Care and Normalisation Limited

Milestone House

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
Milestone House is a residential care home for people living with learning disabilities and/or autism and physical disabilities. The care home accommodates 11 people in one adapted building and 11 people lived in the home at the time of the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
• Although the size and structure of the home was not in line with the principles of Right support, right care, right culture, staff delivered care in a person-centred way that offered people choice, control and independence.

Right care:
• Care was person-centred and promoted people's dignity, privacy and human rights.

Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services could lead inclusive and empowered lives.

People's experience of using this service and what we found
The provider had made improvements; however further improvements were needed to ensure people were consistently kept safe. Staff were recruited safely but some improvements were needed to ensure all recruitment checks were fully completed. Appropriate action was taken in response to accidents and incidents, but improvements were needed to ensure lessons were always learnt from these. We have made a recommendation about seeking guidance on reflective learning.

Staffing levels had increased and met people's needs. Individual and environmental risks to people were assessed and managed. People were protected from abuse and avoidable harm. Medicines were managed safely and in line with good practice. There was good practice around infection prevention and control, and the provider had managed to keep the home free from Covid-19.

People's needs were assessed, and care plans offered guidance to staff how to support people in line with their needs. The provider was developing the support of people who had behaviour that challenged to be in line with best practice. We have made a recommendation the provider seeks guidance on positive

behaviour support.

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. The manager was working on reviewing all mental capacity assessments.

There was a new training programme in place for staff and there was a lot of progress with ensuring all staff had completed all the required training. There was a new chef employed and the food was good. People were supported to have enough to eat and drink and were given choice. Staff worked proactively in partnership with other health and social care professionals to ensure all people's healthcare needs were met.

People were treated well and there was a caring atmosphere in the home. People's dignity and privacy was respected. Care was person centred, met people's needs and promoted their independence.

No-one was receiving end of life care. The manager was working on ensuring all people's wishes were known in the event of an unexpected death. People were supported to engage in activities and keep in contact with their loved ones. People and relatives could make a complaint if they needed to and were involved in their care.

The management and leadership of the home had improved. The provider had employed a consultant to support them to implement new systems to ensure they were compliant with regulations. There were effective auditing systems and action plans in place to identify and act on concerns. A new manager had been in post since November 2020 and had driven improvements forward; and had been supported by the provider to do so. The manager was working on developing their practice around the root cause analysis of incidents. The culture in the home had improved and there was an openness to learn and improve. People were more engaged, and staff told us it was a good place to work.

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

Rating at last inspection and update
The last rating for this home was Inadequate (published 17 January 2020) 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 and the provider was no longer in breach of regulations.

This service has been in Special Measures since 17 January 2020. 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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

Follow up
The provider has agreed to submit monthly audit outcomes to demonstrate their intention to improve standards and safety. We will work alongside the provider and 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Milestone House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Milestone House 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. 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. However, the registered manager (who is also the provider) had been absent from the home since 23 March 2020 and had delegated responsibility to a manager on-site. The provider maintained regular contact with the manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We received feedback from two commissioners and two health and

social care professionals who worked with the home. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who lived at the home about their experience of the care provided. We spoke with eight members of staff including the manager, a senior support worker, support workers and the chef. We reviewed the environment. Some people were not able to verbally express their experiences of living at the home. We observed staff interactions with people and observed care and support in communal areas. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to staff recruitment. A variety of records relating to the management of the home, including policies and procedures were reviewed. We requested various documents to be provided to us during and following the inspection to reduce the time spent on site in response to Covid-19.

After the inspection
We continued to seek clarification from the manager and provider to validate evidence found. We spoke with two relatives about their experience of the care provided. We received further feedback from a health and social care professional.

Requires Improvement

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.

Staffing and recruitment
At our inspection in November 2019 the provider had not ensured that staff were of good character as they had not completed all the safe recruitment checks required by law. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 19.

