GB Care Limited

Acorn Hill Nursing Home

Inspection report

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Date of inspection visit:
10 April 2019

Date of publication:
31 May 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Rating at last inspection
At our last inspection of Acorn Hill (report published on 16 November 2018) we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service as Requires Improvement. At this inspection we found the breaches were met but further improvements were needed to ensure people received safe, effective care that met their needs.

About the service
Acorn Hill Nursing Home is registered to provide accommodation, nursing and personal care to up to 59 people, some of whom are living with dementia and/or have complex physical and mental health needs. At the time of our inspection there were 29 people using the service.

People's experience of using this service
Since our last inspection the registered manager, provider and staff have made many improvements to the home. People, relatives and staff were positive about the home and told us about some of the improvements they had seen.

However further improvements were needed in the following areas: infection control; care records; staff following care plans and risk assessments; people and relatives' involvement in care reviews; and the home's audit system. The registered manager, provider and staff were working to address these issues.

People and relatives said the home was safe. A relative said, "[Person] is definitely safe. I can see how the staff look after [person] and I've seen them ensuring the safety of other residents here." Staff were trained in safeguarding and knew how to protect people from abuse and harm and who to report any concerns to.

Staff were kind and caring when supporting people and offered them choices. People told us staff encouraged them to express their views and make decisions about their care and support. Care plans focused on people's abilities and what they could do for themselves.

Staffing levels had improved. A relative said, "There is more staff than there used to be. I'm happy with it now and I have no complaints about the staff." During our inspection visit there were enough staff on duty to meet people's needs and spend quality time with people, assisting them with activities and socialising.

Staff were knowledgeable and experienced. A relative said, "I'm happy with staff skills. [Person] has as good a quality of life as they could get." Improvements had been made to the storage, management and administration of medicines. People had the medicines they needed at the right time.

People and relatives said they liked the food served. A person said, "The food is good and we always have lots of drinks." A relative told us, "[Person] loves the food. I've eaten it and it's very nice. Very good portions, seconds offered." Staff monitored people's nutrition and hydration tools and ensured they had enough to

eat and drink.

Staff ensured people's healthcare needs were met. People saw GP's and other healthcare professionals when they needed to. Staff monitored people's well-being and took action if they were unwell. The home was working within the principles of the Mental Capacity Act 2005 and staff knew how to support people in making decisions and choices.

Improvements had been made to the premises to ensure they were fit for purpose. Better signage was in place to help people find their way around and staff had made the environment more stimulating using tactile objects, pictures, and murals.

People and relatives said they thought the home was well-led and the managers and staff kind and approachable. A relative said, "I chose this home because I like the lay out, the food, and the friendliness." People, relatives and staff were invited to share their views about the home at meetings, through surveys, and on a one-to-one basis. They were listened to and changes and improvements made because of their input.

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

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective Details are in our Effective findings below.	**Good**
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**

Acorn Hill Nursing Home

Detailed findings

Background to this 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
An inspector, an assistant inspector, a specialist advisor (nursing), and an expert by experience carried out the inspection. A specialist advisor is a person with professional expertise in care and/or nursing. 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
Acorn Hill Nursing 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 we looked at both 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.

Notice of inspection
We carried out the inspection visit on 10 April 2019. It was unannounced.

What we did
Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about.

We looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

During our inspection visit we saw how the staff interacted with people who lived at the home. We spoke with three people using the service and three relatives. We spoke with the registered manager, deputy manager, the lead nurse, two nurses, two care workers, the administrator, the cook and the activities co-ordinator. We also spoke with two visiting professionals who were at the home on the day of our inspection visit.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at eight people's care records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: 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.

Preventing and controlling infection

● At our last inspection visit robust systems and procedures were not in place to protect people from the risk of infection. At this inspection visit some improvements had been made but further action was needed in some areas.

● Prior to our inspection a senior IPC (infection prevention and control) nurse advisor from the local authority's Community IPC Service visited the home three times to assess the quality of IPC and work with the home to bring about improvements where necessary.

● At their most recent visit on 26 March 2019 they found further improvements were needed including: the review and updating of IPC policies and procedures; the updating of the clinical policy folder; the inclusion of the BBE (bare below the elbow) initiative in the hand hygiene audit; the review and updating of the home's IPC audits; and all staff to receive updated IPC training.

