

St. Matthews Limited

St Matthews Unit

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Matthews Unit is a care home providing personal and nursing care to 46 people with a diagnosis of dementia and/or mental health at the time of the inspection. The service can support up to 52 people.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: Overall the management of risks associated with people's care and support had improved. People had strategies which provided guidance in the event they became distressed. However, wound and pain management needed to improve at the service. We found concerns in relation to the management of medicine. For example, the provider did not always have written instructions for staff about the reasons for giving people when required medicine.

People were mainly supported to have maximum choice and control of their lives and staff mainly supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by enough staff to meet their individual needs and to pursue hobbies and interests in their local community.

Right Care: Staff knew people well and used people's preferred communication methods, however, care plans were still being updated and improved to support staff to provide person-centred care. Staff had received additional training around people's health conditions and responses and interventions for people who experienced distress. The range of activities had not increased since our last inspection, but people were going out when they wanted to.

Right Culture: Improvements had been made in provider oversight and governance systems. Our evidence identified that improvements needed more time to fully embed into working practices. The provider had learnt lessons from our previous inspection findings and been open about where things had gone wrong. A new manager had been appointed. Relatives and staff were positive about changes, including improved communication and consultation.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 29 July 2022) and there were 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.

The last rating for this service was inadequate (published 29 July 2022). The service has been rated requires improvement. This service has been rated requires improvement or inadequate for the last four consecutive inspections.

This service has been in Special Measures since 29 July 2022. During this inspection the provider demonstrated that improvements have been made.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see safe, effective, responsive and well-led sections of this full report.

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

The provider has taken a number of actions during and following this inspection to mitigate the risks identified at this inspection.

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

Enforcement

This service has been in Special Measures since 29 July 2022. 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.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive findings below.

Requires Improvement ●

St Matthews Unit

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors, a Specialist Advisor 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

St Matthews Unit is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Matthews Unit is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post at the service. An interim manager had been in post for 7 months whilst the provider recruited a registered manager. A new manager had been recruited and was soon to join the service. They will then submit their application to register.

Notice of inspection

This inspection was unannounced. Inspection activity started on 15 June 2023 and ended on 30 June 2023. We visited the location's service on 15 June and 16 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service about their experience of the care provided and 10 relatives. We spoke with 8 members of staff including the manager, deputy manager, nurse and care workers. We reviewed a range of records. This included 11 people's care records and multiple medicine records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes were sufficient to safeguard people from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed positive conditions for this breach.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 13. However, further improvements were needed to ensure improvements were fully embedded into working practices.

- At the last inspection we found oversight was not always effective in ensuring people were kept safe from inappropriate physical interventions. At this inspection we found improvements had been made by the provider with reporting and record keeping in relation to restraint interventions at the service.
- However, records showed staff were regularly physically restraining one person in order to redress their wound. Staff told our inspection team the GP had referred the person to the pain management service, to manage the person's pain whilst having their wound redressed, however there was no evidence staff had considered pain medicine for this person prior to having their wound redressed, this meant physical restraint may not have been required.
- Staff took immediate action and advised inspectors the person was now prescribed pain medicine, when required for the pain during dressing changes. The manager confirmed it was having some effect.
- The majority of relatives we spoke to, told us they felt their relatives received safe care. One relative told us, "[My relative] has [lived at the service] for over ten years, yes definitely getting safe care."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One staff member commented, "I've completed training and audits to support with learning. St Matthews has a safeguarding team who can support us with this. The policy is available."
- Safeguarding concerns were reported to the local authority when required by the current manager. We received positive feedback from the local authority safeguarding team with regards to how transparent staff had been in their communications and investigations. The manager proactively completed their own investigations which meant prompt action could be taken to keep people safe.

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

At our last inspection the provider had failed to ensure that all strategies to mitigate risks had been completed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements were needed to ensure improvements were fully embedded into working practices.

