

Runwood Homes Limited

Low Furlong

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 16 November 2017 and was an unannounced visit. We returned on 17 November 2017 so we could speak with staff and look at their quality assurance systems.

At the last inspection on 25 January 2016 the service, which was registered to provide care up to 44 people, was rated requires improvement. We found a breach of the regulations because medicines were not administered and managed safely. We found people had limited opportunities to be stimulated mentally and physically and audit systems needed better organisation to show improvements when identified, where actioned.

Following the last inspection visit, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Responsive and Well led to at least good. Before we could return to check improvements had been made, the home closed because of a planned re-development and people and staff were re-located to another home within the provider's organisation.

Low Furlong is a care home that reopened in July 2017. People in care homes receive accommodation and nursing and/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.

Low Furlong is now registered to provide care for up to 67 people. On the first day of our inspection visit, 40 people lived at the home and when we returned the following day, this had increased to 42 people.

There was a registered manager at the home. 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.

At this inspection, we found a number of improvements had been made and the provider was no longer in breach of the regulations. Medicines were administered safely by trained and competent staff and regular checks ensured medicines had been given when required. People felt there was more to occupy them and regular activities and events improved people's mental and physical wellbeing. Following the re-opening of the home, a new registered manager was in post supported by a deputy manager and a senior care team.

There were improved systems of audits and regular checks to ensure people received good care in an environment that was safe, from a staff team that were caring and responsive to meet people's needs.

We received extremely positive feedback from people who lived at Low Furlong and their relatives, about the staff who cared for them and the support from the management team. People told us they were very happy with the care and support they received. They said staff were, excellent, extremely caring and had made a positive difference to how they lived their lives.

People who received end of life care, were supported by a staff team that were sensitive and respectful of people's individual wishes. Relevant healthcare professionals worked in partnership with the home to ensure end of life care was as pain free and dignified as possible. Relatives were pleased with the support they and their family member received.

People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes. People were supported to maintain important relationships and to keep in touch with people that were important to them.

Care plans contained accurate, detailed and relevant information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions and reviewing their care to ensure it continued to meet their needs.

For people assessed as being at risk, care records included information for staff so risks to people's health and welfare were minimised. Staff had a good knowledge of people's needs and abilities which meant they provided safe and effective care.

Staff received essential training to meet people's individual needs, and effectively used their skills, knowledge and experience to support people and develop trusting relationships. Staff told us the training they received equipped them to meet people's needs.

There were enough trained and experienced staff to be responsive to meet people's needs. People told us they felt safe living at Low Furlong and relatives supported this. Staff knew how to keep people safe from the risk of abuse. Staff and the registered manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge and people's records ensured people received consistent support when they were involved in making complex decisions, such as decisions around their personal safety or where they wanted to live. Staff gained people's consent before they provided care and supported people to retain as much independence as possible.

People were supported to pursue various hobbies and leisure interests but this was an area the registered manager planned to further improve to ensure people continued to have a variety of activities that personally interested them. Thought was given to where people lived within the home so common interests and personalities benefitted those in encouraging new friendships and being able to share similar interests.

People received meals and drinks that met their individual dietary requirements. People received support from staff when they required it, and anyone at risk of malnutrition or dehydration, were monitored and if concerns were identified, advice was sought and followed.

People knew how to voice their complaints and complaints made had been resolved and lessons learnt to prevent similar issues reoccurring.

The home was clean, free of odour and staff wore personal protective equipment (PPE) at the necessary times. Regular spot checks and effective monitoring ensured standards of cleanliness were maintained. There had been no outbreaks of sickness or contagious illness since the home re-opened.

There was a clearly defined management structure that supported people and each other. The management team worked well together and were committed to providing a high quality service to people. The registered manager had a clear vision for the development of the service and demonstrated a commitment to implement best practice and increase links with the wider community. The registered manager and staff were passionate about delivering a good service and were working towards improving people's experiences at the home.