● Following the IPC visit the home created an action plan setting out how these matters will be addressed and actioned. CQC was sent a copy of this after our inspection visit and it showed the home had either addressed or was addressing these issues.

● During our inspection visit we found the home was mostly clean and tidy. Staff were using personal protective equipment and appropriate hand hygiene procedures. Bathrooms and communal areas were clean and fresh.

● We checked the condition and cleanliness of four people's mattresses as this had been a previous issue at the home highlighted by the Community IPC Service. Although these mattresses were undamaged, three of them had flakes of dried skin on them, as did a crash mat, and two of the mattresses were stained.

● We discussed this issue with the registered manager who investigated what had gone wrong. She told us the cleaning schedule for bedrooms did not include mattresses. Following our inspection visit the registered manager sent us an updated bedroom cleaning schedule which included mattresses. The registered manager said she would ensure mattresses were kept clean in future and include them in the home's infection control audit.

Assessing risk, safety monitoring and management

● At our last inspection improvements were needed to risk assessment records to ensure they were current and provided the guidance staff needed to keep people safe. At this inspection improvements had been made but further work was needed to ensure risk assessments were always followed.

● For example, we saw a person left on their bed with their alarm mat pushed underneath so it would not be activated if they got up. Another person was left with their walking frame out of reach. In both cases staff had not followed people's risk assessments. The registered manager said she would address this with staff.

● Other risk assessments we looked had been improved and included clear instructions to staff on how to

keep people safe from harm. For example, people who were at risk of falling and behaviour that challenges, were frequently observed so staff could monitor theirs and others safety.
● During our inspection visit we saw a care worker monitoring two people using the service. They did this discreetly while ensuring the people and others were safe and completing observation records as necessary.
● There some gaps in people's observation charts. The registered manager was aware of this and said to her knowledge the observations had been carried out, but staff had not always signed the charts to confirm that. She said she would address this with staff.
● A person had a pressure mat in their room to alert staff if they got up in the night. When staff discovered the person was unplugging the mat they replaced it with infra-red sensors on the advice on the local authority. This kept the person and others safe.
● People had personal emergency evacuation plans in place telling staff the assistance they required in the event of a fire or other emergency. There were coloured stickers on people's doors indicating the level of assistance they needed so staff/the fire service could quickly assist them to evacuate the building. However, a few bedrooms did not have these stickers. We reported this to the registered manager who said she would address this.
● Some fire extinguishers needed servicing. The registered manager said the home's fire safety contractor had inspected them the previous week and found them to be partially empty. The contractor was returning the week of our inspection visit to re-fill them. In the meantime, the registered manager told us the contractor said they were still usable.

Systems and processes
● People said the home was safe. A person told us, "I do feel safe here. I used to fall at home so the hospital sent me here." Another person said, "I'm safe yes, everything is good." A further person said their possessions were safe because staff kept their bedroom door locked until they asked to go in.
● Relatives also told us the home was safe. A relative said, "Oh yes, it's quite safe. The nurses are caring and there are alarms in the bedroom."
● Another relative told us that following a safeguarding incident involving their family member staff contacted them to let them know and put measures in place to ensure their family member was safe.
● Staff were trained in safeguarding and knew how to protect people from abuse and harm and who to report any concerns to. The provider's safeguarding policy included current guidance and best practice for staff to follow.
● We looked at safeguarding incidents that had occurred at the home since our last inspection. The registered manager had reported these to external agencies, including CQC and the local authority, as required. Records showed that following these incidents managers and staff had acted to ensure people were safe and lessons learnt where necessary.

Staffing levels
● At our last inspection the registered manager was in the process of ensuring there were always sufficient numbers of staff deployed to keep people safe and provide care in a timely manner.
● At this inspection staffing levels had improved. People told us they didn't have to wait long for staff assistance. A person said, "I've told them 'I don't want a bell'. I just bang my walker on the floor and they come running. I never have to wait long."
● Some relatives told us they thought staffing levels had improved. A relative said, "Staff are always on hand to assist. [Person] spends most of their time in the lounge, there's always staff there." A further relative told us their family member had used their call bell once when they had a fall and staff had quickly come to their assistance and checked they hadn't been injured.
● However, another relative thought there still weren't enough staff, particularly at weekends. The registered manager said staffing levels were based on people's needs and continually reviewed. She said they were

calculated using a dependency tool and records showed the home was always well-staffed.
● During our inspection visit there were enough staff on duty to meet people's needs and spend quality time with people, assisting them with activities and socialising. Records showed the staffing levels on the day of our inspection were in keeping with other days on the rota.
● Staff were recruited following the provider's safe recruitment policies and procedures. Since our last inspection a person using the service had been involved in staff interviews. This will help to ensure people have a say in who is chosen to work at the home.

