

HC-One Oval Limited

Grey Ferrers Care 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?

Good 

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: Grey Ferrers Care Home is a care home that was providing personal and nursing care for up to 120 adults and older people with a range of health needs such as dementia and physical disability and provides palliative care. At the time of the inspection 96 people were in residence.

People's experience of using this service:

The provider had made improvements to the environment and cleanliness to promote people's safety. Further action was needed to ensure all areas of the home were clean and hygienic and repairs were carried out in a timely way.

People's needs were not always met by staff in a timely way. Although there were enough staff to meet people's needs the registered manager assured us they would monitor that staff worked effectively and responded to people promptly. We observed a mixture of person-centred care as well as care that was task led.

The provider's governance system was fully implemented. Further action was needed to improve the monitoring and consistency in the leadership and quality of care and support provided across the four bungalows. There were inconsistencies in people receiving individualised care across the bungalows. Good accurate record keeping helps staff to effectively monitor and manage people's health and wellbeing. Therefore, further action was needed to ensure any gaps and inconsistencies in records used to monitor people's daily care and reviews were addressed.

People told us they felt safe at the service. Potential risks to people's health, safety and welfare were assessed, managed and monitored to protect people from avoidable harm. People were supported to take their medicines safely and their health care needs were met appropriately. People were provided with a choice of meals that met their dietary requirements and were supported by staff to eat as required.

People were supported by staff who had undertaken training in topics such as safeguarding and health and safety procedures. Staff were knowledgeable about people's needs and had their competency assessed.

People's diverse needs were met by the adaptation and layout of the premises and outdoor space. There were ongoing improvements to the design of the premises, which has considered people's needs and to help them navigate around the service.

People's equality and diversity was respected, and their privacy and dignity maintained. People had developed and maintained positive relationships with staff, and family and friend. People's cultural and religious needs were identified and supported.

People's rights and choices were promoted, and they were protected from discrimination. People were cared for by kind and caring staff. People's privacy and dignity was protected, and their independence was

promoted by staff. People's wishes as to their end of life care were identified, planned for and respected.

People and relatives were involved in all aspects of care planning where appropriate. People and where appropriate their relatives were encouraged to contribute in their care review meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had opportunities to take part in organised activities and outings. People received visitors and maintained contact with family and friends.

People were confident that their complaints would be addressed. The complaint procedure was used effectively. People were encouraged to if they wished to. People, their relatives and staff had opportunities to give feedback and influence service development.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 23 May 2018).

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection. At that inspection the domains of safe, effective, responsive and well led were rated as requires improvement.

Following the last inspection in March 2018, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found the provider made improvements. Although the provider was no longer in breach of Regulations 12: Safe care and treatment, Regulation 15: Premises and equipment, and Regulation 17: Good governance, further action was needed ensure to provide people received safe and individual care and the monitoring systems ensured consistency in practices and improvements were across the whole service.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 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 ●

Grey Ferrers Care 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. 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.

The inspection was undertaken by three inspectors, a specialist nurse advisor and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Grey Ferrers Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Grey Ferrers Care Home accommodates 120 people across four separate self-contained bungalows. The service specialises in caring for people on end of life care and for people living with dementia, mental health care and physical disabilities. At the time of our inspection there were 96 people using the service.

The service had a manager registered with CQC. 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: This inspection was unannounced.

What we did: We reviewed the information we had about the service since it was registered. This included notifications the provider has sent us. A notification is information about important events the service is required to send us by law. We used the information in the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the health and local authority who monitor the care and support people received

and Healthwatch Leicester, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During the inspection, we spoke with 19 people using the service, 9 relatives and an advanced nurse practitioner. We observed people being supported in the lounges and during lunch time. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three nurses, two nurse assistants, seven care staff, a hostess, two activity coordinators, the chef, a domestic staff member and a maintenance staff member. We spoke with the administrator with responsibility for staff recruitment and training, the registered manager, clinical lead and the area quality director.