The registered manager had submitted a Provider Information return (PIR) to us, they and the provider understood their legal responsibility to notify of us of important and serious incidents.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

At the last inspection this home was rated as 'requires improvement' in this area, because medicines were not managed and administered safely. Systems were much improved and regular checks on medicines ensured potential errors were kept to a minimum, and that people received their medicines safely and as prescribed. People felt safe living at the home. They were supported by enough staff who were available to provide their care and support at times people preferred. Staff understood their responsibilities to report any concerns about people's safety or if they believed people were at risk of abuse. The registered manager analysed incidents, accidents and complaints and kept records that showed where reviews and investigations had been completed, which resulted in minimising the risks of issues re-occurring.

Is the service effective?

Good ●

The service remained effective.

People were involved in making day to day decisions about their care and support needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People received support from a staff team that were trained and had the knowledge to meet people's needs. People were offered meals and drinks that met their dietary needs. Links with local GP practices saw community nurses visiting twice weekly to assess and respond to peoples changing needs, limiting further interventions or hospital visits. The environment supported people to live their lives as they wanted and provided space for people to meet friends or spend time on their own.

Is the service caring?

Good ●

The service remained caring.

People and relatives were very happy with the care and support they received. People said staff were excellent, extremely caring

and had made a positive difference to how they lived their lives. The management and staff team had caring attitudes and personalities that responded well to people they supported. Staff respected and understood the importance of respecting people's privacy and dignity and supporting those who were able, to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

At the last inspection this home was rated as 'requires improvement' in this area, because there was limited engagement from staff to keep people mentally and physically stimulated. This time, we found improvements had been made. Staff supported and encouraged people to maintain their interests and consideration was given to individual's wishes to strengthen and personalise the activity programme. Staff knew people well and involved them in agreeing their care and support needs. End of life care was compassionate and provided sensitively in line with people's expressed wishes, supported by other healthcare professionals where needed. This helped ensure care was as pain free and dignified as possible. People and their family members were involved in care planning decisions and regular reviews of how their care was delivered.

Is the service well-led?

Good ●

The service was well led.

At the last inspection this home was rated as 'requires improvement' in this area, because systems of audit were not effective and actions were not always taken. The registered manager understood the importance of regular auditing, regularly updated action plans and continuously monitored improvement actions. Regular meetings with people, relatives and staff shaped how the service was driven. Plans were made to strengthen links with outside agencies and the wider community to help enhance people's lives.

Low Furlong

Detailed findings

Background to this inspection

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

This inspection visit took place on 16 November 2017 and was unannounced, and we returned announced on 17 November 2017. Both inspection visits were completed by one inspector.

We reviewed the information we held about the service. Prior to this inspection, we received information that suggested records for unexplained bruising were not always completed and a person's experience of a respite stay was not provided to a standard they expected. We looked at these concerns as part of this inspection. We also looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

To help us understand people's experiences of the service, we spent time during the inspection visit observing and talking with people in the communal areas of the home, or their bedrooms with their permission. This was to see how people spent their time, how staff involved them in how they spent their time, how staff provided their care and what they personally thought about the service they received.

We spoke with five people who lived at Low Furlong and four visiting relatives. We spoke with a regional

operations director, registered manager and a deputy manager. We spoke with three care team leaders and two care staff (in the report we refer to these as staff). We also spoke with a community nurse and a district nurse.

We looked at three people's care records and other records relevant to their support, such as medicines records and daily records. We looked at quality assurance checks, audits, people and relative meeting minutes, compliments, complaint records, training records, medicines, nutritional charts and incident and accident records. This was to see whether the care people received was recorded and delivered according to people's care plans.



Our findings

At the last inspection this area was rated 'Requires Improvement' because medicines were not always administered safely and there were limited checks made to ensure medicines were administered as prescribed. Because of our concerns, there was a breach of the regulations. Following the provider's action plan, we returned and found improvements had been made and the provider was no longer in breach.