Using medicines safely
● At our last inspection improvements were needed to the storage, management and administration of medicines. At this inspection improvements had been made.
● People and relatives said staff gave people their medicines and waited with them to make sure they'd taken them safely. A relative said their family member's medicines had been problematic so staff arranged for a hospital consultant to come and review them. The relative said, "I'm satisfied with what the home has done."
● Medicines storage temperatures were recorded, checked daily, and were within the recommended limits.
● Medicines were kept securely and only authorised staff had access to them.
● Staff wore 'Do Not Disturb' tabards when administering medicines and assisted people to take their medicines calmly and in their own time.
● Medicines administration charts were up to date and completed correctly.
● Where medicines needed crushing, for example to be administered via a percutaneous endoscopic gastrostomy (PEG) feed, authorisation was obtained from the prescriber.
● If people were on covert medicines, for example medicines disguised in food or drink, the correct documentation was in place to demonstrate this was being done lawfully and safely.
● We found two tubes of prescribed cream in people's bedrooms that had not been dated when they were opened. We reported this to the registered manager who said staff were trained to date creams on opening them. She said she would address this with staff as necessary.

Learning lessons when things go wrong
● The registered manager had a system in place to check incidents and accidents and used them as learning opportunities to try and prevent future occurrences. Following accidents and incidents care plans and risk assessment were updated and staff made aware of any changes.
● The registered manager gave us examples of how lessons were learnt following accidents and incidents. For example, the home had strengthened its admission policy to ensure people were only admitted to the home if staff could safely meet their needs.

Good

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Senior staff assessed people's needs before they moved into the home to ensure they could be met. Assessments included people's physical, mental health, cultural and social needs.
- Records showed assessments were comprehensive and included the information staff needed to support people when they first come into the home.
- Staff further assessed people's needs as they got to know them, and, where necessary, referred them to healthcare professionals, for example dieticians and the SALT (speech and language therapy) team.
- People's care and support was provided in line with legislation, standards and evidence-based guidance. Staff kept up to date with current legislation through staff training, working with healthcare professionals and support networks within the organisation.

Staff skills, knowledge and experience
- Relatives told us the staff were knowledgeable and experienced. A relative said, "I feel they [staff] have the skills needed. [They are] very dedicated staff and they try and get responses from [person]."
- Staff told us they had good training opportunities at the home and were well-supported by their managers. Records showed they had regular training, supervisions and appraisals.
- Since our last inspection visit the home had introduced a new, more detailed induction pack for nurses. This helped to ensure they understood their responsibilities to provide good-quality care when working at Acorn Hill.
- A nurse told us about the range of courses she had completed in her first year at Acorn Hill which included both general and service-specific training. The latter included training in venepuncture (obtaining intravenous access for intravenous therapy or blood sampling) at a local hospital. The nurse said the registered manager ensured staff had regular training to learn new skills and keep their existing skills up to date.
- The home's training matrix showed staff attended a wide range of courses. These were provided in-house or at external healthcare venues depending on the content of the training and who it was for.

Supporting people to eat and drink enough with choice in a balanced diet
- People told us they liked the meals served. A person said, "All the meals are nice." Another person told us, "The staff come round in the morning and offer choices. If you don't like what's on the menu you can have something else."
- People commented positively on the amount of drinks they were offered. A person said, "I've had two soft drinks and a cup of tea this morning and I have water and lemonade in my room." Throughout the day we saw staff continually offer people drinks from tea trolleys and take drinks to them in their rooms.

