

Beaconsfield Care Limited

# Beaconsfield Residential Care Home

## Inspection report

13 Nelson Road  
Southsea  
Hampshire  
PO5 2AS

Tel: 02392824094

Date of inspection visit:

04 June 2019

05 June 2019

06 June 2019

Date of publication:

19 July 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Beaconsfield Residential Care Home is a residential care home providing personal care to people living with a mental health condition and/or a learning disability. The care home accommodates up to 22 people in one adapted building. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 22 people, 21 people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. This location has a history of breaching the regulations and was rated as Inadequate following our inspection on the 26 November and 3 December 2018 and was placed in special measures. We imposed conditions on the provider's registration as a result which required them to make urgent improvements to the service and thereafter undertake governance processes and report to us monthly.

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

At this inspection we found significant improvements had been made. The provider had recruited a new manager who was responsible for the day to day management of the service. They had implemented changes based on a service action plan for improvement.

People experienced an improved service and positive outcomes because of these changes, this included the safer and more effective management of people's risks and medicines. Improved infection control practices, staff recruitment and the evaluation of accidents and incidents meant people were supported more safely. Restrictive practices had been assessed and changes had been made to enable people to have more freedom of choice.

We have made a recommendation about further improvements required to ensure people are supported to make informed decisions about the management of their medicines. Some improvements were still required to ensure good infection control and some risk assessments required further detail, and this was in progress at the time of our inspection.

People were now being supported to have more choice and control of their lives and staff were supporting people in less restrictive ways and in their best interests; the policies and systems in the service were now being implemented to support this in practice. Further improvements were required to embed the principles of the Mental Capacity Act (2005) into practice. A system was now in place to enable this work to be undertaken.

The service had introduced a needs assessment based on nationally recognised assessment tools. Staff had completed training in meeting people's needs and this had resulted in people being supported more effectively. Further training was planned to continue providing staff with the opportunity to develop their

skills, knowledge and competence. Improvements had been made to the environment, some further work was required, and this was planned, we have made a recommendation about this.

People told us staff were caring. Our observations and feedback from a visiting healthcare professional confirmed improvement had been made in the way people were treated. The service was more person centred with staff focusing on what people wanted and care plans were being developed to record peoples, needs choices and preferences. We have made a recommendation about the management of complaints.

The provider and manager had acted to make improvements to the service, meet their regulatory requirements and improve the quality and safety of the service for people. There was still work to be completed but an action plan was in place and this was overseen by both the manager and the provider to check improvements were being implemented

The service was working towards consistently applying the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 14 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Beaconsfield Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors, an assistant 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.

#### Service and service type

Beaconsfield Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the registered manager was working in another role at the service and a new manager had been appointed. They were currently in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at information we held about the service including notifications made to us about events at the

service, previous inspection reports and feedback we received from the local authority safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight people, the manager and the registered manager, three members of care staff, the chef, the administrator, the maintenance staff member and a visiting healthcare professional. We reviewed six people's care plans, daily records and medication records. Two staff recruitment files, the training records of all staff and the supervision and appraisal records of three staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the local authority Deprivation of Liberty Safeguards (DoLS) team.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

Improvements had been made to the service to protect people from abuse and avoidable harm. The service was working to embed these changes into practice to ensure people were safely cared for.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12. However, the improvements needed to be fully embedded and sustained.