Medicines were stored and administered safely. Medicines Administration Records (MARs) recorded when people had taken their medicines and daily counts by trained staff made sure medicines were given as prescribed. MARs were completed correctly and daily checks and stock counts kept errors to a minimum. Guidance was in place for people who needed 'as and when required' medicines, such as pain relief so staff gave these medicines consistently and safely. Body maps were completed to show staff where topical creams should be applied and it was clear how often they should be applied. Records demonstrated staff followed the guidance which helped protect people's skin from damage. People who required patch medicines had their medicines at prescribed intervals and patch records were completed so staff knew where to put the medicines so as to reduce the possibility of skin irritation.

People felt safe living at Low Furlong, a typical comment was, "Oh yes, very safe." One person said they had fallen in their own home and felt safer now staff were on hand, 'just in case'. Relatives were confident when they left their family member they were in safe hands. Relatives told us if there had been any incidents or changes in behaviours they were informed, but were confident staff took the right action.

People and relatives said there were enough staff to support people safely, to provide person centred care and to respond promptly when calls for help were raised. The registered manager and the senior staff team assessed people's needs and staffed accordingly. The registered manager was confident staff levels were right and staff raised no concerns with us. Agency use was minimal so people received care from a consistent staff team.

Staff were confident and knew how to raise concerns if people might be at risk of harm or abuse. They told us they were confident the registered manager would address any poor practice they reported. Staff knew which external organisations they could report concerns to if they felt appropriate action had not been taken. The registered manager said there had not been any concerns since they had been the registered manager but said, "I would report it to Runwood (the provider), CQC by way of a notification and if necessary, the Police. I would suspend the staff member because I have to protect the residents."

For staff whose behaviours presented challenges, there was increased staff observations and support to ensure people remained safe. During our inspection visit, one person received one to one support to help keep them and others safe. The registered manager said, "I wanted one to one support and we have it. At the moment, we are waiting for additional support for this person." They said the extra support was in place because, "We have to keep people safe."

Risk assessments and management plans identified potential risks to people's health and safety and provided guidance for staff to keep people safe. This included risks of falls, behaviours that challenged, not eating or drinking enough, skin damage and how many staff were needed to transfer people safely. One person was at high risk of falls and their care plan stated staff should prompt them to walk with a mobility aid. People who were at risk of skin damage, had the necessary equipment to minimise skin damage and staff managed risks by repositioning people and checking pressure relieving equipment so their skin integrity was maintained.

Since people returned back to the home in July 2017, risk assessments were reviewed and updated to reflect any potential risks because of the new environment. Risk assessments were reviewed monthly and linked to each other, for example, nutritional risk management plans linked to the plan to keep people's skin from damage due to immobility and unrelieved pressure, as these areas of health are often linked.

Staff reported incidents and accidents and these were analysed monthly by the registered manager to prevent re-occurrence. The registered manager told us, "We look at the type of fall and why, have they (person) got what they need, and review how many times they have fallen. Whenever there is a fall, we monitor for a 24 hour period, to keep them safe." The registered manager said their responsibility was to look at 'lessons learnt'. They analysed complaints, people's weights, and call alarm bell times (when pressed and stopped). They said, "I am confident we monitor and learn because of the way we check on the quality of care people receive."

Following the re-opening of the home everything still 'felt new'. There were no odours and the home was clean and well presented. People told us their rooms were cleaned daily and they 'always have a fresh bed'. We saw staff wore the correct personal protective equipment (PPE) such as gloves and aprons to protect people from cross contamination and infection, for example at lunch times. Staff told us they always wore PPE when providing personal care and regular monitoring of the laundry, ensured dirty and soiled items were kept away from freshly laundered items. Regular monitoring of the environment was in the form of a registered managers' 'daily walk around' so any issues were addressed promptly. Domestic staff cleaned daily and when required, completed a deep clean to limit the risks of cross infection.

