approaches they knew helped settle people. A relative told us, "They've got time to know [person] well, [person] can be very challenging and staff how to respond." A staff member told us they did not feel out of their depth in supporting people and they always approached the registered manager if unsure.

The new registered manager told us staff practice and understanding was a priority area of improvement. Staff confirmed they had received training updates in recent months and records showed this included basic life support, safeguarding, food hygiene and health and safety. Since joining, the registered manager had introduced on-the-job supervision and a staff member told us the registered manager was often visible and observing how staff worked. Staff spoke positively about these changes and told us they felt more supported in their roles. The provider's systems had failed to ensure people's care was always carried out effectively and plans were underway at the time of our inspection to rectify this.

Overall people expressed satisfaction with their support and relatives described recent improvements. We often observed positive examples of care and found staff knew people well. We observed some effective responses to people living with dementia where staff followed their conversation and assured them. Relatives were confident they would be kept informed of any changes to people's needs. One relative told us how the home had supported one person well with their healthcare conditions and commented, "They informed the doctor and hospital immediately, and we're kept informed." Another relative told us staff monitored and responded well to help manage a person's diabetes. People were supported to access healthcare support to promote their health. A staff member told us they referred people to the district nurses at any indication of sore skin. A district nurse confirmed this and was satisfied this risk was well managed in addition to people's risks associated with diabetes and catheter care.

People had been involved in decoration decisions, for example voting between preferred wallpapers. Building work and refurbishments were underway and the provider told us this was to continue improving the comfort and appearance of the home for people living there. People were still able to get around the home safely and we saw current dementia care guidance had already been considered for example with clearly marked doors to help navigate people. Wall mural designs were due to be agreed and painted to help people interact more with the environment. The registered manager had also created a panel of tactile items such as switches and plugs as they had recognised this sensory activity would appeal to some people at the home. One person enjoyed trialling this panel and the manager was due to put this up in a communal area.

Requires Improvement

Is the service caring?

Our findings

This was our first assessment of the key question 'Caring' since the provider's registration in January 2017. Although we often saw clear caring practice, this was not consistent. People were not always treated with respect and to have their independence promoted as far as possible. We have therefore rated this key question, 'Requires improvement'.

People did not experience a consistently caring service. People were often addressed by name by staff who visibly knew them well and assured them. A relative confirmed this and told us, "People are treated like part of a family." Another relative told us, "They've got so much empathy and the respect is always here and they always knock on the door before coming in." We saw people were well cared for and well presented. However, there were occasions where staff were busy with tasks and did not engage with people as well as possible. We saw some people started conversations with staff or wanted to spend time with them but staff were occupied with other tasks. Some staff responded to people from across the room which did not give people the time or opportunity to respond. One person asked a staff member to come over and the staff member responded, "I've only got a few more [records] to do."

Systems were not always effective to respond to some people's needs such as behaviours that may have challenged. We found occasions where this impacted on the experience of those people, and others living at the home. For example, we saw staff were not available to always respond to verbal altercations between some people which occurred due to their identified needs. One person was told to 'Shut up,' by another. We told the registered manager about this and how those people appeared agitated and disorientated, however the registered manager told us staff were not needed in this area as people were not at high risk of falls. This did not recognise and effectively address how some people were subject to, or were in the presence of verbal altercations. Learning had not been taken from previous issues or incidents where people had been put at risk of actual or potential harm by others living at the home, for example some people had been pushed and pinched. This did not ensure people were always treated appropriately and with care. During an altercation when staff were present, we saw staff helped two people move away from one another, however they did not take time to reassure either person and check they were okay.
Records we sampled showed the registered manager had previously needed to encourage staff to help people change their clothes due to spillages. However, when we saw one person spilt hot tea on their trousers, staff did not do so. Following our prompts, the person was asked if they were okay and supported to go and get changed. People's needs and wishes were not always met effectively and this did not reflect a consistently caring culture.