- The assessment and management of risks for people had improved although further work was needed on some of the records to ensure they fully reflected people's risks and control measures. This was in progress at the time of our inspection.
- A system was now used to identify and assess risks to people based on nationally recognised assessment tools. This included risks to people from falls, behaviours that challenge others and health related risks such as poor nutrition and risks from pressure sores.
- People told us they felt safe living at Beaconsfield Residential Care Home. One person said, "I feel safe because there are staff around all the time." Another person said, "I do feel safe the atmosphere is good."
- The new electronic care planning system in place identified checks required by staff to promote people's safety and these were monitored for completion. This meant that people were supported more effectively with risks to their safety. For example, checks on people's whereabouts, their mental wellbeing and mood, checks on medication and nutritional needs.
- Staff we spoke with showed an awareness of people's risks and the measures in place to reduce them. Staff gave us examples of how risk management had resulted in positive outcomes for people such as support to manage risks to them from hoarding and alcohol use.
- People had up to date Personal Emergency Evacuation Plans in place, these described the support people would require in the event of a fire or similar emergency. A fire evacuation drill was carried out on 2 December 2018 during the late evening. Records showed people had evacuated the building promptly. Checks of fire equipment such as alarms, door, lighting and fire extinguishers were completed regularly. Increased risks from fire such as hoarding and smoking in the house were being more effectively managed to reduce these risks as much as possible.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks associated with the unsafe management of their medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The management of medicines prescribed for people on as 'as required' (PRN) basis were monitored and medicines were administered safely. PRN protocols were in place for each of these medicines to guide staff on their safe use. The reason for their use was recorded and the stock was checked after each administration so that any errors could be promptly identified.
- We observed staff administering medicines and saw they did this appropriately and safely. One person asked the staff member what their medicine was for and the staff member knew this and answered directly.
- Staff were trained in medicine administration and had their competency checked to ensure they continued to do so safely. Audits were in place to check safe medicine management including a check that records were completed.
- The service had worked with others to ensure they followed good practice standards in their responsibilities for people's medicines. A nurse from the community mental health team had supported the service to improve their management of medicines and the pharmacy had provided training to staff and an independent audit.
- We noted that risk assessments were not in place to show the risks associated with people managing their own medicines including those purchased over the counter. A staff member told us that some people use over the counter medicines which they kept in their room. These medicines can present risks such as interactions with other prescribed medicines, or risks from overdose.

We recommend that the service consider current guidance on supporting residents to make informed decisions about the self-administration of medicines, including over the counter medicines and act to update their practice accordingly.

### Staffing and recruitment

At our last inspection we found that recruitment and selection procedures for new staff did not comply with the requirements of Schedule 3 which meant they were unsafe. This was a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- In the staff recruitment files we viewed, we found the required checks to support the employment of suitable staff had been undertaken or were in the process of being clarified with the applicants. The service had developed a checklist to ensure safe recruitment practices were followed.
- Staffing levels were enough to meet people's needs. People told us staff were available when they needed them. A person said, "There are always members of staff around." Staffing levels had been increased since the last inspection with an additional staff member available in the afternoon and at weekends. A volunteer had also been recruited to support people with their activity needs.

### Preventing and controlling infection

At our last inspection we found people were not protected from the risks associated with the spread of



infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Paper towels were available in bathrooms and the kitchen bin was covered with a lid. There were disposable toilet brushes in place and some improvements had been made to the environment to enable more effective cleaning, such as replacing flooring and kitchen units.
- We noted some improvements were still required such as; the replacement of two scratched kitchen worktops and replacement laundry and waste bins which were unlidded. The manager assured us work was planned to replace the work surfaces and the bins would be replaced.
- Staff used Protective Personal Equipment when delivering personal care such as gloves and aprons.
- An infection control audit was carried out; however, this required some additional information to show that actions identified had been completed. The manager told us they would add this.

#### Learning lessons when things go wrong

At our last inspection we found people were at risk because accidents and incidents were not evaluated to improve practice and prevent a reoccurrence. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Accidents and incidents were reviewed by the manager daily and discussed with the provider at weekly meetings.
- Actions were taken because of this review, for example where a person had gone missing from the service, additional checks were added to the system to alert staff to check the person's whereabouts more frequently.
- People who had experienced falls had been assessed for risks and actions had been taken to mitigate these risks. For example; people had their blood pressure checked by the GP and medication reviews resulted in changes to their medicines which reduced the risk of falling. Because of actions taken there had been a reduction in accidents since the previous inspection.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection we found effective systems were not in place to prevent the abuse of people using the service. Restrictive practices were used without an assessment of the risk of harm to people if these restrictions were not in use. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- Restrictive practices had been assessed and changes made to enable people to access food and drinks when they chose to. Snacks were available during the day and people told us they were able to have food and drinks when they wanted them.
- Systems used to assess and monitor risks to people were more effective and supported people to stay safe

when they presented risks to themselves or others.

- Deprivation of Liberty Safeguard (DoLS) had been applied for people who required continuous supervision in their best interests to protect them from harm.
- Staff we spoke with understood their responsibility to raise concerns about people with the manager. Safeguarding training had been planned with the local authority.
- The local authority safeguarding team and community mental health team had worked with the service to review and assess people's needs and check people were safely and appropriately cared for.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

The effectiveness of people's care, treatment and support had improved. The service was working to embed these changes into practice to ensure people were effectively cared for.