Maintenance and safety checks had been completed. These included safety checks of utilities and water safety. Records confirmed these checks were up to date. In addition, there was an up to date fire risk assessment and regular testing of fire safety and fire alarms so people and staff knew what to do in the event of a fire. People who used the service had Personal Emergency Evacuation Plans (PEEPs) which would provide emergency personnel with vital information about people's mobility needs in case of emergency. Where people had moved in today, we saw a PEEP had been created straight away so records for emergency services continued to reflect those people who lived in the home.



Our findings

Staff continued to have the skills, experience and training to effectively meet people's needs. People continued to be supported by staff who respected their decisions and understood how to protect their rights. The rating continues to be 'Good'.

People told us when staff provided their care and relatives told us they trusted staff to support their family member because they had no concerns about their ability or knowledge. Staff were trained and competent to meet people's needs and promote their welfare. Staff had received training specific to the needs of people living in the home and new staff received an induction which was linked to the Care Certificate. The Care Certificate is a nationally recognised qualification that helps new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with quality care.

An experienced staff member told us they received an 'induction to the home.' They said they were experienced in care and worked for Runwood, before moving to the home, saying, "It was a new environment, so I shadowed other staff and got to know the layout of the home." They said because some people had moved back to the home they had not previously cared for, this helped them get to know people, and people got to know them. They told us, and people said this worked well.

Staff had regular supervision and an individual annual appraisal was planned for staff in 2018. Staff felt very supported in their roles and were encouraged to obtain further qualifications in health and social care. One staff member said they had regular meetings with their manager to discuss any concerns, training and developmental opportunities.

Staff felt they had the right information to support people in line with their wishes and changing needs. Staff had a handover at the start of each shift, which included how people were feeling and any special observations, repositioning and promoting of food and fluids. A staff member said they found it helpful knowing if there had been any changes and what was required. Written copies were made for staff to refer to.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions on people's liberty had been identified, the appropriate applications had been submitted to the authorising authority. For people whose behaviours changed and posed a greater risk to their safety, urgent DoLS applications were submitted.

Staff worked within the principles of the MCA. They gave people choices and respected the decisions they made. One member of staff explained that if someone refused personal care, they would give them time or arrange for another staff member to support them. Throughout both inspection days we saw staff offering people choices, for example where they wanted to sit, what they wanted to do to, or if they wanted a certain type of drink.

People enjoyed the food, one person said, "I don't eat much now (referring to their appetite) but what I have is good." Pictorial menu cards on tables showed people the choices on offer. We observed lunchtime on the first day of our inspection visit, staff presented people with two plated food options so they could make an informed visual choice. The dementia services manager said, "This is what we do, people eat with their eyes so it's important to give visual choice." The mealtime experience we saw was calm, relaxed and thought was given to where people sat and who they got on well with. Some people sat where they wanted, others were asked where they wanted to sit. People were offered seconds and were asked if they enjoyed their meal before they left the dining room.

Some people were at risk of not eating and drinking enough and were on food and fluid charts to record their intake. This meant staff could quickly identify when people needed to be encouraged to drink or eat more. Regular monitoring of people's weights were made and where concerns were identified; dietician support was sought and followed.

People had access to other healthcare professionals to support their wellbeing and maintain their health. Records confirmed staff supported people to access appointments and advice from a range of health professionals including the dietician, and members of the mental health team.

Since the home re-opened, a new initiative with the local GP practice meant a community nurse visited twice weekly to review and assess people's medical needs. The GP still visited the service, however community nurses saw people who may have early signs of illness. The community nurse and staff said this triaging system, worked well. One visiting community nurse said, "It works....usually, in advance we have a list of people we need to see and why. We can decide what they need and if the GP is needed, we can arrange this." They said this saved potential unwanted GP visits and meant people were seen quicker and referred where needed. The community nurse said they had no concerns about people's health and welfare needs not being met and felt staff were good at seeking their help and were good at following advice. Health professionals recorded their advice within people's notes which staff followed. The registered manager was due to meet with the GP and community nurses to review this arrangement and what worked well.