● Relatives also said the food was good and their family members were satisfied with it. A relative said, "The food is excellent and [person] eats everything in front of them. I had a meal today, chicken, mash, cauliflower and carrots. Good quantities, nice meal." Another relative told us, "[Person] likes the food. There is a choice of food for lunch, two choices. The staff come around in the morning and ask what people want. I've eaten here it's pretty good."
● If people were at risk of malnutrition staff assessed them, using recognised nutrition and hydration tools, and referred them to dieticians and/or the SALT team. People were regularly weighed and staff monitored their food and drink intake as necessary. A relative told us their family member had come to the home underweight. They told us, "The staff have built her back up, she is now in the correct [weight] range for her height."
● Four care workers were trained as 'nutrition assistants' to help ensure people received adequate nutrition and hydration. They monitored people's nutrition had a direct link to a dietician who provided advice as needed.
● People nutritional care plans were personalised and stated if they were on particular diets and if they needed their food presented in a certain way. For example, one person's care plan advised staff they needed finger food and preferred to eat alone. Staff supported the person to sit at a table for one, and ensured their food was cut up in the way they wanted.
● We observed lunch being served in one of the dining rooms. The tables were laid out with tablecloths, serviettes, and vases of flowers. Appropriate background music was being played. The menu of the day was on each table with pictures of the food and a description. Staff supported people who needed assistance with their meals. The food served was home-cooked and looked appetising and wholesome.
● Staff completed 'daily fluid and food charts' for people who were at risk of malnutrition. These hadn't always been completed correctly, for example one person was diabetic but the box for this had only been ticked on some of their forms. The registered manager said she would review and update the forms so they were less repetitive which would make it quicker for staff to complete them.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives, access healthcare services and support
● At our last inspection records did not support the effective monitoring and reviewing of people's health needs to ensure their health and wellbeing was maintained. At this inspection improvements had been made, although further work was needed to ensure one care plan was up to date.
● A person's care plan for a wound was no longer current. Staff told us the wound had healed but the person's care plan had not been updated to show this. The registered manager said she would address this.
● Other care plans for people's healthcare needs were of a good standard. For example, a person had fragile skin. Records showed nurses and care workers checked the condition of this person's skin regularly and recorded their findings. If changes occurred staff responded to these appropriately, acted to further protect the person's skin, and updated their care plan.
● People said their health needs were met. A person told us they saw a GP when they needed to. Another person said, "The chiropodist came last week. The doctor comes when necessary. I had an eye test when I first came." A further person showed us an exercise chart they had been given and told us, "The nurses help me with my [physiotherapy] exercises."
● Relatives gave us many examples of people's healthcare needs being addressed and met. For example, a relative said, "They have arranged doctor's visits when [person] needs them. The chiropodist came the other day and I know [person's] had an eye test this year." Another relative said staff had helped their family member obtain new glasses after losing previous pairs.
● During our inspection a nurse told us a person had an elevated temperature, was not eating/drinking as much as usual, and their mobility had deteriorated. The nurse said they had arranged for the GP to visit requested and in the meantime put a care plan in place to monitor the person and give them medicine for

their elevated temperature. This was an example of how staff met people's healthcare needs.

Adapting service, design, decoration to meet people's needs
● At our last inspection records the premises were not effective in supporting people to engage, interact and move around the service. At this inspection improvements had been made.
● Pictorial signage was in place to assist people in making their way around the home. There were tactile objects, pictures, and murals to make the environment more interesting and stimulating for people. Stairwells were gated to prevent people using the stairs when it was not safe for them to do so.
● The registered manager told us further improvements to the premises were planned. She said a consultant was booked to come to the home the following week to audit the environment and advise staff on other changes they could make to meet people's needs.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. They took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS. Appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being protected.

Good

Is the service caring?

Our findings

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

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- At our last inspection some staff were rushed and did not always have the time they needed to spend with people, or provide care in a timely manner. At this inspection staffing levels had increased and people's needs were met calmly and promptly.
- People told us staff did not rush them when providing care and support. We saw staff assisting people in an unhurried way, for example by supporting them to move about the home at their own pace. A relative said, "I feel [staff] give people the time they need."
- People said the staff were kind and caring. A person told us, "They are very good, no bad ones to my knowledge." Another person said, "The staff are as good as gold." A relative told us, "I like the staff and I like the manager."
- Since our last inspection, and following a request from people and relatives, staff wore name badges to make it easier for them to be identified. There was also a poster in the foyer showing the different uniforms staff wore and what they stood for. This was also something people and relatives had asked for.
- We saw staff were kind and caring when supporting people and offered them choices. For example, we saw a care worker fetch a blanket for a person in the dining room who said they felt cold. The person did not want their pudding and asked for a cup of tea. The care worker brought this and offered the person an alternative pudding which they accepted.