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

At our last inspection we found people's needs were not always assessed to reflect their choices and recorded to guide staff how they preferred to receive care that met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- Improvements included the use of nationally recognised tools which enabled the service to identify people's risks and needs and create a plan to meet them. The manager was meeting with people to ensure their preferences and choices were included in this assessment. No new people had been admitted to the service since our previous inspection.
- People told us their individual needs were met by staff and one person said, "The staff are very good at their job. Staff will always allow time for a chat, one to one, if needed."
- The provider had introduced new policies for staff, based on current standards and guidance. Staff were required to read and sign new policies as they were introduced. A staff member told us, "Policies are updated as soon as anything changes, staff informed during handover and at team meetings and then sign to confirm they have read them."
- These improvements were in progress at the time of our inspection and the provider required more time to fully embed these improvements into practice.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff were trained to meet people's needs and because of this people were not always supported safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff had completed some training which was focused on meeting people's specific needs. For example; staff had completed training in diabetes awareness, alcohol abuse, falls prevention and mental health. Staff competency to administer medicines was checked to monitor this was done safely and appropriately.
- Staff told us they had completed 'a lot' of training in the past few months. Staff spoke positively about this. A staff member said "I have just done a course on reflective practice, the course was so good, I try and put it into practice all the time. Thinking about what we can do to make it better, sometimes this works and sometimes this doesn't. You can really put it into your own life too." Another staff member told us how training had helped them to focus on empowering people and said, "Even if it's the tiniest bit, keep them doing as much as they can for themselves."
- Although staff had completed e-learning training on the Mental Capacity Act (2005) (MCA), we found staff knowledge about the MCA was limited. The manager confirmed training was planned for staff to be delivered by the adult safeguarding team.
- Staff were supported in their role through supervision and appraisal. Records showed actions for improvements were planned when shortfalls in staff performance were identified.

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

At our last inspection we found risks to people associated with their dietary needs such as food allergies had not always been assessed or known by staff to protect the person from harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- At this inspection we found people's nutrition and dietary needs were assessed and this information was included in people's care plans to guide staff. For example; the risk to a person from food which triggered a migraine was explained in their care plan.
- People told us they enjoyed the food on offer, their comments included, "The food is very good here," "We get different meals and they are all very nice, big and healthy portions" and, "We can access hot and cold drinks and snacks 24/7."

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

- People were referred to healthcare professionals as required. Records showed people had received treatment from GP's, paramedics and dentists. The care plan system included information which could be given to other healthcare providers to ensure they had information about the person should it be required.
- Other health and social care professionals were working with the service to support staff to provide effective care and to support individuals. This included the Community Mental Health Team and a community psychiatric nurse who provided treatment on site.

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

At our last inspection we found the provider had failed to properly maintain the environment. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- A wet room had been created which improved the facilities available to people for personal care. A partial

refurbishment of the kitchen had taken place, some communal areas and rooms had been redecorated and some flooring had been replaced.

- We noted some concerns such as; replacements were still required to damaged work surfaces in the kitchen, hazards were seen such as a loose wire in the basement hallway and upper landing. Areas behind fire doors were dirty, some carpets required cleaning or replacement.
- The manager sent us confirmation the kitchen tops were scheduled for repair following the inspection. A maintenance book was in use but did not show the concerns we found had been identified and planned for repair or action.

We recommend the service review the arrangements for identifying and monitoring the cleanliness and safety of the environment to ensure it is properly maintained and update their practice accordingly.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At our last inspection we found the provider had failed to work within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- Although improvements had been made they needed to be fully embedded across the service.
- The manager understood their responsibility to make DoLS applications for people and had discussed these with the local authority who had subsequently assessed and approved them.
- People's signed consent to their planned care was recorded in their care plans. However, some consent information was signed by the manager in relation to photographs and sharing information. It was not clear as to whether the person lacked the mental capacity to give consent to these agreements. No other person can sign a consent form unless they have the legal authority to do so, the manager did not have legal authority.
- At the last inspection we raised concerns about the lack of decision specific mental capacity assessments, best interest decisions and consent for decisions made. The new care planning system provided the service with a system to assess people's capacity and follow a best interest decision making process for specific decisions. However, this had not yet been applied for decision's in practice such as managing people's medicines and access to cigarettes. The manager assured us this would be used going forward.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we found people were not always treated with dignity and respect and this was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- A visiting healthcare professional told us about the improvements they had noted in the service since the last inspection. These included; people appearing happier and listened to by staff, a friendlier atmosphere and improved personal hygiene. We noted the home had a more positive atmosphere, staff engagement with people was good and staff we spoke with talked about people with care and compassion. A person said, "Good relationships [with staff], it feels good here."
- People told us that staff respected their privacy; a person said "They [staff] always knock on the door before entering." Another person confirmed this and added "It hasn't always been that way." This showed improvements had been made. Another person said, "If you like to go away and listen to music, that's OK." Another person told us they could see visitors in private.
- People's independence was supported by positive changes in the service, this included; freedom of access to drinks and food, a choice of breakfast time and when to take their medication. A person had been given the equipment to make tea in their room at their request and another person was baking cakes weekly. Staff we spoke with understood the importance of promoting and respecting people's independence.