This home was purpose built and provided large communal areas for social gatherings, but also had smaller areas for people to use that provided that 'homely feel'. People's rooms were personalised and a relative told us they were arranging for their family members' 'favourite chair' to be brought over. Signage throughout the home helped people know where they were and directed them where wanted to go, without the need to ask for help or directions.

One of the provider's initiatives was dignity in the workplace. Each month aspects of promoting dignity and choice was promoted. In November 2017, the theme was 'respecting this as people's home, not just a

workplace'. Staff told us this acted as a reminder that they were in people's homes, and acted on people's preferences rather than staff see the home as only a workplace. The registered manager said if they heard staff (with raised voices) discussing things, they reminded them of the theme for this month. They said it was useful to remind staff that "We are in a person's home."

The dementia services manager told us they were looking at ways to bring technology, such as computer based tablets into the home to stimulate ideas and help people to follow their interests, as well as communicating with their family members, such as utilising internet based communication applications.



Our findings

At this inspection, we found people continued to have their privacy and dignity upheld and they remained very happy with the staff who supported them. The rating continues to be Good. The registered manager was proud of their staff team because, "They care" and felt their staff often went above and beyond what was expected of them.

People were extremely complementary of the staff and management and their comments showed they appreciated how caring staff were. Comments were, "very caring, lovely" and "Can't do enough for you." Relatives were equally complimentary saying, "They are like family to me" and "They are first class, we can't fault them." One relative explained how staff supported their family member living with dementia. They explained, "Staff are kind, they distract...it's not easy I know [name] doesn't think this is their home. Staff are brilliant supporting [name] with their dementia...it works a treat." They told us their family member was reluctant with personal care saying, "We don't have to say anything, because staff care so much they are on it."

People were cared for by staff who enjoyed working at Low Furlong and caring for people. One staff member told us about a situation where someone was not well, they stayed with them past their shift time because they wanted to make sure the person was okay. Staff and the management team we spoke with showed concern, empathy and commitment to people in their care.

Staff understood the value of providing people with an environment that was warm and friendly where people felt relaxed and at home. Staff told us they felt appreciated by people living at the home, as well as their peers and managers. Staff felt like it was a family. The registered manager was proud of all of their team and said, "The team working well together made for a better care environment that benefitted those living in the home." The registered manager said now they had been open for four months there was a sense of community within the home, people started to make new friendships and enjoy their environment.

Staff told us and we saw, they had time to sit with people and have meaningful conversations with them. They told us that giving people time was an important part of building caring relationships with them. Staff knew people well, even a person who had recently moved into the home, staff had started to get to know 'that person's history' and could tell us about them.

The registered manager was passionate about providing good quality care to people. Their passion was shared by the nurses and care staff who we spoke with. All were enthusiastic in their desire to provide the

best quality of care to people. The provider and registered manager were keen to recruit staff who demonstrated caring qualities and they acted as a role model for caring engagement with the people who lived in the home.

We saw staff offered people physical reassurance. For example, on the first floor one person was unsure where to go, so staff put their arm around them, told them where they were, and asked where they wanted to go. The person was not sure, so staff suggested going to the lounge. Staff took them to the lounge but once there, no one was there. The staff member said, "Where has everyone gone." Another staff member said, "I know where they are, shall we go and see." The person smiled and said, "Oh yes" and they both went off to join other people downstairs.

Staff were sensitive to people's anxieties around receiving personal care. They ensured people were treated with respect and promoted their dignity and privacy which helped people to be more comfortable. One staff member explained the importance of privacy and how they ensured people were treated respectfully and with dignity.