We reviewed a range of records which included 11 people's care records and other associated care records. We looked at 8 staff recruitment files, training information and staff rotas. We looked at records relating to the management of the service, which included complaints, quality audits and the home improvement plans. We requested information about the staff recruitment. This information was received and used to inform our judgement of 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 Requires Improvement. At this inspection this key question has remained as Requires improvement.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety.

Preventing and controlling infection

- At our last inspection in March 2018 the infection control procedures were not followed. This was a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- At this inspection we found improvements had been made. The provider had monitored staff practices and completed infection control audits. Although the provider was no longer in breach of the regulation further action was needed to ensure all areas of the service were kept clean and hygienic. For example, management of offensive odours, no hand gel dispenser in a bungalow and cleaning dining furniture and floor after meals times. We made the registered manager and nurses were aware, so these issues could be addressed.
- The service had systems in place to manage the control and prevention of infection. Posters and information was displayed about good hand hygiene practices to ensure staff, people using the service and visitors understood and followed them.
- Staff were trained on maintaining infection control and were aware of the need to wash their hands thoroughly and used protective equipment such as disposable gloves and aprons when providing people with personal care. This protected people from acquiring infections.
- People told us the home was clean. A person said, "[Staff] are always going off to wash their hands and come back to me wearing gloves and aprons before they help me."

Assessing risk, safety monitoring and management

- At our last inspection in March 2018 people's health and safety was put at risk because the environmental risks had not been managed. This was a breach of Regulation 15: Safety and Suitability of Premises, of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- At this inspection we found improvements had been made. Although the provider was no longer in breach of this regulation, further action was needed to make the environment safer. For example, chipped skirting boards which could cause a skin tear injury. These issues were not identified through the daily check carried out by the registered manager.
- Risks assessments were in place and updated as and when people's needs changed. These covered all aspects of people's care, and included the risks of falling, mobility, behaviours which may challenge and environmental risks amongst others.
- Care plans had clear guidance for staff to follow on how to reduce risks to people. Information included details about specific equipment to be used such as hoists and where a person had a catheter, the catheter size, frequency of change and management was clearly documented.

- Staff knew how to keep people safe when walking. A staff member told us they made sure people had the appropriate footwear and used their walking frame if required.
- People told us their needs were met safely. A person said, "The floor is flat so it's easy to get about and go out. I have had no falls. Two staff help me when I need them."
- Staff were trained in delivering care. A staff member said, "One of the things we must do before using equipment is to check the service date; that it looks safe to use and having the right sling for them." This culture of 'doing it right every time' was promoted by the provider.
- Risks to people were regularly assessed, reviewed and safely managed.
- Emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely in the event of a fire.
- Regular servicing and maintenance of equipment within the home was carried out, which contributed to people's safety.

Staff recruitment

- The provider had followed safe staff recruitment procedures. Staff files contained evidence of a Disclosure and Barring (DBS) check, references obtained, and the professional registration of nurses was confirmed with the Nursing and Midwifery (NMC) before they started work.
- The provider had a three-year programme to renew staff DBS. We found staff DBS renewals were overdue. Following the inspection visit the provider confirmed staff DBS renewals were being completed.

Staffing

- There were mixed views on whether there were enough staff to meet people's needs. A person said, "[Management] have cut down on staff. There would be enough [staff] if people didn't want help at the same time." A relative said, "Not enough staff here to maintain the numbers [of people], especially after lunch. We [as a family] help out and keep an eye on people. They do use a lot of agency staff but [agency staff] don't know people."
- Our observations across the four bungalows showed the ability for staff to respond to people's needs varied. This meant people had to wait to be assisted to the washroom or to have a drink. We heard a person calling out for help but staff were not able to respond immediately. Our findings were similar to those found by the local authority who identified staffing issues.
- A staff member said, "There are some days that we need to ask [the hostess] to help us toilet the residents otherwise we couldn't cope."
- The staff rota showed the staffing levels and skills mix was maintained. Regular agency and bank staff were used to cover unplanned care staff and nurses' absences.
- The registered manager told us staffing levels had been agreed based on the needs of people using the service. They assured us they would continue to monitor the staffing levels and how staff were being deployed and managed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I'm safe" and "I'm alright. The staff don't shout at people I do shout at them." Another person had a key to their room which meant their personal possessions were kept safe.
- Staff were trained, understood safeguarding issues and how to report concerns. A staff member said, "There's different types of abuse from physical, verbal, psychological and neglect. I've not had to report abuse, but I will speak up if I saw something wasn't right."
- The registered manager understood their responsibilities for keeping people safe from harm. Safeguarding concerns had been reported to the local safeguarding team and CQC, and taken action when required.