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

- Residents meetings were held monthly. We reviewed the minutes from these meetings which showed people were informed about changes such as; access to snacks during the day and an early breakfast if required, redecoration and changes to menus. People were asked for their views and suggestions and these were acted on. For example, people had requested a barbeque, and this was taking place during our inspection. Residents suggestions for activities had been sought and were being planned. The minutes reflected an improved inclusive culture.
- People were being consulted about their care needs and decisions through the process of reviewing their care plans.

- A staff member said, "They [people] have started to be given a choice, before the default position was usually 'no' now the position is 'let's try it'."
- People living in shared rooms had been consulted about this arrangement and they had expressed their wish to do so and signed an agreement to this.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were respectful and caring, one person said, "The staff are very respectful" and another person said, "Yes the staff take care of us."
- The manager and staff we spoke with showed a commitment to supporting people with their diverse needs and challenging any discriminatory behaviour and were able to give examples in this respect.
- We asked people whether they were supported with their cultural, gender and spiritual needs. People who told us about these needs said they were.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

The service had made improvements in meeting people's needs through better organisation and delivery. Some improvements were still required to fully embed this into practice.

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

At our last inspection we found the provider had failed to provide care and support to meet people's needs and preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People told us their needs were met by the service. We found some information in the care plans we reviewed was incomplete and some information required updating. Work to complete care plans was in progress at the time of our inspection.
  - People's care plans were being developed to include their desired outcomes and goals. This meant care could be more effectively planned and reviewed. This included people's social interests and hobbies, daily routines, likes and dislikes. The manager told us, "People are now asked what they want to do, and this is recorded on their care plan and monitored on a daily basis, so we can see what they like to do and how they spend their time."
- We saw examples of these daily records which showed how people's needs were being met.
- Staff we spoke with demonstrated they had a person-centred approach to meeting people's needs. For example; a staff member said, "I find the best way is to chat with them [people], ask how they like things to be done, the best course of action is to just ask them."
  - People were experiencing positive outcomes because of the service providing a more person-centred approach to care. For example, people had made positive changes in hoarding behaviours, alcohol use and behaviours that challenged others.

Improving care quality in response to complaints or concerns

At our last inspection we found the provider had failed to operate an effective system for managing complaints made to the service by people and others. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach



of regulation 16.

- Two complaints had been received from people using the service. These complaints were documented and had been dealt with appropriately. However, there was no evidence that the outcome of the complaints had been fed back to the complainants.

We recommend the service consider current guidance and best practice on managing complaints and update their practice accordingly.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of their need's assessment. People living at the service were able to communicate verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been consulted about the activities they would like to participate in and these were being organised. For example, a staff member said, "At the residents meeting we talk about activities if they want to do something, see if anyone else wants to do it, a lot of people want to go to the museum at the moment so we're planning that. A lot of our residents are independent, so they go out and do what they need to do. One gentleman doesn't like to go out with crowds but has started to go out on a Tuesday afternoon with a staff member. We give him the opportunity to go out with staff." Another staff member said, "A group has been started for a few residents who don't really like doing activities, to just have some cake and a cup of tea and chat about anything they want, 'have a grumble if they want to' It's being trialled, started last week and went well."
- The manager told us they planned to develop opportunities for people to engage in education and voluntary work and to access move on to more independent living arrangements if people were able to manage this.

#### End of life care and support

- At the time of our inspection no one living in the home was receiving end of life care.
- In response to the concerns we raised about the care of a person with a life limiting condition at our previous inspection, action had been taken to improve staff knowledge and guidance should this occur again. An end of life policy was in place and staff had completed end of life training.
- End of life care plans were included in the new care planning system, but these had yet to be completed with people's wishes and preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

Service management and leadership had improved. Systems of governance had improved. However, this needed time to fully embed into the home and be sustained.