People were supported to maintain relationships with people important to them. Visitors were able to and told us they did, enjoy meals with their family member, even though mealtimes were protected. One relative told us they came often and joined their relative for lunch. We saw staff made visitors feel welcome and relatives told us they felt very welcomed.



Our findings

At the last inspection this area was rated Requires Improvement because people were not always able to follow their own interests and hobbies. There was minimal physical and mental stimulation. We returned and found improvements had been made and the rating has changed to Good.

People were offered a range of activities on a daily basis which included group activities and activities on an ad hoc basis. Group activities included mobility exercises, puzzles, quizzes and external entertainers. A monthly schedule of activities planned was displayed throughout the home. One relative felt when ad-hoc activities were put on, communication was not always clear and timely so some events could be missed. This was feedback to the registered manager to consider how this information could be given to people at the right time. People celebrated events such as Halloween, by decorating pumpkins. We were told children and families visited the home for 'trick or treat'. Activities with the local school were planned for and a dementia café meeting was being discussed which would provide people at the home and wider community opportunities for conversation and social engagement.

An activities co-ordinator arranged activities with the people and registered managers input. We saw the activity co-ordinator played a puzzle game with one person who enjoyed word games. A holistic view of interests was considered at pre assessment stage. The registered manager said when they were assessing a person new to the home, they considered the person's interests and experiences and those living at the home. They said, "I think who they would get on with then show them a room close by to help develop new and shared interests." One relative said, "When they visited they were given a choice of rooms, but chose the one they wanted and it was the one the registered manager thought of." During our first day, we saw the new person and another person discussing their previous employment with each other and both shared similar experiences which they chatted about over lunch.

Staff understood the importance of providing person-centred care that met people's individual likes, dislikes and preferences. Each person had a life story which provided information about notable events, important relationships and experiences and hobbies and interests. This information helped staff get to know the person. Staff said they had time to read care plans and senior staff updated care plans to ensure they remained reflective of the care required. We looked at an end of life care plan and found changes had been made to ensure staff had the up to date information to care for them. People's preferences, wishes, choices were recorded and kept under review. Details about the service and what people wanted was recorded so important information was available. The registered manager said, "We know what to do, everything is in place and we can do what the person wanted." Medicines management systems were in place and ready at

the right time so people's pain and sickness could be managed. A district nurse supported this and we spoke with them. They said, "Staff here are very good, they are doing exactly what is needed." The deputy manager said this was especially important as often people wanted to pass away here, in their home rather than hospital.

End of life care was managed sensitively with family involvement and support from other healthcare professionals. The provider's PIR said, 'Practical and emotional support is offered to the families when a resident is at end of life and the environment remains peaceful and calm throughout'. At the time of our visit, end of life care was being provided. A relative wanted to talk with us to tell us about their experiences at the home. This relative said, "Everything is in place, they know what to do...I have total trust." They said what had helped them was, "They listen, they must have because they know [relative] so well. They told us, "I feel supported, they have been [persons] family." They said of the care provided, "It's amazing."

Staff supported people to have those 'special moments' especially around end of life care. Staff spoke respectfully of the individual, their family members and did what they could to care for those involved at that time. One relative wanted to speak with us to tell us about their own personal experience. They told us, "They have taught me to be patient – I have total trust in them." About staff's caring attitudes, they said, "Without them I would be lost, they don't judge and because they are loving, there is no compromise."

Records showed people's complaints and concerns were investigated in line with the complaints procedure. People received a full written response to their complaint. Where a complaint had identified a potential safeguarding issue, this had been appropriately referred to the local authority. Where complaints had been upheld, the registered manager had taken action such as improvements to the laundry system, or improving the respite discharge experience. This ensured people's concerns were used to improve the quality of care delivered within the home.