Our observations also found people were not consistently supported to be independent. We saw some restrictive practices where two other people who regularly stood up and tried to leave a communal area, were promptly sat back down either by the request or support of staff with the intention of keeping them safe. This did not reflect consistently caring practice. Our discussions with a relative showed how staff had helped promote another person's involvement and independence. They praised the person's progress over their time at the home and commented, "They have got much better, going into the lounge and colouring the books, [person] even asks for them now and wouldn't have dreamt of doing that before." Whilst there

were such occasions where people's dignity, independence and respect were promoted, we found improvements were required to ensure people received consistently caring support.

We found that people were generally treated with kindness and respect. People and staff had developed good relationships and we saw staff were caring and patient. One person told us, "They'd always help you in any way they could if you call them for anything at all." People and staff embraced and showed affection for one another. A staff member told us, "I love my job. When you go, you feel part of a second family. Any concerns, I can go to the manager or senior carer." A relative described the caring approach of one staff member, "They're cracking, great, they speak to people as if they're related, it's a homely place." Another relative told us they knew a person was contented at the home, and commented, "It's not a place she's cared for, it's her home. It's her comfort zone and where she feels safe." They told us they felt everyone at the home was treated with respect and dignity.

Staff responded well to one person who was worried and help assured them. We saw that some people were relaxed and proactively chatted to staff, for example, one person joked with a staff member and happily greeted us. Some people also had good relationships and chatted together at times. One person told us, "There's one lady I do get on with very well, she's a lovely lady." A relative told us, "[Another person] has come on leaps and bounds, sits with other people and is doing really well." Keyworkers had been allocated which meant people were regularly checked in with by staff to ensure they had everything they needed. Staff described positive relationships they had developed with people they were keyworkers for.

People were supported to express their views and choices about their care. We spoke with a person and staff member who explained the person liked their own company yet was also welcomed to spend time with others in the dining area. The staff member gave the person a helpful explanation when they asked why they needed a wheelchair and kindly told them, "To take you so you're safe, they're bringing you a wheelchair darling. Ready?" A relative told us, "They try and talk to [one person] with eye contact and because they know about [her needs] they word it in such a way she can understand what they want." Relatives told us they were involved in care reviews. 'Residents and relatives meetings' were also held where people had been able to raise questions, concerns and had been invited to give their thoughts and suggestions for the home.

Requires Improvement

Is the service responsive?

Our findings

This was our first assessment of the key question 'Responsive' since the provider's registration in January 2017. Improvements were required and ongoing to people's access to activities and care planning processes. We have therefore rated this key question, 'Requires improvement'.

People did not always have good access to activities. The activity coordinator was on leave when we visited, and staff did not maintain a responsive approach in their absence to ensure people were able to do things of interest if they wanted to. For example, a staff member told us, "While sitting in here watching them, you need something to do," referring to records they worked on. People often sat without engagement or activity or slept. In one communal lounge where there was little for people to do, we saw people were agitated and disorientated. Staff were not around to respond to their requests such as when dinner was and what was happening next.
We saw some people engaged in individual activities such as colouring. One person read a newspaper with the registered manager, who pointed out various items and photographs for them on each page. Another person enjoyed taking care of their empathy doll. Empathy dolls have been found to reduce anxiety, improve communication and help engage some people living with dementia. Relatives and staff told us the activity coordinator usually led a variety of activities. A relative commented that one person was not so active before joining the home but they enjoyed the activities on offer which were appropriate for their needs. Consistent feedback from relatives and staff gave us some assurance that there were usually activities on offer and enough for people to do, however staff did not take opportunities to engage people otherwise. We found people often had little to do and systems did not ensure people were always supported to spend time how they wished, beyond the support provided by the activity coordinator.

