

Extraservice Limited

# Fieldgate Nursing Home

## 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

Fieldgate Nursing Home is a residential and nursing care home providing personal and nursing care for up to 39 people aged 65 and over. At the time of the inspection the service was supporting 31 people

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

Overall, improvements had been made to the risks to people and safety monitoring, but these needed to be further embedded to ensure that people were consistently being kept safe from harm.

People told us they felt safe. However, environmental risks were not managed effectively; fire safety actions were still outstanding. People did not have regular fire evacuations to keep them safe. Water management safety procedures were not in place.

Improvements were still needed to ensure people received person centred care which was responsive to their individual needs. For example, people living with dementia.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff working at the service understood people's needs and supported people in a personalised way. Care was provided respectfully and sensitively, considering people's different needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received more frequent support and one to one sessions or supervision to discuss areas of development. They completed more training and felt it supported them in their job role.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

The provider's quality assurance system helped the management team implement improvements that would benefit people. Action had been taken to become compliant with most of the breaches of regulation identified at the previous inspection.

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

#### Rating at last inspection (and update)

The last rating for this service was inadequate (published 19 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made; however, there was a need to sustain the improvements made and to make further improvements

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

#### Why we inspected

This was a planned inspection based on the previous rating.

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

We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fieldgate Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was 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** ●

# Fieldgate Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned 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:

The inspection was undertaken by three inspectors and a specialist nurse advisor in the care of older people.

#### Service and service type:

Fieldgate Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single packages under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed at the beginning of September 2019 and they had applied to become the registered manager of the service and this was currently in process. This means, once registered they would become, along with the provider, legally responsible for how the service is run and for the quality and safety of the care provided

#### Notice of inspection:

We did not give notice of our inspection.

#### What we did:

Before the inspection, we reviewed information we had received about the service including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the improvement action plans the provider was submitting monthly to CQC. We

particularly requested the provider to submit these monthly reports because of the level of concern we had at the previous inspection, where we had rated the service as inadequate.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with fourteen members of staff including the provider, manager, matron, registered nurses, activity coordinator, care staff and the cook.

We reviewed a range of records. This included eight people's care records and multiple medicines records. We looked at five 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 also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and health and quality assurance records. We spoke with one health care professional who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

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.

### Assessing risk, safety monitoring and management

At our previous inspection in December 2018 we found risks were not always identified and managed effectively. This was a breach of regulations.

At this inspection we found improvements had been made however, this still needed to be further embedded to ensure people were kept safe from harm.

- Suitable checks were not always made to ensure the building was safe. A fire risk assessment had been completed in April 2018 and reviewed in June 2019. However, there were still many outstanding actions to complete to ensure people's safety.
- Outstanding actions included, electrical installation needed to be in more protective encasing. Outside bins to be moved to the car park, as well as review outside lighting. Fire escape equipment to be purchased for the upstairs of the building. As well as ensuring the fire alarm system is zoned properly so finding the location of the fire is easy.
- Individual personal emergency evacuation plans (PEEPs) were in place to guide staff in how to keep people safe during an evacuation. However, some records had the wrong room numbers on where people had moved rooms, and this had not been updated. This meant in an emergency staff might be sent to the wrong rooms. A fire evacuation point had yet to be identified and not all staff had completed full evacuation drills in line with the providers policy.
- Weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training, however more staff needed training on being a fire marshal, and fire safety equipment was maintained appropriately.
- Improvements were needed to assess and identify risks relating to the management of legionella within the service. This included arranging a legionella risk assessment to be in place and collecting samples of water to ensure they were safe and clear of legionella bacteria. Management oversight was also required to ensure regular checks of water temperatures and flushing of outlets were in place and recorded.
- We observed other risks with the premises had not been adequately assessed or planned for. For example, both sluice rooms were found to be unlocked. We found there were no locks attached to make these secure and prevent the risk to people, especially people living with dementia.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This placed people at risk of harm.

The above evidence is a new breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Safe care and treatment.