Using medicines safely:

- Staff followed safe protocols for the receipt, storage, administration and disposal of medicines.
- People received their medicines when they should and as prescribed. A relative said, "[Name] can swallow [their] medicines so gets them in liquid."
- Staff were trained to administer medicines and their competency was checked regularly. We saw staff administered medicines in the correct way and signed records to confirm the medicine was taken.
- Medicines policy, procedure and national best practice guidance was available to all. Protocols were in place for people prescribed 'as and when required' medicines, such as pain relief, these gave clear instructions for staff to identify when these should be given and why.

Learning lessons when things go wrong

- Staff reported incidents and accidents on live database. This meant the provider and the registered manager was able to identify trends and take action when needed.
- The registered manager shared examples of when lessons had been learnt and the changes implemented as a result, such as using disposable medicine pots to prevent the risk of cross contamination of medicines.

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 Requires Improvement. At this inspection this key question has now improved to Good.

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

Staff support: induction, training, skills and experience

- People and relatives were confident that staff were trained to provide care. A relative told us "[Staff name] was being trained into [their] new role to become a nursing assistant."
- The provider had a staff training plan that identified when care staff required training. New staff completed induction training, which included working alongside experienced staff. The training planned for the month included falls awareness and improving communication, documentation and report writing.
- Staff and nurses told us they received the training needed to meet people's individual needs. They said, "The training was excellent and allows me to provide care I previously could not do. For example, to administer insulin, provide dressing for [skin condition]." And "100% support from the unit manager during the training."
- Staff were supported in their roles and given information about specific health conditions and treatment. Nurses received regular clinical updates, so people's health needs were met in line with best practice guidance.

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

- People's needs assessments were comprehensive and individualised. Care plans were detailed and included information in relation to their early life and personal preferences.
- People and relatives told us they were involved in the care planning and confirmed they received the support that was agreed.
- People's communication needs, and their understanding was clearly documented to ensure staff supported them in the correct way. For example, a care plan stated 'I can become anxious due to distress and I will relax with re-assurance. Please offer me a drink.' This demonstrated best practice guidance was followed when caring for people living with dementia.

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

- People were provided with regular drinks and snacks. A person said, "The food is lovely. We can have something different to eat every day."
- The chef was knowledgeable of people's dietary requirements and prepared a range of meals to meet people's dietary and cultural requirements.
- People were provided with suitable cutlery and drinking vessels enabled people to eat and drink independently. Some staff were seen talking with the person and encouraging them to eat, but this practice was seen consistently across the service.

- People's care records contained nutritional risk assessments and their dietary requirements.
- People at risk of not eating and drinking enough were referred and assessed by a dietitian and guidance was included in people's care plans. The food and fluid charts were not always completed in full. For example, whether a person was given milky drinks or high calorie snacks as requested by the dietician. Records did not show what action staff took when people had not consumed their target fluid intake. The nurse confirmed there were no concerns about people's weight and they agreed to address the recording issue with staff.

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 health care services as required. A person said, "I do go to the hospital for check-ups." Another person said, "I changed to the home's doctor and they visit me here. I have seen an optician."
- People's records showed people's health care needs were met by health professionals including specialist nurses, dietitian, podiatry and dentist.
- The staff team worked closely with other health care professionals and specialist teams to ensure people received coordinated care.
- Health care professionals and health commissioners told us staff were responsive and sought advice when people's health was of concern.