- At our inspection in November 2019 not all staff had received the required pre-employment checks around references, employment history and Disclosure and Barring Service (DBS) checks. DBS checks help employers to make safer recruitment decisions. At this inspection, DBS checks were completed prior to staff starting work. Staff recruitment files included appropriate references and employment history.
- There were some missing details in new staff recruitment files. For example, one staff members file did not include the months in their employment history. These need to be completed to ensure there were no gaps in employment. The manager had plans to complete a full audit of recruitment files.

At our last inspection in July 2020 the provider had failed to ensure there were enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were enough staff to meet people's needs. We observed that people's needs were consistently met in a timely way. For example, staff responded immediately to call bells. Staffing levels had increased and all staff we spoke with told us this improvement meant they were able to spend one to one time with people. The provider had recruited new staff and there were plans to further increase staffing levels in the afternoons. People's level of dependency needs had been identified, but this had not been translated into total staffing requirements for the home. We contacted the provider about this and requested they review their delivered hours against commissioned hours for the whole home. The provider demonstrated how delivered hours met the commissioned hours of people most recently commissioned.
- We checked whether there were enough staff working during the night. There were two staff at night, this meant when staff were supporting people who required two staff there was no one available to tend to other people. Staff we spoke with told us this rarely happened and that there were enough staff at night. Staff were called in if required, for example to go to hospital with someone. We discussed this with the

provider and manager who agreed to review the use of technology which may assist staff to monitor people at night. Staff carried a phone to contact each other if needed. The provider had assessed two staff were enough and said they would use an additional sleep-in staff member when required. For example, if someone was unwell.

Learning lessons when things go wrong

● The manager told us there had been less incidents of behaviour that challenged. These incidents were recorded but some required more analysis and debrief with staff following an incident; to reflect on how each incident was managed in line with positive behaviour support (PBS) best practice. PBS requires that analysis of incidents is used to ascertain if the person could be supported in a way which minimises the risk of distress and minimises the risk of reoccurrence. The provider was working on developing their practice around the root cause analysis of these incidents.

● Other accidents and incidents were recorded and logged monthly by the manager to review action taken. Appropriate actions had been taken in response to accidents to prevent reoccurrence. The manager had started to analyse accidents and incidents for trends and learning and team meetings included these discussions.

We recommend the provider seeks advice from a reputable source on reflective learning from incidents and root cause analysis to ensure a learning culture is effectively embedded in the home.

Assessing risk, safety monitoring and management

At our last three inspections in September 2019, November 2019 and July 2020 the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Risks to people had been identified, assessed and reviewed to ensure people received appropriate care. For example, where people were at risk of constipation and/or of not eating and drinking regularly, comprehensive records were maintained to monitor this. These evidenced when people's GPs had been contacted for advice. We observed people were given drinks throughout the day.

● When people's needs changed or in response to an incident, risk assessments were updated, and action was taken. For example, following a fall one person's bed was repositioned, and the person referred to an occupational therapist for assessment and advice. New equipment was purchased to reduce the risk to the person of further falls and injury such as a specialist bed, safety mat and alarm sensor. There was clear guidance for staff how to support people to keep them safe. The health care professional involved had followed up with the manager and told us, 'Everything had been satisfactorily resolved'.

● There was improvement in the management of environmental risks to people. The provider had acted on our concerns around fire safety. A new fire system had been installed with weekly testing, fire drills had been completed since the last inspection and more were planned. Staff told us how they would evacuate in the event of a fire. Fire marshals were identified with a visible list and emergency lighting checks were completed.

● All the required safety inspections had been completed to ensure the environment was safe such as gas and electrical safety, equipment servicing and legionella testing.

Systems and processes to safeguard people from the risk of abuse

At our inspections in September 2019 and November 2019 the provider had failed to effectively operate systems to ensure people were protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● At our previous inspections in September 2019 and November 2019, the provider had failed to notify the Care Quality Commission (CQC) and the Local Authority of incidents or accidents which may require a safeguarding investigation. At this inspection the manager was aware of their responsibilities and had raised any safeguarding concerns with the Local Authority and CQC. This meant we were able to follow-up on any action needed.
● Relatives told us they had no concerns about the safety of their loved ones. All staff we spoke with knew what they needed to report and who to report any concerns to. Staff knew how to whistle blow if required. Staff told us they could report any concerns to the manager.