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

At our last inspection on 26 November and 3 December 2018 we found the provider had failed to ensure an effective system to assess and monitor the service and improve the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found enough improvements had been made and the provider was no longer in breach of Regulation 17. It was evident in the improvements we saw that the manager understood their role and the regulatory requirements. They were aware of further improvements to be made and there was an action plan in place to address this. More time was required to fully embed these improvements into the service and be sustained.
- The provider was visiting the service weekly and meeting with the manager. The provider had improved their system for monitoring the progress of improvement actions. Records showed their visits included checks of the environment, staff interviews, and they also spoke with people as well as checking records such as people's care plans and service audits.
- New policies were being introduced to staff to provide current guidance and support the delivery of effective care. Staff were required to read and sign for new policies. A staff member said "If I'm unsure on something I would go and check the policy such as; whistleblowing, code of conduct, health and safety, trip and falls, there are so many. We've had so much training since (manager) has taken over, if I'm unsure I can go to him" "If there's anything new, I'll always read the policy to make sure it's all tying together."
- Audits were being carried out and provided a more effective system of monitoring. These included; medicines audits, infection control, accidents and incidents. Improvements had been made in all these areas. Some audits required additional information to show that actions identified had been completed and checked.
- At our previous inspection on 26 November and 3 December 2018 we found the provider had failed to notify the CQC of significant events that occur in the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- At this inspection we found improvements had been made and we had received notifications as required from the provider. This was no longer a breach of regulation.

### Continuous learning and improving care

- The manager said "I am improving the culture in the home, people's needs, support and choices. I am explaining to staff and giving them examples of why choice is important, it's been very positive. People seem happier in themselves and staff are thinking more and using reflective practice." The manager acknowledged there was still work to be completed and said, "I know it's not perfect, I am planning to develop this to a much better service, improve the quality of care and the skills of staff."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last inspection we found there was a lack of understanding of effective care planning and effective risk management. The Duty of Candour was not understood and legislation such as the Equalities Act 2010 and the mental Capacity Act (2005) were not understood or applied in practice.
- Policies were now in place to provide guidance on the above legislation. The manager understood their responsibilities to implement and act on these requirements and was putting this into practice.
- At this inspection we found the new manager had a good understanding of how to plan and promote person centred care. It was evident that people were benefitting from a more person centred and inclusive approach. People spoke positively about these changes and their comments included, "The manager when he came made some good improvements" another person said the service was, "Very well-managed, the duty of care and the food is excellent" and another said, "He [manager] has made some good changes."
- Staff confirmed the new manager promoted person centred care their comments included, "In my view there has been a lot of changes. I think things are changing all the time, we've got more knowledge' policies are changing all the time, and I think the staff here do genuinely care about people." Another staff member said "People come in and say there's a warmth about the place. I feel it's a good place to be and pleased with [manager], he has put so much into place it's unbelievable, it's an ongoing maintenance programme, ongoing change, all for the good."

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

- Staff told us they felt supported and listened to by the manager. Their comments included "[manager] listens to me, no matter what it is and has always got time for you." When asked if they felt supported and valued a staff member said, "Yes definitely, I could go to the manager if I had any issues."
- Records showed team meetings were held regularly to enable staff to receive updates and raise issues for discussion.
- Feedback from people and other stakeholders had not been sought by the service since our previous inspection. However, the service had been working closely with other health and social care professional since the previous inspection and as such had used feedback from them to make improvements.
- The manager told us they planned to develop a questionnaire for people and others to complete and will use the feedback to generate an action plan for further improvements.
- Records of minutes showed residents meetings sought the views of people and suggestions made by them were being acted on such as requests for activities. The minutes showed people were being more actively encouraged to give feedback about the service.

Working in partnership with others

- The service was working in partnership with the Local Authority adult safeguarding team, and the Community Mental Health Team to achieve positive outcomes for people living at the service by improving care and support provided to them. The manager told us they would also be working with the Quality Improvement Team (QIT) from the local authority to continue their improvement work at the service.
- The manager attended registered managers meeting with the local authority and had formed links within

the local authority to access support and resources such as training and legislative information.

- The manager told us they intended to focus on building links with resources for people to access in the community to support and improve their wellbeing. This included physical and mental health and social and educational resources.