- Staff generally understood risks to people's safety and the related care actions they needed to follow. However, care plans did not always provide staff with sufficient guidance to know what action to take to manage wounds. Management of pain for chronic wounds depends on proper assessment, documenting wound pain and the treatment strategies. Not having appropriate guidance for staff placed people at risk of harm. Staff were working with external health professionals to make improvements in wound management at the service.
- Staff were in the process of reviewing all care plans to ensure they were reflective of people's current needs. Inspectors found some care plans were not up to date. The manager told us staff were ensuring relevant information and interventions were present, whilst they undertook person and relative feedback. Flash cards were present on each unit for quick reference of needs and risks.
- Since our last inspection, the provider completed a full review and updated their internal procedures to ensure all staff were aware of their health and safety responsibilities at the service.
- At this inspection we found all maintenance checks, including those for fire and water were up to date and documented in detailed comprehensive records, to ensure the environment was safe. This included regular fire safety checks. We reviewed personal emergency evacuation plans for people using the service and found these to all be in place to support safe evacuation in the event of an emergency.
- Additionally, the provider employed a dedicated estates and facilities manager to monitor and oversee all the required health and safety checks at the service.
- People had moving and handling assessments, which included a review of the risks for people and the strategies for staff to follow to keep them safe.
- The provider had implemented systems to monitor incidents and accidents so action could be taken to promote people's safety. We saw accidents and incidents were analysed to look for trends, with action plans and lessons learned which were shared with staff.

Using medicines safely

- People did not always safely receive their medicine. Although records showed medicine had been given as prescribed, which helped people with their health needs, inspectors found improvements were needed.
- Where people required medicine on an as and when basis (known as PRN), the provider had failed to ensure there was information available to guide staff how and when to support people to take these to ensure the most effective administration of their medicine. The manager took immediate action during the inspection and told us PRN protocols had been reviewed and put in place for all people at the service, with the next due dates in the manager's diary.
- Following a high number of medicine errors at the service and issues with their current electronic medicine administration recording system (eMARs), the provider had introduced more robust audits and checks to ensure people's medicine were administered as prescribed. These included audits from provider representatives to validate internal audits undertaken by managers. The provider was also in the process of procuring a new electronic system, which would flag up items overdue or in need of review.
- The medicine policy supported people to receive their medicine in the way they preferred. They had the choice to manage their own medicine, which meant they kept their independence.

Staffing and recruitment

- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- There were enough staff to meet the needs of people safely. A dependency assessment was regularly completed which informed how many staff were required. We reviewed rotas which showed staffing levels were in line with the dependency assessment. During our inspection the number of staff on duty was in line with the rota.
- Staff told us, whilst staffing had improved, the service was often relying on agency staff who were not always familiar with the service or people. The manager told us they used the same agency staff to ensure consistency and they were recruiting more care staff.
- The provider had recruited new staff who had completed an induction and worked alongside more experienced staff. Inspectors met staff during the inspection who were still completing their training and developing their confidence. The manager told us they had phased start dates to ensure staff had allocated mentors and received the appropriate level of training.
- Relatives and staff told us there were enough staff to keep people safe and meet their individual needs. A relative told us, "There seems to be a lot of people so cannot dispute they are doing their best." A staff member told us, "They have recruited more permanent nurses , including deputy managers, and I feel very supported at the moment."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider told us there had been some recent concerns around the cleanliness of the service, as well as the control of substances hazardous to health (COSHH) compliance. The manager told us this was being addressed by the provider, and staff were currently going through capability reviews.

Visiting in care homes

- The service supported visits in line with current guidance.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The providers system for monitoring DoLS at the service was not always effective as staff were unable to share complete records with inspectors for people at the service. The manager told us applications had been sent to local authorities and requests for reviews had been made in order to see whether any conditions needed to change. A DoLS tracker was in process.
- People's capacity to consent had been assessed for decisions relating to their care. This included decisions around support with medicine and personal care. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's relatives and/or representatives.
- People's mental capacity assessments had been reviewed and updated. If specific decisions then needed to be made for example, in relation to restraint and medical interventions, best interest meetings had been arranged to seek the views of people, their relatives and professionals. Records were kept of the outcomes.
- We saw staff providing people with choices in line with mental capacity assessments.
- The provider was in the process of ensuring all of the staff team were up to date and or had completed training in both best interest decisions and MCA.