The provider responded immediately during and after the inspection. They confirmed a fire safety company had been employed to support with ongoing fire measures and a water company had been brought in to complete a legionella risk assessment. Locks were fitted on the sluice rooms on the second day of inspection.

- At the last inspection concerns raised had been addressed for example medical gloves were now stored appropriately in the bathroom and a sign had been placed on a person's door indicating that oxygen was in use. For people who needed a hoist to assist with their mobility people had appropriate individual slings with appropriate infection control guidance in place.
- Risks to people had been identified, assessed and had appropriate management plans in place to prevent or reduce the risk occurring. These included assessments on the risks of poor nutrition, mobility, the use of bed rails and the maintenance of skin integrity.

### Preventing and controlling infection

At our previous inspection in December 2018 we found risks were not always identified and put people at risk of infection. This was a breach of regulations.

At this inspection we found improvements had been made, however this still needed some improvements.

- Infection control practices had improved. At the last inspection some of the chairs in the lounge needed replacing as well as pressure relieving cushions and bed bumpers due to being dirty and worn.
- During this inspection we observed chairs and pressure relieving cushions and most bed bumpers had been replaced.
- While most areas of the home were visibly clean some of the bathrooms had gaps in the flooring around the sealing and some areas of flooring and pipes had ingrained dirt. We also observed a dirty pull cord light in one person's room. There was also a wooden bath panel which could not be cleaned probably and would harbour germs presenting an infection control risk. We were concerned that these areas could not be cleaned properly and hygienically.
- Not all bins in the bathrooms had closed lids in line with best practice for infection control.
- The provider responded immediately during and after the inspection. They confirmed the pull cord has been replaced. The flooring has been added to their maintenance schedule to be completed soon.
- Staff demonstrated a good understanding of infection control procedures. Staff had completed infection control training.
- People told us they were happy with the cleanliness of the home. Staff followed a daily cleaning schedule and areas of the home were visibly clean.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

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

At our previous inspection in December 2018 we found the provider had failed to maintain an accurate and contemporaneous record for people. This was a breach of regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

At this inspection we observed call bells within reach

- People told us they felt safe living at the home. One person told us, "I'm happy here. Feel safe when I go out can't wait to come back." Another person said, "I feel safe living here." One relative told us, "Safe and secure - definitely. One day she was on a sensor mat, staff came quickly."
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- Staff had the knowledge and confidence to identify safeguarding concerns and knew how to whistle blow and acted on them. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff had responded appropriately to any allegation of abuse.

Using medicines safely

At our previous inspection in December 2018 we found medicines were not always managed safely. This was a breach of regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12

- We spoke with a health professional who had worked with the service to improve medicines management within the home. They told us things had improved, for example, "The nursing staff actioned my recommendations and we worked together with their community pharmacy to align all residents' medication to a 28-day cycle. I observed two medication rounds and the nurses were competent administering the medication to the residents. When I identified several medicine-related risks, i.e. storage of thickeners and self-administration, the manager completed risk assessments and made changes to their processes to ensure residents' safety. I have since been back to Fieldgate to meet with the new manager and review the progress of the actions outstanding from the audit. I do not have any concerns regarding their medicines management or the care provided."
- There were appropriate arrangements in place for the managing of prescribed medicines. This included controlled drugs which are under stricter control. Medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- Medicines were administered in a safe and respectful manner and staff, supporting people to take their medicines, did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.
- Records showed that 'as required' protocols were in place for residents on medication requiring periodic administration, based on their symptoms.
- Staff we spoke with were confident about medicine management and felt supported and were regularly assessed as competent to administer medicine to ensure medicines were administered safely.

Staffing and recruitment

- People and their relatives all felt that there were enough staff to keep people safe. One relative told us, "Yes enough staff, if they do the writing, they sit in the lounge and interact all the time, and wave as they go by the door. I'm so happy."
- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. Staff feedback supported this
- Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the

inspection.

- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service.

Learning lessons when things go wrong

- The new manager had started to put processes in place to enable them to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

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

At our previous inspection in December 2018 we found that the provider was not working within the principles of the MCA 2005. This was a breach of regulations.