Using medicines safely

At our last three inspections in September 2019, November 2019 and July 2020 the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Medicines were managed safely. A detailed audit had been completed by an external consultant which led to an action plan in October 2020 and the required improvements being made. People received their medicines as prescribed and staff informed people what medicines they had. There were clear protocols for 'as required' medicines to provide guidance to staff when people needed these medicines, the expected outcome and any follow-up required. There was clear information about people's needs for example, if they had any allergies and how they liked to take their medicines. People's pain management was supported using a tool to identify pain during every medication round.
● Medication checks were completed daily; medicines were counted and all staff who administered medicines had been competency checked. Medicines audits had been completed weekly to check the supply, storage, administration, recording and disposal of medicines. Staff giving medicines knew about people's needs, for example that certain medicines needed to be given before food.
● The medicine room had been refurbished, a new medicine trolley was in use and the systems supported the safe management of medicines. For example, daily temperature checks were completed to ensure medicines remained safe to administer. The use of topical creams were recorded on body maps to ensure these were applied on the right area of the body.

Preventing and controlling infection

At our inspections in September 2019 and July 2020 the provider had failed to ensure the prevention of infections was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● We were assured that the provider was preventing visitors from catching and spreading infections. All staff and any visitors to the home had their temperature checked on arrival and were asked to complete a health declaration. There was a visitor protocol visible on the wall to inform visitors what is expected of them. Relatives were able to visit their loved ones safely through the conservatory windows and were supported to keep in contact with their loved ones through video calls.

● We were assured that the provider was meeting shielding and social distancing rules. Where required staff had shielded since the beginning of Covid-19. People were encouraged to socially distance in the dining room and lounge by the layout of the furniture.

● We were assured that the provider was using PPE effectively and safely. We observed staff wore PPE in line with government guidelines. There was PPE readily available throughout the home and a donning and doffing station near the entrance.

● We were assured that the provider was accessing testing for people living in the home and staff. People had been supported to understand and consent to testing and a Covid-19 vaccine. Best interest decisions were taken when required for people to have the vaccine.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a comprehensive daily cleaning schedule completed by a dedicated cleaner which included frequently touched areas such as door handles.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Risk assessments had been completed for staff and people. The provider's infection prevention and control policies were up to date and in line with government guidance. All staff had received training in infection prevention and control.

Requires Improvement

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.

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

- Some staff had received training since the last inspection on positive behaviour support (PBS). The provider was working on ensuring all staff were trained and on embedding current best practice in the home. For example, the appropriate use of language in reporting.
- Staff could tell us how they supported one person with behaviour that challenged in line with their support plan. There were some inconsistencies with this as not all strategies used were included in the persons care plan. The manager was in the process of reviewing this.

We recommend the provider seeks advice and guidance from a reputable source on PBS, (including active support and functional behaviour analysis) and ensure the new manager and all support staff are upskilled in this area.

- People's outcomes reflected the promotion of choice, control and independence in line with the principles of right support, right care, right culture. For example, people were supported to make daily choices around how they spent their day. One person told us they chose what time they went to bed. People were encouraged to be as independent as possible for example, with appropriate support when people required assistance with eating.
- People's needs were assessed. Staff were informed on people's needs such as the support they needed with personal care or with eating. New risk assessments and care plans were in the process of being implemented to offer improved guidance to staff how to support people. The provider had begun the implementation of upgrading IT systems in preparation for electronic care records.
- Named lead roles in the form of 'Champions' had been implemented to drive forward best practice, for example in medicines, MCA, epilepsy, dignity and first aid.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This included for example, people's needs in relation to their culture, religion or disability.

Staff support: induction, training, skills and experience

At our last three inspections in September 2019, November 2019 and July 2020 the provider had failed to ensure staff were suitably qualified, competent and skilled to meets people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

regulation 18.