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

- People told us staff encouraged them to express their views and make decisions about their care and support. A person said, "I can do what I want here and have no concerns at all. They [staff] look after me." Another person told us, "They [staff] ask me if I want to get up and I can go to bed when I like."
- Information about people's lives and what was important to them was recorded in their care files. This meant staff had a better understanding of people and could support them to make decisions that were right for them.
- Staff respected people's choices and acted on their requests and decisions. For example, one person wanted to have their meal in the lounge rather than the dining room and staff supported them to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. A relative told us, "The residents are always treated with dignity and the staff are respectful."
- Staff were trained in providing people with dignified care. We witnessed them knocking on people's doors before entering and addressing them respectfully.
- When healthcare professionals visited they saw people in the privacy of their own rooms.

● Staff did not talk about people in front of others and confidential information was stored securely.
● Staff encouraged people to be independent. A person said, "I can wash and dress myself that's my preference and I get up by myself and go to bed." Care plans focused on people's abilities and what they could do for themselves.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means that services meet people's needs

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Personalised care

● At our last inspection reviews of people's care records did not always reflect their current needs. At this inspection care plans had improved, being more personalised and current, but further work was needed to ensure they were fit for purpose and staff were following them.

● For example, one person's care records contained contradictory information about their diabetes, continence and mobility. It was therefore difficult to tell what the person's current needs were and how best to address them.

● One person was not wearing their hearing aid although their care plan stated they should wear it. When staff were asked why they said it was because the person did not have batteries for their hearing aid because the family needed to bring them in. However, the person had two packs of batteries in their bedroom.

● One person was reaching out to other people as they walked by. Staff were monitoring the person's movements and carrying out regular checks to ensure this person and others were safe. However, staff had not explored why the person was doing this and what could be done to address this, and there was no information in their care records about this.

● We saw staff assisting two people to bed in the early evening. One person was being assisted to bed at 5.45pm, although their care plan said their preferred bedtime was 8 to 9 pm. Another person was being assisted to bed at 6.30 pm, although their care plan said their preferred bedtime was 10 pm.

● We discussed the above issues with the registered manager who said she would investigate and address them. She said she would ensure care plans were up to date and contained clear instructions to staff on how to meet people's needs, and that staff followed these.

● People and relatives said staff were responsive to people's needs. A person told us how staff assisted them with their personal care and said they were satisfied with the support they received. A relative said their family member was always, clean, tidy and smart when they visited and this was how the person wanted to be seen.

● At our last inspection people's care records did not always contain evidence that people and relatives were involved in care reviews. At this inspection records showed some people and relatives were involved when care plans were first written, but had not been since. Some relatives told us staff kept them up-to-date with their family member's progress, but this was done informally.

● We discussed this with the registered manager who acknowledged that the home's care review process had not always directly involved people and, where appropriate, relatives. She said she was in the process of introducing a new system where people would have annual care reviews which they, and relatives, where appropriate, would be invited to attend.

● The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. The home

complied with this, for example by using pictures and symbols to assist people to communicate and understand information.

● At our last inspection we found that the home's activity programme needed reviewing to ensure staff had the support and skills they needed to create meaningful, stimulating activities for people. At this inspection this had been addressed and a new activities coordinator employed to provide suitable activities at the home.

● People told us activities took place and they joined in with the ones they liked. A relative said, "There are some good activities. [Person] likes the music, singing and throwing balls." People took part in a bowling session on the morning of our inspection visit.

● The new activities coordinator told us the activities programme was based on what people asked for. Activities planned for the week of our inspection visit including reading books, arts and crafts, playing people's favourite music, watching a film people had chosen, and a sing-song.

Improving care quality in response to complaints or concerns

● At our last inspection we found that the provider's system to receive and monitor complaints was not always effective in bringing about improvements to the service. At this inspection the issue had been addressed and records showed complaints had led to learning and improvement.

● Complaints, whether formal or informal, were logged and records showed they were investigated and addressed. For example, a complaint about the use of inappropriate language in the home led to a staff member being formally supervised. Records showed the complainant was informed of the outcome of their complaint and was satisfied with this.

● People and relatives said they would speak out if they had any complaints. A person said, "I haven't made any complaints as such. If I did I would speak to the manager." A relative said, "I would complain to [registered manager] but I haven't needed to." The provider's complaints procedure was on display in the home.

End of life care and support

● Relatives said that, where appropriate, end of life care had been discussed with themselves and their family members and care plans put in place setting out people's wishes.