At this inspection we found improvements had been made, however further work was required to ensure all appropriate documentation was in place to keep people safe.

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

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Following our last inspection some records showed that consent had been gained and some best interest decisions were now in place. However, for one person decisions were signed for by their relative and their care plan stated that they held power of attorney (POA) to be able to make decisions for them and records of their lasting power of attorney was kept on file. We asked to see these records and they were not held. The manager told us they were working through with families ensuring all the appropriate documents were in place.
- We spoke to the manager about our concerns they told us, "I have already been contacting the families for a review even before the CQC inspection, so I can get more details from families like POA, End of Life Care Plan, best interest decisions and sign the contract."
- We observed staff seeking consent from people before providing care and support. Staff showed an

understanding of the MCA. Staff had received training since the last inspection. They were aware people were able to change their minds about care and had the right to refuse care at any point.

- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

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

At our previous inspection in August 2018 we found the environment and decoration was not maintained and that consideration had not been made in regard to making the home dementia friendly. This was a breach of regulations

At this inspection we found improvements had been made however, there was still work to complete and the environment was not following best practice for people living with dementia.

- The home was in the process of redecoration and some of the carpets had been replaced and new chairs had been brought for the lounge areas. However, further work was required with doorways in need of redecoration due to chipped paintwork around doorframes and damaged paintwork throughout other areas of the home.
- People's rooms were not personalised doors had people's names on, but the writing was very small. Some rooms did not contain pictures or mementoes to remind people of home or evoke memories.
- All communal bathrooms had baths and no showers, and we spoke to a couple of people who don't like baths and would like a shower. We spoke to the provider who informed us plans were already in place to convert an upstairs bathroom into a wet room.
- There was minimal signage around the home to aid people living with dementia. The environment did not support best practice guidance for dementia. The new manager was aware and was going to be looking at improvements to improve the environment to make it more dementia friendly for people living at the home.

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

At our previous inspection in December 2018, we found poor record keeping and the failure to carry out an assessment of the needs and preferences of people had not been identified. This was a breach of regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen provided carers with the person's life history and their desired outcomes. The care plans described people's needs in a range of areas including personal care, and daily living activities.
- Support plans were in place for people's oral care which informed staff how people would like their mouth care to be provided and when they would like to see the dentist.
- Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and alarm mats were in use in the home to reduce the risk of falls for people.

## Staff support: induction, training, skills and experience

At our previous inspection in December 2018 we found staff were not supported by effective supervision and training. This was a breach of regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives told us staff were skilled and competent. One relative told us, "Yes I would say staff are well trained. I have a favourite [staff members name] she got [wife's name] to eat."
- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. Staff praised the training provided and told us this had improved, and records showed a lot of training had been completed since our last inspection.
- Staff were offered the opportunity to complete national vocational qualifications in health and social care and qualified nurses were given the opportunity to develop their careers.
- New staff and current staff said they were well supported well trained and had regular supervisions to ensure they were well trained and supported in their job role.
- Staff we spoke with also told us they received regular supervision and annual appraisals from senior staff where they would review and discuss their practice. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

At our previous inspection in December 2018 we found people were not supported with person centred care at mealtimes. This was a breach of regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People we spoke with told us they were mainly happy with the food and drinks provided. One person told us, "Food is lovely sometimes can't make my mind it as like both choices and will put down both and they will give me both, I get peckish at night time and will ask for a sandwich and I press the buzzer and they get it." Another person said, "I eat in my room, but I can choose to eat downstairs if I want to. The food is good, if I don't like it they will change it for me." Other comments included, "Food is great, I'm happy," and "Food very reasonable on the whole very good. Get a choice can ask for something else."
- We observed staff offering people drinks and snacks throughout the day and people had access to drink throughout the inspection. However, one relative told us, "Most of the caring is good, but the attention is not. For example, I can leave her and come back at 3.30 and she won't have had a drink. I have insisted on this."
- At the previous inspection the dining room on the ground floor was not in use and during this inspection, it was still not in use. People ate their meals in their rooms or in one of the lounges in armchairs with a small table. People we spoke with told us they were given choice on where they would like to eat.
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately. However, one person's nutrition plan stated that they did not need any adapted

cutlery or crockery. During the inspection we observed them using a plate guard. They were also drinking out of a glass and their care plan stated that they used a beaker.