● A new training programme had been implemented to ensure staff had the knowledge to support and care for people living at the home and to meet individual's needs. This included additional training for example around diabetes, epilepsy and Huntington's disease. Staff told us they had access to the training they needed and had completed various courses recently. There was improvement in the amount of training completed by staff and the manager was working towards ensuring all staff had completed all the required training.
● New staff who had started since the last inspection told us they were given an adequate induction and had the opportunity to work alongside experienced staff for some shifts. One staff said, "I had an induction pack, I was shown around the building, I shadowed for two of my shifts, was introduced to everyone. If I didn't feel comfortable doing things I could shadow again."
● Staff had received supervision and competency checks. All staff told us they felt supported by the manager in their work. One staff said, "Their door is always open, if there are any queries, we are learning, everything has changed, paperwork has changed and there is the support there for us to make the changes."

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

At our inspection in November 2019 the provider had failed to ensure people were supported to eat enough. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

● Relatives we spoke with told us the food was good. The provider had employed a chef who had implemented new menu plans. People's dietary needs were known by staff and the chef. For example, who had pureed diets and whether people were at risk of choking. Monitoring of people's dietary intake, fluids and weight where people were at risk of dehydration, malnutrition and weight loss had improved. Records were consistently completed, and people's fluid charts were totalled against a target amount to ensure enough fluid was taken.
● People were given a choice of where they wanted to eat. For example, one person sometimes preferred to eat in their bedroom and another person preferred to eat in the conservatory where it was quieter. There were four week rolling menus and pictures in the dining room to inform people of the menu and their alternative choices.
● People told us they liked the food. The food smelt good and looked appetising. There was a relaxed atmosphere in the dining room and positive interactions between staff and people during lunchtime. For example, general chatter and appreciation of the food.
● There was a new approach to breakfast where a selection of foods was made available in the dining room. This was to encourage people to choose and help themselves independently as much as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were referred to health and social care professionals as required to meet their needs. For example, speech and language therapists and dieticians. One person was referred to an occupational therapist following a fall. Recommendations were made around specialist equipment the person needed and these were purchased. People living with diabetes had regular appointments with podiatrists.
● People's relatives and other health and social care professionals were involved in people's care.

Information was shared about people's care appropriately to support their best interests and promote positive outcomes for people. For example, how one person was supported with their personal care.
● People had 'healthcare passports' in place. These ensured other healthcare professionals were aware of people's needs and how they communicated, for example if they were in hospital.
● People's health needs were monitored. Records were maintained for health appointments, for example with people's GP, dentist and optician. Monthly reviews were completed for people's general health to monitor their weight, skin integrity and pain management to ensure these needs were met. People living with a learning disability had started having their annual health checks again since these were cancelled due to Covid-19.

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 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 home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our inspection in November 2019 we recommended the provider seek guidance from a reputable source on implementing MCA and to update their practice accordingly.

● There were new and effective systems to ensure compliance with the MCA. The manager was working on reviewing existing mental capacity assessments, for example, those around people's consent to CCTV in the home.
● Mental capacity assessments and the supporting paperwork completed since the last inspection had improved. These showed a better understanding of the legal requirements, clearly identified when the person lacked capacity for a particular decision and how a decision was determined in the persons best interests. For example, these were completed to determine whether one person could consent to a Covid-19 test. When it was decided to be in their best interests, the person was given pictorial aids and easy read information to explain the process and to gain their consent to take a swab.
● The manager had good oversight of whether people had a DoLS and whether there were any conditions attached to the DoLS. For example, one person's DoLS had just been authorised with a condition to update their mental capacity assessments for non-complex decisions. The manager was in the process of completing these on the day of our inspection.

Adapting service, design, decoration to meet people's needs
● The environment was accessible and met people's needs. There were communal areas in the home where people could eat their meals, watch television, listen to music or engage in activities. People could choose to spend time together or spend time alone in their room and staff respected this.
● The manager had adapted the environment during Covid-19, for example relatives could meet their loved ones through the conservatory window.
● People told us the home was clean and well looked after. Improvements had been made to the environment to meet people's needs. For example, more use of pictorial signs to identify the purpose of

rooms. The garden had been tidied up and some external and internal decorations had started on the building.