● Staff were trained in end-of-life care and worked closely with GPs, community nurses, and specialist end-of-life healthcare professionals to support people at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

● At our last inspection arrangements to monitor and evaluate the quality of the service were not effective in ensuring people received good, safe care. At this inspection improvements had been made to the home's audit system and it was mostly effective in identifying shortfalls.

● For example, a care plans audit on 22 January 2019 identified that a person's named nurse had changed but this had not been recorded in their care plan. In response to the audit the registered manager updated the care plan the following day.

● However, the home's infection control audits had not identified the issues the local authority's Community IPC Service and CQC found with some people's mattresses, nor other infection control shortfalls concerning policies and procedures and staff training.

● In addition, the audit system had failed to identify that staff did not always follow people's care plans and risk assessments, nor that some of these documents needed further improvement.

● The registered manager said she would review the audits and makes changes as necessary to ensure they were fit for purpose.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

● People and relatives told us they liked the home and thought it was well-led. A person said, "It's nice, I like it here, 10 out of 10. I can't think of anything to improve." A relative told us they would also score the home'10 out of 10' and said, "There not really anything they [staff] could do better, they are doing their best."

● People and relatives made positive comments about the registered manager. A relative told us, "The manager is very good and has made a big difference. Nice culture. I wouldn't like [person] to go anywhere else." Another relative said, "[Registered manager] is very caring, very welcoming indeed, and always a lovely smile".

● The culture in the home was open and transparent and people and relatives said the registered manager and staff were approachable. A person told us, "I would speak to the manager if I had any problems, but I haven't needed to because the nurses are very, very nice." A relative said, "They [managers and staff] communicate well. The administrator is good."

● Staff had confidence in the registered manager to support them in delivering good-quality care. A nurse said the registered manager was 'supportive and organised, approachable, you can ask her anything you like'.

●The registered manager understood Duty of Candour and shared information with health, social care, and other organisations as necessary to ensure people were safe and well-cared for.

Engaging and involving people using the service, the public and staff

● At our last inspection there were limited opportunities for people and relatives to share their views about the service. At this inspection improvements had been made and people and relatives were invited to share their views at meetings and through surveys.

● Relatives said they had been given quality assurance surveys to complete. They had also been invited to residents and relatives meeting. A relative said, "There have been notices about family meetings, they are in the afternoon." Another relative told us, "There have been meetings. There was a poster on the door [about them] in the last three months."

● Minutes of the last relatives and residents meeting, held in February 2019, showed a good attendance. People and relatives were told the purpose of the meetings was to 'have an open line of communication with the families [and] allows families to raise any concerns they may have'.

● The minutes also showed that people and relatives were updated on changes in the home, introduced to new staff, and had a discussion on infection control. People and relatives were also asked if they wanted a copy of the home latest improvement plan as 'we [managers and staff] want to be as transparent as possible'.

● A 'You said … We did' document dated November 2018 was displayed in reception showing how the home had responded to people's and relative's suggestions for changes and improvement.

● Leaflets were in reception inviting people and relatives to review the home for the carehome.co.uk website. People and relatives had done this and the website showed twenty reviews received and an overall satisfaction score of 9.3 out of 10 with all reviews rating the home as either 'good' or 'excellent'.

● Staff had regular meetings, appraisals and supervisions where they discussed good practice and identified training needs. The minutes of the most recent staff meeting, in February 2019, showed staff discussed good practice in infection control and staff were asked for their suggestions and ideas about making further improvements to the home.

Continuous learning and improving care

● The registered manager told us that the service was continually striving to improve. Action plans were in place to monitor and drive improvement.

● New systems were in place with a view to continually improving people's care and support. For example, the registered manager had introduced 'priority care sheets' that were placed at the front of people's care records. This meant staff had a summary overview of people's care needs.

● Staff had been trained in 'documentation and records keeping' with a view to improving the quality of people's care plans and daily records. Where possible, staff completed daily records in partnership with the people concerned to involve them in their own care and support.

Working in partnership with others

● The home had good relationships with health and social care professionals and worked with them to achieve good outcomes for people. Visiting professionals said they found the managers and staff helpful and knowledgeable about people's needs.

● The home had links with the local community including a primary school. Pupils from the school came to the home to sing to people and were fund-raising to buy a bench for the home's gardens.