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists. A relative told us, "No concerns anything wrong GP called straight away, very reassuring. All the family are very happy with the staff and care no concerns."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

Respecting and promoting people's privacy, dignity and independence

At our previous inspection in December 2018 we found that the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- All the people we spoke with told us staff were caring and they were treated with compassion and respect. One person told us, "Very happy with the all the staff, some been here a long time, get to know them and nice to talk to them become friends." Another person said, "Staff are lovely, can't fault them in any way." A relative told us, "I have visited a lot of homes and here everyone so friendly, feel welcome." Another relative said, "[Staff] kind and caring."
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves. One staff member told us, "Encourage to eat themselves, try and get them to have a little more, show them two outfits to wear, so they can choose."
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.

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

At our previous inspection in December 2018 we found people were not supported to express their views. This was a breach of regulations. We asked the provider to tell us what action they would be taking and send us a monthly action plan detailing how things were improving at the home.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and their relatives, where appropriate, were involved in developing their care plan.
- People's care records included information about their personal circumstances and how they wished to be supported. One staff member told us, "Making their own choices for clothing, food, giving them their buzzer, asking them what they would like to do. They have the choice."
- All the people we spoke with and their relatives stated that there were no restrictions to visiting. One person told us, "Family always welcomed when they come. Granddaughter loves it here, they feed her, and she can stay as long as they like."

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

- People and their relatives told us they were treated well and felt supported. One relative told us, "Absolutely happy with her care. Couldn't be more happy. When she came in she was very frail, within a week, used to come in and cry as so happy, put on so much weight, can't thank them enough."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us the best thing about their job was, "Being able to help the residents, following their wishes and make them feel better." Another staff member said, "I come in here and make a difference, the residents, tell us we make a difference."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant people's needs were not always met.

Meeting people's communication needs

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

At our previous inspection in December 2018 we found that the provider had failed to provide any examples on how the act was adhered to meet people's needs and preferences. This was a breach of regulations.

At this inspection we found improvements had been made however, there was still work to complete to support the accessible information standard for people in a way they can understand information.

- People had communication care plans in place to support staff which gave guidance.
- However, work was in progress for displaying information in line with the AIS. For example, making the complaints procedure and service user guide in an accessible format.
- At the time of the inspection pictorial food menus were being developed. There was a meeting planned to introduce this into the service.

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

At our previous inspection in December 2018 we found that the provider had failed to provide care and support that met people's needs and preferences. This was a breach of regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People experienced care that was personalised, and care plans contained detailed daily routines specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met.
- Care plans were now electronic which meant staff had instant access to key information and any changes

inputted were updated immediately. Staff told us care plans provided information needed for staff to get to know people's likes and dislikes. One staff member said, "New man, I read through [care plan] before he came in, read anything you want to know about him."

- People we spoke with were happy with the activities provided. One person told us, "We do things at Easter, summer, fireworks. Firework night always good anyway." Another person said, "Enough for me to do, the nurses come and talk to me their alright. Painting and crochet can go downstairs and walk around the garden."
- Relatives were also happy with activities. One relative told us, "A bit of music now and again every couple of weeks. [staff members name] very good, she tries to stimulate [relatives name] but not in all the time." Another relative said, "Yes enough activities, [staff members name] does these and a music man comes in. [staff members name] plays balloon badminton."
- We spoke with the activity coordinator about planned activities they told us, "I organise the main events within the home. Have a yearly planner, plan, add some things in, try different things - summer fete, and fireworks and Christmas party. Have a monthly theme and base activities on this but also based on residents likes and dislikes." They also told us, "People in their rooms, try and encourage them out, but bring whatever I am doing to their beds and offer them the same things. Do it on a one to one basis."
- People were supported to follow their interests. For example, we spoke to one person who was head of languages in the local community and shared their passion for France with friends and visitors who visited them at home where they held weekly group sharing interests about France. They now hold the French circle at the home weekly with visitors and friends coming to the service to meet up and share experiences. They told us they also held a chess club weekly with old neighbours.