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

- The home environment had been adapted to meet people's needs and outdoor space had seating available for people and their families and friends could use.
- Ongoing improvements were being made to provide a dementia friendly environment. Soft artefacts and memory boxes to promote interest and sensory stimulation were available but they were not used by staff to interact with people living with dementia.
- People used the café area with their visitors. The registered manager told us another room was being converted into a pub in response to feedback from the residents' meeting.
- Assistive technology was used to promote people's safety. For example, a floor sensor mat was in place, so staff would be alerted when the person was moving around in their room.
- There was no smoking allowed inside the care home. There was a sheltered smoking area with a cigarette bin in the garden. This meant people, who chose to smoke, could do so safely.

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 found the service was working within the principles of the MCA. Where people lacked capacity best interests' decisions were made by the person's close relative and relevant professionals. Any restrictions on people's liberty had been authorised and conditions were met.
- People told us they had given their consent to receive care and were supported to have choice and control

over their lives. A person said, "I usually choose my clothes and staff get them out for me for the cupboard. Staff do ask you what choice you want."

- Advocacy services were available to people if they needed them such as a paid person's representative or an Independent Mental Capacity Assessors (IMCA). An IMCA support people to make informed decisions about their care.

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.

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

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were caring and treated them with kindness and respect. A person said, "Staff are friendly and helpful to me." A relative said, "[Name] was given 3-6 months to live, [name] is still here and that is to do with the carers good work." Another relative said, "[Staff] always speak nicely and tell me exactly how [my family member] has been."
- People's care records included a biography that described their life history and interests. Staff used this to get to know people and to build positive relationships with them.
- Staff spoke with affection about people they were supporting and told us, "We provide care as if we were looking after one of our own family members."
- We observed some positive interactions between people and staff. Staff approached people in a caring way and they looked comfortable in the presence of staff.
- All staff had received equality and diversity training. The provider's diversity and human rights' policy explained the care home supported people, and staff, from diverse backgrounds.

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

- A person said, "[Staff] are good here, they are understanding. I can talk things through with them and they give me the time [to respond]."
- Staff presented information so that people could understand. Where people were unable to communicate their choices, staff observed people's body language, eye contact and gestures to interpret what people needed.
- Care plans had information as to how staff should support them. A person's care plan stated, 'I like to comfort and care for my doll whose name is [name]'.
- A staff member told us, "All care plans have been transferred to HC-One which took time and seem to be more detailed about people's background, preferences and their early life."

Respecting and promoting people's privacy, dignity and independence

- People told us staff always helped to maintain their privacy and dignity and said, "I leave my door open and staff are welcome to come in. When they take me for a shower the door is closed." And "Staff definitely knock on the door first. They come mainly to check that I'm alright, I think that is kind of them."
- Our observations confirmed staff respected people's privacy and dignity. For example, a staff member adjusted a person's clothing as they stood up from a chair to maintain their dignity.

- People's choices and control over their daily lives was promoted by staff. A person said, "I can stay up on my room late if I want to watch a programme on my television."
- Staff encouraged and promoted people's independence. A person said, "I had chats with the manager when I came to the home about my care. I was helped with support from my walking, so I can go out to the garden but with a staff member checking on me." We saw this person in the garden with a staff member chatting about the plants.
- People were offered a gender specific staff for personal care. A relative told us a female staff member supported their family member with all personal care needs as it was important to them.
- We saw staff treated people with dignity and support was individualised. People were provided with an apron to protect their clothing from spillages.
- A person said, "I have settled in brilliantly. My experience has been very positive though I was anxious about coming here. Staff respect my dignity and I respect theirs."
- The provider, registered managers and staff team ensured people's personal information was kept confidential in line with the provider's confidentiality policy.

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 Requires Improvement. At this inspection this key question has remained as Requires improvement.