Our findings

At the last inspection this area was rated Requires Improvement because the governance checks and audit systems were not always effective. Audits such as care plan reviews and risk assessments that were reviewed monthly were not always accurate or detailed. Assessment tools used to determine people's dependency were not always reflective of some people's needs and records of MCA decisions and 'best interests' meetings were not recorded. Medicines audits were completed but these had not identified the concerns we found regarding stock balances. At this inspection, we found improvements had been made in these areas and the rating has changed to Good.

Since the last inspection there had been a change of registered manager. The registered manager had been registered with us since July 2017. The registered manager understood their legal responsibilities to submit statutory notifications and had done so when important events had occurred. However, we found one statutory notification dated 13/10/2017 had been completed by the registered manager, but the provider's own internal systems had failed to ensure we had received it. The regional operations director confirmed it had not been sent to us. By the end of our first inspection visit, this notification was sent to us. Receiving statutory notifications at the right time means we can monitor the service effectively.

The provider had displayed the rating on their website and the ratings poster was displayed in the communal entrance from our last inspection visit, which they have a legal duty to do. The registered manager completed a PIR which provided us with an accurate reflection of what the service did well, and where development was needed over the coming 12 months.

The registered manager told us since they were appointed registered manager, they, "Wanted to change the 'orange dots to green dots' (coloured dots signify each rating, referring to the CQC rating poster)." They told us they had prioritised what was important, such as, "Making sure people received medicines safely and the quality assurance systems worked more effectively." They said improvements were made to the accuracy of care plans, risk assessments, getting the right staff team with the right care values and taking the time to embed the team and people into a new home. The registered manager said, "I wanted you to come and inspect, we were waiting." They saw our inspection was an integral part of their own systems to give assurance they were improving.

People and relatives commented positively about the management team and the level of service provided. Comments included, "The management structure is better, the previous manager was not efficient" and "The service is first class."

Staff consistently spoke highly of the registered manager and their commitment for providing a high standard of care to people who lived at Low Furlong. Staff told us the registered manager and deputy manager were on the floor and supported when required. They told us the registered manager took time to get to know both staff and people so they had a good understanding of what needed to be done to deliver good quality care. Comments included: "[Name] is a good manager for many reasons – very focussed, quite strong and a good leader", "[Name] is happy to be silly with residents, she gets the balance right."

Staff said there was an open and honest culture within the home where they felt able to report any errors or mistakes, without fear of reprisal. Staff said they felt supported and valued in their role. Staff told us morale and team work was very good and although the team was forming, they got on and understood each other. They understood their own roles and responsibilities and those of others. The registered manager told us they were clear to define this so staff knew who to approach for support when needed. Staff said communication between staff was very effective and had improved. Staff were invited to regular staff meetings when they were given opportunities to share their views and discuss different aspects of care provision within the home.

There was a system of regular checks and audits. For example infection control, weights, accidents and incidents, equipment, water quality, and health and safety. We saw evidence of action taken when issues were identified, for example people who had lost weight were referred to the dietician. Monthly unannounced night inspections completed by the deputy manager took place to ensure the same high standards were maintained 24 hours a day.

Action plans from each individual audit were compiled into a master action plan. The regional operations director visited and checked this action plan to ensure improvements were made and that it was reviewed and updated monthly. We checked the latest action plan and found some actions had been addressed, such as improvements to recruitment files for those staff transferred from another home, and planning appraisals in the coming months.

The registered manager had plans to improve links with the wider community. Talks were planned with local schools to support children with their voluntary work to work towards their Duke of Edinburgh awards. Conversations were held with the local community in hosting a dementia café at the home. The registered manager said now the home was more stable, links with communities would be established and encouraged, "As long as it benefits people here." They told us recent activities that brought children and families into the home had a positive impact on people living at Low Furlong. The registered manager said, "People loved seeing the children, the smiles on their faces was lovely."

Working in partnership with other agencies such as the GP surgery had improved the clinical diagnosis and treatment for people at the home. The registered manager said this worked well and meetings were planned to review this arrangement and to look at best practice. Working collaboratively in this way, benefitted people living at Low Furlong.