## End of life care and support

At our previous inspection in December 2018 we found that the provider had failed to provide to meet people's needs and preferences at their end of life. This was a breach of regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the time of inspection there was no one needing end of life care. Care plans and training were in place should someone require palliative care.
- Staff we spoke with were passionate about providing end of life care. One staff member told us, "If not much family, quite often Matron will get one of us to sit with them, hold their hand, their hearing is the last thing to go, ensure they get mouth care." Another staff member said, "Comfortable, peaceful, pain free, not being on their own it's a privilege to be there at their end, it's your job to be there."

## Improving care quality in response to complaints or concerns

- People and their relatives told us they would know how to make a complaint.
- The manager told us the complaints policy was normally displayed in the entrance to the home. However, this was being updated at the time of the inspection.
- The provider had a complaints policy and procedure in place which detailed the timeframes within which complaints would be acknowledged and investigated.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

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.

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

During the previous inspection in December 2018 we identified a lack of effective leadership, poor record keeping and poor governance. This was a breach of regulation.

At this inspection we found improvements had been made, however, there was a need to sustain the improvements made and to make further improvements.

- At the time of our inspection, a new manager had been appointed at the start of September 2019 and they had applied to become the registered manager of the service and this was currently in process.
- People and relatives, we spoke with were happy with the new manager. One relative told us, "Manager dealt with a couple of problems straight away."
- The governance arrangements needed to be strengthened and developed.
- Whilst a number of audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring quality performance. They had not identified the concerns we found during this inspection such as the concerns about the fire outstanding actions and risks to the water management and oversight of Legionella as well as improvements still needed to the environment and infection control risks.
- Care records had been transferred between paper to electronic records in the service. We found there were still improvements to be made and a review was needed as not all information matched up on the system. For example, PEEPs not matching people's room numbers. We also found it difficult to see how much people had eaten and how much fluids people had taken. This was recorded; however, it was not easy to get a clear picture of daily totals to see if people had received their daily amount required. During the inspection the provider was in contact with the supplier of the on-line system to ensure this was easier for staff to ensure correct consistencies had been consumed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate enough improvements had been sustained to ensure the service was effectively managed. The above evidence is a continuing breach of Regulation 17 of the Health and Social Care Act

- Staff felt very supported by the manager and the provider. One staff member told us, "Good manager, noticed positive changes, can chat to her, she has an open door." Another staff member said, "[Managers name] is doing a marvellous job, she is putting the hours in, making herself available, she says this at every handover." A third staff member said, [Managers name] is lovely, communicates well with all of us, always at handover, always listens to us, thinks about us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held with people and their relatives to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. One person told us, "This year I asked about Halloween as didn't do anything before for Halloween. They did it was a really good day put decorations up played music a really good day." One relative told us, "Have come to a meeting, asked us how we felt about everything, they are approachable, they are willing to listen to suggestions and take this on board." Another relative said, "Relative meetings, last Wednesday, can raise things at those meetings."
- Staff told us they felt supported and listened to through staff meetings. One staff member told us, "Staff meeting yesterday, good attitude and demeanour, more meetings, getting extra things, extra staff, feeding chairs, new wheelchairs, cutlery, better spoons for feeding, bib for protection. Getting more in the future." Another staff member said, "They will listen to us and if feasible they will do it, nothing is discounted."
- The service worked in partnership with the local authority and the local doctor's surgeries. For example, the service had worked closely with a health care professional and a local pharmacy to improve their medicines management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives thought the service was well led. One person told us, "[Providers name] is lovely. She is the loveliest person I have known, lovely."
- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.

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

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People using the service were at risk of harm and were not always kept safe from risks to the environment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not in place and robustly operated to assess, monitor and improve the quality and safety of the service.