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

- Staff worked together with health and social care professionals to ensure people received consistent and timely care. This included regular communications and meetings, when required.
- However, staff told us approximately half of all the people living at the service were still awaiting medicine reviews which was causing staff concern. The manager told us this had been escalated and they were in weekly contact with their local GP surgery. Inspectors also reported this to the local Integrated Commissioning Board (ICB) representative in order to seek resolution for people living at the service.
- Staff told us they had good working relationships with their multi-disciplinary team in the community and with the specialist services who provided support to manage people's specialist needs. For example, speech and language, diabetes, dementia, tissue viability, nutritional and reablement requirements, as identified via the providers health and social care assessments.
- Care records showed people were supported to access routine and specialist healthcare. A relative told us, "The staff contact the doctor and contact me if any problems." And another relative told us staff supported their relative to attend their hospital appointments.

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

- The environment was not always promoting orientation for people with memory or cognitive impairments. For example, there was limited signage and contrasting paint colours to support people to orientate themselves around the service.
- The interior was found to be more of a clinical setting, rather than a home for people. We saw some personalisation in people's rooms; however, we were not assured from the provider's care records and discussions with staff that enough consideration had been given to the impact the environment had on individuals. No ongoing refurbishment or decoration plan was shared with inspectors.
- The provider had not considered meeting people's sensory needs. The manager advised following our discussions during the inspection, staff would complete a needs assessment for each person where appropriate and adjustments would be made depending on the results and the wishes of the person. The information would also be captured within people's care plans and flagged on the providers electronic care planning software for staff attention.
- The provider had equipped the service with 2 life-saving defibrillators, one on each floor to enable staff to react quickly in the event of an emergency for the benefit of people, staff members and visitors to the service.

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

- People's needs, and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- Care plans documented what people liked and how best to communicate with them. Staff were able to describe people's individual needs and wishes and demonstrated they were able to communicate effectively with people who did not use words to communicate.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability, and religion.
- Daily handover meetings took place, so key information was passed between staff to ensure consistency in care and support to people.

Staff support: induction, training, skills and experience

- At the last inspection we found staff had not always completed the necessary training to understand and meet people's needs. At this inspection we found this had improved. The provider had developed training so

all staff received a programme of training to ensure they could meet people's needs effectively. This included a mixture of e-learning and classroom-based training. Electronic mandatory training systems were in place for all staff to access via their mobile phones.

- Specialist training was also provided by the provider to staff on subjects such as epilepsy, diabetes, dysphasia and positive behaviour support. The manager assured us the service had enough trained staff at the time of the inspection.
- At the last inspection we found agency staff had not always completed their induction. At this inspection we found this had improved. All staff, including agency staff completed the induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- We received mixed feedback from relatives, with the majority of people feeling staff were trained in their roles, however some had concerns, which had been raised to staff. The manager told us they had recently spent some time improving communications between relatives and the service, assuring them with regards to the recruitment of new staff to the service.
- Staff we spoke to were positive about the training they had undertaken. One staff member told us, "I am learning many things in this job, at this service, which are really new areas for me."
- Staff told us they had received supervision from their managers, however these were not always as frequent as in line with the providers policy. Staff we spoke to told us they now felt supported in their roles at the service following frequent changes in managers. The manager told us this was being improved upon and maintained to ensure staff felt supported and developed.

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

- We received positive feedback about the quality of the food and people's dining experience. One person told us, "The catering was superb." Relatives told us people liked the food.
- People's weights were monitored regularly and where people had lost weight, appropriate action was taken such as fortified meals and drinks and referrals to the dietitian for support and guidance.
- Staff discussed people's food and fluid intake at daily flash meetings to support communication at the service and ensure any concerns are escalated as appropriate.
- The provider had worked with the food supplier to ensure menus were reflective of people's choices and their cultural and physical health needs. A recent food tasting experience had taken place at the service, whereby people had the opportunity to explore different flavours.