Continued improvements were required and ongoing to people's care plans. People's care records and risk assessments had not been maintained by the previous manager, and did not always accurately reflect key information such as people's current needs, their life histories and specific risks. This had not helped identify people's individual needs such as religion, and the registered manager told us no one followed a religion and accordingly support was not provided. Some people's needs had not been monitored as required, for example, one person who was at risk of malnutrition. Since joining, we saw the registered manager had become familiar with people's risks and healthcare needs to help inform their care planning. For example, the registered manager knew of measures tried to further promote the independence of one person with a disability. The registered manager had begun redeveloping each person's plan to a new and more individualised format to reflect people's identifies, wishes and needs. The registered manager had plans to ensure people's care records would be regularly reviewed moving forward to ensure they always accurately reflected people's needs.

Relatives confirmed they had taken part in people's care reviews. A relative told us they often gave feedback and had productive conversations with the registered manager outside of those reviews. Another relative told us one person had wanted to move to the home a day earlier but the registered manager wanted time to prepare their care plan first. The registered manager also helpfully supported the person and relative with tasks such as updating their paperwork. Staff could tell us about this person and responded to them well.

The person told us they liked staff and would tell the deputy manager if they were upset. The registered manager was ensuring information about people's needs and wishes was effectively used to inform their care planning.

People and relatives all spoke positively about their care. A relative told us they were happy with the care provided, that staff knew their relative well and what they needed. Equipment was in place to help assist people's independence and review their risks following referrals to healthcare professionals. Records we sampled showed information had been gathered about people's end-of-life wishes and appropriate support such as pain relief arranged.

People and relatives told us they would be comfortable raising any concerns they had. We saw people had done so during 'Residents and relatives meetings' and been listened to. A relative told us, "You can raise an issue, speak to the provider and he always makes time. There will be no bad feeling and you get an update that it has been addressed." Two complaints raised had been appropriately responded to and had led to improvements to people's care. The registered manager was able to demonstrate action taken to address issues and relatives told us they were provided with an update of action taken when they had raised concerns. Complaints were effectively responded to and helped improve the service.

Requires Improvement

Is the service well-led?

Our findings

This was our first assessment of the key question 'Well-led' since the provider's registration in January 2017. We have rated this key question, 'Requires improvement' because the provider's systems had failed to ensure people received a safe service of a good quality.

The provider had not ensured notifications were submitted to the Commission about specific incidents and events, including an infection outbreak in March 2018 and incidents where people had come to risk of harm due to altercations with others living at the home. This is a legal requirement. Incidents had not always been referred onto other partner agencies such as the local authority and police as required which put people at risk of further harm. We prompted the registered manager's review of all incidents and for referrals to be made as necessary to relevant partner agencies.
Failure to notify the Commission of all incidents that affect the health, safety and welfare of people who use the service is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this failure and will issue a supplementary report once this decision is finalised.

Systems did not ensure people's needs were always monitored and reviewed appropriately to keep them safe and well. For example, a healthcare professional who visited during our inspection raised concerns that one person's risk of malnutrition had increased and their needs had deteriorated further. This had not been identified by the home or acted upon. Audits and checks had also not identified that the monitoring charts in use for this person were not fit for purpose. In another example, some people living at the home showed behaviours that may challenge. Reports made by staff about these incidents, did not always demonstrate an appropriate response or their understanding of how to support people safely. Audits had not identified that staff had recorded responding as 'shocked' and 'scared' to how some people presented. Incidents had not always been reviewed and investigated, to help inform staff practice in future and ensure they always understood people's needs. During our inspection, we saw staff were not always confident or equipped to respond effectively when people became distressed and agitated.

Staff had not always been supported with regular supervision and training for their roles. Some staff described previous low staffing levels and poor direction from leadership which had not enabled them to provide care of a good standard. Staff, and relatives, spoke positively about improvements in these areas. However, at the time of our inspection, we also found most staff showed an understanding of their responsibilities to recognise and report abuse, yet this was not consistent across the team and we found a lack of understanding from staff we spoke with about the Mental Capacity Act (2005).