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

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

- Staff approach to providing individualised care varied across the bungalows. Most people told us staff were responsive albeit people had to wait a while to be assisted. People were seated at the dining table from 12.30pm but not everyone had a meal served by 1pm. There were no condiments available unless people asked for them. Whilst some people were served a hot meal and some people told us their meals were much cooler.
- We observed instances where staff focused on the tasks rather than engage with the person. During lunch a staff member accidentally dropped food onto a person's clothing who they supported to eat. Without any explanation the staff member got up and went away. This person looked around for the staff member, who returned with an apron and placed it on the person to protect their clothing. The staff member did not speak with the person. This was shared with the nurse in charge to address.
- Staff missed opportunities to talk with people because they were focused on completing records. For example, a staff member placed a puzzle box on the dining table without asking people if they wanted to do it. We saw people either sat looking around or were asleep.
- The service understood the needs of different people and provided the care and support in a way that meets these needs and promoted equality. A relative told us where possible there was a staff member on duty who was able to speak in the same language as their family member which was not English.
- People's assessed needs were documented, and they were involved in the development of their care plans. These contained personalised information, so staff could understand and support people. For example, a care plan for a person with anxiety and distress described the signs and how staff should support the person. It stated 'to monitor, speak in concise sentences and taken [name] to a quiet place and not too close to others, give [them] time and support with tasks'.
- People were involved in reviewing their care. This helped to ensure staff were informed of how to meet people's new care needs.
- Further action was needed in how staff monitored people's daily wellbeing and the care provided. Records showed people nursed in bed were not re-positioned at regular intervals to prevent the risk of skin damage. The daily care notes completed by staff were not always meaningful and there was no indication as to the person's mood or how staff promoted their independence.
- The service promoted the 'resident of the day', which enabled the person and their relative to have direct input into the care they received. Nurse, care staff along with the chef, staff from the housekeeping and maintenance team met with the person to make sure all areas of their care and facilities were appropriate and any issues could be addressed.
- People's individual choices and preferences including those related to the protected characteristics to

protect people against discrimination were documented. Information included the person's early life, their spiritual needs, preferred names and what they enjoyed doing.

- Links with family, friends and the local community were promoted. People's religious and spiritual needs were met. A person said, "A local church comes every month and we have a service in one of the other buildings." Other people were visited by people from different faiths at home or went to a place of worship with their family member.
- People told us "I 'like the cinema club and singing, especially the wartime songs". Another person said, "There are things to do like bingo, painting and we made an Easter bonnet." A relative said, "[Name can't talk but [they] like music and singing sessions because [they] will tap their hands and feet. [Name] tries to kick the ball when playing skittles."
- The activities across the four bungalows varied. A few people had gone to the garden centre with staff using the home's minibus. The activity coordinators involved people in a singalong and they did some colouring and painting. People to spend time outdoors helping with the 'best garden' competition. There were solar lights and light reflective objects that provided sensory stimulation.
- The provider made information available in formats people could understand and complied with Accessible Information Standards. People's communication needs were identified in care plans. Picture menus were available, but these were not always used to help people to choose what they wanted to eat. A person's care plan identified the facial recognition to register pain but no evidence of pictorial prompts being used.

Improving care quality in response to complaints or concerns

- The provider's complaint policy was displayed prominently including advocacy information.
- People and relatives were aware of how to make a complaint. A person said, "I have no formal complaint, but I am always complaining. Those staff who have patience take time to understand me and sort things out. If I'm not listened to then I'll go to management."
- Management had a system in place to record complaints and this system allowed corporate level oversight. Records showed complaints were investigated, and where required a letter of apology and action taken.

End of life care and support

- There was a policy in place about how people would be supported at the end of their lives.
- Staff understood people's needs; religious beliefs and preferences. Staff were aware of good practice guidance for end of life care.
- People's end of life care wishes were documented and a 'Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) document issued and signed by a doctor was in place. This form is designed to be easily recognised and verifiable, allowing medical professionals to make decisions quickly.
- The service had implemented the Gold Standards Framework. Staff worked with GP practices and the advanced nurse practitioner (ANP) to provide palliative care, so people could remain at the care home and avoid hospital admission.
- This inspection took place during the 'Dying Matters' week. The nurse was aware of this but there was no specific event at the service to raise awareness in this area.

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 Requires Improvement. At this inspection this key question has remained as Requires improvement.