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 our last inspection we rated this key question requires improvements. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The care we observed during the inspection between people and staff appeared to be given with genuine kindness.
- Staff told us how much they cared for the people at the service and how they wanted to give them a good quality of life. One staff member told us, "Some people who live here, look for certain staff each day, as some of us have been here a long time. The people feel more safe with us and they look to us for a family."
- One person told us, "It's a pretty good life here." People told us they were looked after by staff.
- The majority of relatives gave positive feedback. One relative told us, "With regards to respect, everyone I have spoken with has been a positive experience."
- People were asked about any religious or cultural needs they had so those needs could be met. This was recorded in people's care plans and staff understood the importance of this to each person they supported.

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

- Care plans evidenced people were involved in reviewing their care and involved in decisions.
- People told us they were involved in decisions about their care and relatives confirmed this. One relative told us, "[Staff complete my relatives] care plan, so I am involved and know how to ask my relative. I visit a few times a week, the main staff are brilliant."
- People were supported to take positive risks. For example, going out to the shops on their own or wanting to take their own medicine. Staff told us how they supported and encouraged people to live the life they wanted to, despite living at the service.
- People used advocacy services to support them to express their views. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard. We received positive feedback from the local advocacy service, they told us how they were working together to meet the needs of the people at the service, including providing training and awareness for staff, to continue to raise awareness of how advocacy can support people to manage life challenges.

Respecting and promoting people's privacy, dignity and independence

- The majority of people and relatives we spoke with gave positive feedback about the interaction between themselves and the staff team. Our Specialist Advisor observed good interactions between people and staff at the service.
- One relative told us, "[My relative] is not restricted and was able to go to the church they used to go to alone, but now they go to a church closer by with a member of staff."

- Staff told us how they supported people who were at risk of self-neglect. Care plans evidenced how staff encouraged people daily, giving them choices and allowing them to decline care when they wanted. A relative told us, "At the moment my relative is going through that stage of not wanting to wash but staff are working on it with them."
- Inspectors discussed with staff how they should encourage all staff to ensure they are always using positive language when describing people in their care records.



Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place detailing the care and support they needed from staff, however these were not always personalised and required further development to include people's preferences. Staff told us how these were evolving to become more person-centred.
- We received mixed feedback from relatives about how the care was meeting their relative's needs. A number of relatives told us they felt the service was too noisy for their relative to settle, and they had not been invited to recent care and treatment reviews which had taken place or not been rescheduled. One relative described the care their relative received as, "A bit haphazard."
- The manager told us how staff had recently held a dementia awareness week, which consisted of information sharing about dementia and quizzes for both people living at the service and staff. It was documented in the provider's service improvement plan, to review all the people living with dementia at the service and create a plan, using a specialist care planning tool. To ensure independence was maintained for people as much as possible activity-based care was provided for people with cognitive impairments, including dementia.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and methods were recorded in care plans to ensure staff had the information available to them to communicate with people effectively.
- Information was made available for people in other formats where required such as different languages or large print. We saw pictorial health information sheets, for example going to the doctor, having your blood pressure taken and attending a health check appointment.

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

- During the inspection we saw staff supporting people to look at books, puzzles, colouring and singing to music. However, relatives we spoke with felt there was a lack of stimulation and activity for people. One relative said, "In terms of daily activities, when the service is short-staffed, even during the week means my relative feels it, as they like outings. This is important to them as I do not visit often." Another relative said, "I cannot say either way, is it a balance between what is needed restriction wise. I do not know."

- We observed one activity co-ordinator during our inspection and found them to be full of enthusiasm and care. They told us they had a weekly activity timetable for all of the service. However, this did not cover all the people as many people preferred to have 1:1 sessions with care staff or activity workers. Activities ranged from hobbies, reading and trips to the town.
- We saw when activities had been recorded on the providers electronic planning system.
- Staff at the service had completed training in gender and sexual diversity, in order to develop empathy for gender and sexual minorities and enthusiasm for responding to their health needs.