● There was equipment available for staff to move people and people had their own walking aids when required.

Good

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 requirements 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.

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

At our inspections in September 2019 and November 2019 we recommended the provider seeks advice from a reputable source on involving people in their care. The provider had made improvements.

- At our last inspections in September 2019 and November 2019 people had not been asked about their views on their care, for example through care plan reviews. At this inspection people had been involved meaningfully in decisions about their care such as whether to have a Covid-19 test or vaccine. A new system had been implemented to gather people's views on their care on a monthly basis through pictorial surveys.
- People were supported to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.
- There were pictures of staff on a board in the dining room so that people knew who was on duty.

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

- Staff were caring with people and showed compassion. We observed positive, calm and respectful interactions throughout the inspection. For example, the staff who administered people's medicines at lunchtime, asked people's permission, touched them gently for reassurance and chatted with people.
- Staff knew people well and could recognise how people were feeling. For example, they knew if people were happy or not by the sounds they made.
- The provider had considered people's needs around equality and diversity, no one had identified with a certain religion or needed support with their cultural background.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and information about people was held securely.
- Staff promoted people's dignity. There were signs used on bedroom doors to indicate when personal care was being provided to people. One person chose to have theirs in a different format. Dignity and respect personal care check sheets were completed for each person daily to ensure for example, people had received personal care, their glasses were clean and mobility aids were in their reach.
- People were encouraged to maintain their independence where possible. For example, people had mobility aids to enable them to walk independently and people used adapted cutlery and plates to enable them to eat their meal independently. Care plans included what people could do for themselves. For example, one person like to get their own drink from the kitchen.

Requires Improvement

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 the same. This meant people's needs were not always met.

At our last three inspections in September 2019, November 2019 and July 2020 the provider had failed to ensure the care and treatment of people was appropriate and met their needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People's care was person centred. Care records included more information about promoting choice and people's likes and dislikes. The manager was working on 'All about me' pictorial documents to highlight peoples wishes in a way they could understand. Staff knew people's needs and preferences and how people communicated their needs. For example, one person with a hearing impairment had a special doorbell on their bedroom so they knew when staff were at their door.
● The manager was promoting events in the home to encourage people to have some good times during the national lockdown such as tea parties. Staff told us how people liked to spend their time, for example one person liked watching war films and another person liked playing games. Staff told us how they used people's body language to understand their needs when they were not able to communicate verbally. For example, one staff said, "(Name) will throw their arm out if they don't like something. If you offer (name) tea they will push their hand against the cup to tell you if they don't want it."
● Staff knew people well. People were offered choices in their daily lives, for instance a choice in what they ate and where they ate. A choice of being in the lounge with people, or in their bedroom. A choice of activity. People's bedrooms were personalised to reflect their likes and interests and some people had sensory equipment in their room.

End of life care and support
● The provider was not currently supporting people at the end of their life. People's wishes and arrangements for their end of life care were not always known. Therefore, staff did not have the guidance they would need to support people in line with their wishes should an unexpected death occur. The manager had plans to improve this.

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

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.

● People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs, for example the need to use one person's name to gain their attention, to make eye contact and ask them to show them what they wanted.

● People had communication passports which had been completed with speech and language therapists to ensure staff had the information to support people effectively with their communication needs.

● Information was shared with people and where relevant, available to people in formats which met their communication needs. There were some visual aids around the home, for example informing what staff were on duty, menus and room signage. One person with a hearing impairment carried picture cards to communicate with staff.

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

● People were engaged in individual activities in the lounge, for example doing a jigsaw puzzle, listening to music or using sensory objects. One person told us they liked to draw and paint. There was a cupboard in the conservatory with these and other activity resources people could use. The manager had implemented an activity logbook. One staff told us, "We have been doing a lot of craft work and getting involved in doing something different, so people are not just sitting in one room watching TV. Valentine's day we did an afternoon dance and I organised an afternoon tea. The dining room was dressed nicely with red tablecloths and balloons and dangly decorations. One staff member made cakes and people had a really nice time."