Requires Improvement: Leadership, monitoring systems 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At our last inspection in March 2018 the governance system to monitor the quality of care people received and the management of the service was not used effectively. This was a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- At this inspection we found improvements had been made. Although the provider was no longer in breach of the regulation further action was needed to monitor and provide consistency in the leadership and quality of care and support provided across the four bungalows. The effectiveness in how each bungalow was managed contributed to this. For example, the staff allocation sheet was not completed for 8 to 10 May 2019, which meant people were at risk of not being supported in a timely way. There were no other checks to ensure there were no issues or delays in meeting people's needs.
- Monitoring systems were in place to check the quality of the service. Audits and checks were carried out regularly on all aspects of the service. However, further action was needed to ensure safety issues such as chipped door frames were identified. Staff did not always document to confirm the prescribed transdermal patches applied directly to the skin remained in situ. These records were last completed on 26 August 2018. The nurse was already aware of this, but no action had been taken and it was not identified through the medicine audits.
- People's care plans were detailed as to the support people needed and to promote their daily routines. However, further action was needed to improve a lack of consistency in the records used to monitor people's daily care and wellbeing. For example, gaps in the food and fluid intake records, detailing people's wellbeing and the impact on their mood because of meaningful activity. These issues were not identified through care file audits and review of people's care. Good accurate record keeping helps staff to effectively monitor and manage people's health and wellbeing.
- The registered manager carried out unannounced night visits, daily 'walk rounds' to each bungalow and flash meeting held with the nurses and heads of departments. This helped the registered manager to monitor and identify issues and they also had time to speak with people and staff.
- The provider used a range of internal audits and inspections which covered all aspects of the service. They included observations, feedback from people and staff and sampling people's care records. The service had made a marked improvement from the previous internal audit. The home improvement plan enabled the provider and registered manager to monitor performance and the progress of improvements.
- People, relatives, staff and health and social care professionals told us the registered manager, nurses and

staff were approachable. People rated the service on average as 'four out of five'. A person said, "The manager on this [bungalow] is excellent. [Name] is very good, strong and prepared to make changes. Most managers can be afraid of losing staff [and not strong]."

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

- The registered manager understood the regulatory requirements and submitted notifications to the Care Quality Commission (CQC) as required. We found evidence during the inspection to support the information in the provider information return (PIR).
- The registered manager understood the requirements of Duty of Candour and was open and transparent in relation to complaints. The inspection report and rating from the last inspection, was available at the service and on the provider's website, which is a legal requirement.
- The registered manager and staff were aware of the provider's requirements to provide quality care. They were supported with policies, procedures and a business continuity plan to ensure service delivery was not interrupted by unforeseen events.
- A staff member said, "There is structure and clear management lines. Management will follow procedures and checks that everything is being done as it should be."
- Staff understood their role, responsibilities and duties. Staff received regular supervisions and knew the leadership structure. A staff said, "Management provide excellent support and are approachable, provide training opportunities, not just the mandatory training."

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

- Systems were in place to ensure people using the service, relatives and staff engaged and given opportunities to influence the development of the service. Residents' meetings were held regularly although not everyone attended these. We saw action had been taken in response to the satisfaction surveys. For example, improvements were being made to the décor internally and externally and the changes to the menu choices.
- The registered manager told us they planned to introduce 'have your say' electronic feedback, which people and visitors could complete at any time.
- Staff training needs and their performance was monitored through regular meetings, supervisions and regular competency reviews.
- Staff told us they were working towards lead roles as 'champions' for dignity in care, end of life and infection control, amongst others. This demonstrated the provider promoted and encouraged staff to develop.

Continuous learning and improving care; Working in partnership with others

- The service worked with commissioners to help identify any local challenges in the system, to improve communication and reduce risks to people during transfer of care. Following the health authority audit action was taken in relation to the management medicines and feeding tubes.
- The service was acting in response to the local authority audit in relation to the staffing numbers, monitoring people's care and health and safety issues. These findings were consistent with the issues we found during our inspection in relation to staff deployment and people's care.