Policies and systems relating to the Mental Capacity Act (2005) failed to ensure people were supported in the last restrictive ways possible. Staff were visibly well intended in their approach to people however they did not always promote people's choices as far as possible and did not always have an effective response to people's needs. The provider had introduced CCTV and sensor equipment to improve people's safety and reduce falls risks. However, they had not ensured the use of this monitoring and supervision adhered to the requirements of the Mental Capacity Act (2005). Everyone had been made subject to this level of support

without risk assessments to ensure this was appropriate and the least restrictive way to support each person. The provider told us this would be addressed.

Systems and processes were not always effective to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives were engaged and involved in the service. People's preferences had helped inform decoration plans and menu planning. People were also invited to attend 'Residents and relative meetings', where we saw feedback had been raised and listened to. Plans were underway to improve care plans and ensure these reflected people's needs more closely. Although care plans were not up-to-date, all relatives felt that they had a good working relationship with the home and that people's needs were well known. A relative told us, "The home is always receptive to working with us. There is good communication on the whole, anything I've needed to raise I've done so." Another relative told us, "We've had a couple of meetings of an evening and everything you raise is addressed within 24 hours and the registered manager comes back to you about it."

The registered manager led by example and showed a clear commitment to driving up the quality of care with recognition of the improvements needed. They were supported by a Care Manager who had had recently joined the service and whose role was being developed with the intention of supporting with their day-to-day management tasks. Staff told us they felt more supported in their roles. A staff member told us, "Staff here now are great, there has been a shift in responsibilities and no disputes, it's now a happy home, more relaxed and staff are working great together." Staff told us they felt less pressured due to increases in staffing levels and valued the support of the registered manager and provider. We saw the registered manager was visible and hands on in supporting people and attending to various requests throughout the day. The provider was renovating the staff room and training areas which staff valued as ways to help improve their experiences.

We received consistently positive feedback from people and relatives about the quality of care experienced. Relatives emphasised the caring approach of staff, the openness of the provider and registered manager and the ongoing improvements underway as factors giving them confidence in people's care. A relative told us, "I can't fault the registered manager and staff, they all want to do their job well." The registered manager led by example and showed a caring and considerate approach towards people. They had addressed aspects of care they felt needed improvements and assured us this work would continue to achieve a consistently caring culture. Complaints were responded to well and the registered manager and provider were open and receptive to feedback provided during our inspection and from healthcare professionals. The registered manager had ongoing improvement plans for the service such as developing the complaints process and menus to help more closely meet people's needs.

The provider and registered manager showed they were in the process of addressing necessary improvements and developing systems and processes to ensure the service learned and ensure continuous improvements. This had been welcomed by relatives and staff and had started to improve the quality and safety of people's experiences.
The registered manager said they had noted improved morale at the home, and consistently positive feedback from staff and relatives supported this. A relative told us, "[The registered manager is] fantastic, so caring and we know we can go to her. The staff smile and you can see the way they interact with the residents – they have a laugh and joke with each other. The manager is very approachable and competent… here you know you're coming into a lovely family atmosphere where everybody is approachable."

The provider showed a passion for the service and a focus on improving the quality of the environment people were supported in. Feedback from staff and relatives showed they found the provider approachable and that they were kept informed of his intentions to continue improving the service. A relative told us, "The owner told us he's aware of everything that's going on and he has a weekly report off [the registered manager]." The registered manager told us they were supported by and worked well with the provider, who shared current and good practice resources with them. A registered manager of one of the provider's other registered services was providing oversight and guidance to the registered manager to support ongoing improvements. Partnership working had also helped support improvements to the quality and safety of the home. Feedback from commissioners, infection control and medicines management checks had been responded to and used to improve the service.

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 11 HSCA RA Regulations 2014 Need for consent People were not supported by staff who understood the MCA, and consent to people's care and treatment was not always sought in line with legislation and guidance. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes were not always effective to asses, monitor and improve the quality and safety of the service.

The enforcement action we took:

Following our inspection, we served a warning notice requiring the provider to become compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by the deadline of 17 July 2018. We will check this through our ongoing monitoring of the service including through our inspection activity.