● People's activities in the community were limited due to Covid-19 but people had been out for walks and were starting to use the garden with the better weather to promote their wellbeing. One person with an interest in gardening had received a greenhouse for Christmas and was looking forward to planting vegetables.

● People were supported to maintain relationships that were important to them. At this inspection families were able to visit their loved one through the conservatory windows. One person's relatives visited regularly and told us they were looking forward to visiting face to face soon once the government guidelines changed.

Improving care quality in response to complaints or concerns

● A complaints procedure was in place for people, relatives and visitors. This was in an easy read pictorial form for people; however, most people would need to be supported to make a complaint. Where people did not have close relatives, they had an advocate to speak on their behalf. The manager told us there had not been any complaints.

Requires Improvement

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

At our last three inspections in September 2019, November 2019 and July 2020 the provider had failed to operate effective systems and processes to assess, monitor and improve the safety and quality of the home and ensure it was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● There was improvement in the governance and management of the home by the provider. The provider (also the registered manager) had not been present at the home since March 2020 but had been in daily contact. A consultant was employed to support the home to meet its regulatory requirements, to audit the home and provide action plans. The provider was investing in new systems such as electronic care planning to support the improvements.
● A new manager had been in post since November 2020 and had demonstrated their leadership competence. The manager had made progress on the action plans and made required improvements, and this was recognised by all staff. There were still some improvements needed and work was in progress around mental capacity assessments, staff recruitment and training, end of life care and positive behaviour support. The provider and manager had identified these shortfalls and had worked to ensure compliance with the Warning Notices we served from our inspection in September 2019.
● The provider was developing a learning culture. Incident and accident reports were reviewed and learning shared. The manager was working on developing their practice on identifying learning from root cause analysis.
● Audits and checks were used effectively to monitor and improve all aspects of the home. For example, health, medicines, infection prevention and control and the general action plan. These had identified the improvements needed and an action plan was in place.
● People's care records, including risk assessments and care plans were in progress of being reviewed. However, when people's needs had changed this information had been added to care files to ensure staff had the guidance they needed to provide consistent care and support. Health monitoring records were consistently completed and up to date.

● Regulatory requirements had been understood by the manager and provider. For example, around the Mental Capacity Act 2005 and best interest decision processes when people did not have the capacity to consent to a decision.
● Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider had met all their regulatory requirements and notified CQC as required.
● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the home where a rating has been given. This is so that people, visitors and those seeking information about the home can be informed of our judgments. The provider had displayed a copy of their ratings in easy view for people and visitors at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There was a positive and caring atmosphere in the home. One staff said, "We want to go forwards, we would do anything we could for people. I feel like we have a new lease of life." Another staff said, "The whole home seems to have changed, it seems to be more upbeat, people are doing more."
● The culture of the home had improved and there was no longer a closed culture. Concerns were shared and acted on. The provider and manager promoted a person-centred culture. There was a better understanding of the need to promote people's independence and quality of life. The provider had implemented training in 'registering the right support' to inform staff. All staff were positive about the new manager and the difference they had made to the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Staff told us they could raise any concerns or ideas and that they would be listened to. Staff were engaged in improving the home and were kept informed. One staff said, "The new manager came in with energy to bring us forward, we have a handover in the morning to tell us what is happening for the day, there are meetings happening now."
● Working in partnership with other agencies to ensure people's needs were met in a timely way had improved. For example, staff had worked closely with health and social care professionals, such as speech and language therapists, dieticians and occupational therapists. The manager had identified when a referral to a health and social care professional was required and had acted on this promptly.
● People looked more engaged and at home. Relatives we spoke with could raise any concerns with the manager but did say they would like to be kept better informed of changes in the home. We fed this back to the manager. Staff had started to seek feedback from people through pictorial surveys and these were positive about all aspects of the home. There were also plans to produce a pictorial newsletter and to hold family and friends' meetings regularly, but these had been delayed due to Covid-19.

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The provider understood their responsibilities in respect of this. They had informed relatives of any incidents or accidents and worked closely with other healthcare professionals and the local authority.