Improving care quality in response to complaints or concerns

- At the last inspection we found complaints were not consistently recorded. At this inspection, where complaints or concerns had been reported to the manager, we saw evidence this was responded to appropriately.
- Relatives felt confident they could approach the manager or staff with any concerns. One relative told us, "Sometimes I have to put in a complaint. For example, last week, I was worried about my relative's medication. The manager was brilliant and spoke to the nurse in charge, who then spoke to me and told me how the care staff were trying to encourage [my relative]."

End of life care and support

- At the last inspection we found people did not have advanced care plans in place. At this inspection we found advanced care plans were now in place for people who wanted them or where this was appropriate. Staff had also documented when people had declined to discuss this with care staff. The manager advised further improvements were ongoing to ensure these were personalised.
- The appropriate documentation was in place for people who had expressed a wish to not be resuscitated, known as DNACPR (Do not attempt cardiopulmonary resuscitation). The manager told us how they supported a family to remove this as for their relative as they were upset this had been put in place without their knowledge. Staff at the service were aware and questioned when they saw these are in place.
- Staff had received training in end of life care. Nursing staff had received additional training and support from a local hospice in supporting people at the end of their life.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure that all systems and processes were effective and robust enough to monitor the quality and safety of the service.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were needed to ensure improvements were fully embedded into working practices.

- The provider had developed more robust systems of auditing and monitoring which was undertaken internally and by the provider's quality team. Outcomes of audits were used to develop action plans to make required improvements.
- Since our last inspection, the provider had concentrated on urgent issues and concerns around safeguarding, nursing needs and staffing. Systems and processes had been implemented to provide better oversight at provider level. This had resulted in a review of people's needs and a better management structure in place. Two clinical leads posts had been created. Both clinical leads were promoted from nursing roles at the service and had an extensive knowledge of the people and their needs. Clinical leads completed half their hours as a nurse and half in a deputy management role. The provider also agreed support from compliance officers would be increased.
- Although there was evidence of improvements since our last inspection, we found improvements needed time to be fully implemented and embedded into staff working practices. For example, the concerns we have reported under the key questions of safe, effective and responsive. Additionally, feedback from relatives was mixed in terms of confidence and skills of some staff in meeting people's needs.
- The service did not have a registered manager. The service had experienced recent changes in management but had now appointed a manager who was registering with the CQC. They were being supported by experienced Clinical Lead Nurses, who had worked at the service and who understood people and their needs.
- Staff and relatives continued to be concerned over the management of the service, however had given positive feedback about the interim manager and new deputy managers at the service. One staff member told us, "It feels like we are back on track. I rarely give compliments to a manager, but this manager has been so supportive, you become a calmer person because of them. Now also with the deputy managers, they are new and good, as I can also go to them."

- The provider had used incidents and concerns at this service as shared learning to ensure lessons were learnt across all provider services in order to mitigate future risks.

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 the last inspection we found no evidence that the statutory requirements of duty of candour were being met. At this inspection we found the manager understood their responsibilities and acted on the requirements of duty of candour when needed.
- Relatives we spoke with felt, overall, communication and response to concerns had recently improved. Although many felt this now needed to be embedded. One relative said, "Staff are good at informing me, I just hope this continues."
- The manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law.

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

- People were supported to be as independent as possible and make choices about their lives. We saw people were supported to make day to day decisions through informed choices, such as how they wanted to spend their time and meal choices.
- Staff told us they felt more confident to make suggestions and these were listened to. A staff member told us, "I have noticed a big improvement within the last year, especially since we have new management. They have recruited more permanent nurses, including deputy managers, and I feel very supported and listened to at the moment."

Continuous learning and improving care

- Since the last inspection the provider had made improvements. A new management structure and daily flash meetings had been put in place by the provider so that staff could share information more effectively and learn valuable lessons from incidents and accidents together.
- Additionally the provider had worked on improving staff morale, with employee of the month, as well as more team and individual catch ups and an open-door policy at the service.

Working in partnership with others

- The service worked in partnership with external agencies to ensure people's needs were met. Care records showed timely referrals had been made in response to changes in people's needs.
- External professionals gave positive feedback about working with the staff at the service and the provider. One professional told us, "Staff have been very helpful and very welcoming to us, were really receptive to our guidance, took our recommendations and worked together with us."