

Riseley Beds Limited

# Brook House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Brook House Residential Home is a residential care home for up to 20 people. At the time of this inspection 17 people were using the service who had a range of needs including dementia. Short term (respite) care was also provided and two people were receiving respite care.

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

The service did not always follow the correct legal decision-making processes for people lacking capacity to make their own decisions about key areas, such as refusing medicines or sharing bedrooms. We also found some environmental challenges for people, such as those living with dementia or those at risk of falling.

Despite this, staff understood how to keep people safe and protect them from harm and abuse. Risks to people were managed, to ensure their safety and protect them from harm and they were protected by the prevention and control of infection. There were enough staff to meet people's needs and checks were undertaken to make sure new staff were suitable to work at the service.

Staff had the right skills and training to carry out their roles. They were caring and treated people with kindness, respecting their privacy and dignity too. People were supported to have maximum choice and control of their lives in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to stay healthy. Staff ensured they had a choice of food and had enough to eat and drink. They also helped people to access healthcare services when they needed to and supported their social needs through a variety of arrangements and activities.

There was strong leadership at the service who regularly sought feedback from people, relatives and staff, to improve the service. Since the last inspection the provider had made several changes to improve people's experience. This included a new electronic care planning system and making changes to the environment to promote people's safety and well-being.

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

The last rating for this service was Good (published 14 August 2017).

During this inspection we have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report.

We found no evidence during this inspection that people were at risk of harm from our findings. However, the overall rating for the service has changed from Good to Requires Improvement. This is based on the

findings at this inspection. This is the fourth time since 2015 that the service has been rated Requires Improvement, although not all following consecutive inspections.

The provider confirmed soon after this inspection they had already acted, or had plans to address, the issues identified for improvement.

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

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was 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?

Good ●

The service was 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.

# Brook House Residential 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. 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.

#### Inspection team

The inspection was carried out by one inspector, an inspection manager and an Expert 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

Brook House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, and we requested feedback from the local authority who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We observed the care and support being provided to a number of people throughout the building at different points of the day, including meal times and activities.

We spoke with eight people living at the service and four relatives about their experience of the care provided. We also spoke with the registered manager (who was also the nominated individual), the deputy manager, a senior care assistant, the cook, the activity coordinator and a housekeeper. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included various records for 12 people living at the service, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes, so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with confirmed they, or their relative, felt safe living at the service. One person told us, "I feel safe here, I would speak to the staff and expose it if anyone was nasty to me...I like the regular staff they make me feel safe." A couple of people confirmed that when they had raised concerns in the past, these had been acted on quickly by the management team. One person said, "They sorted it out. It's a wonderful team."
- Staff had been trained to recognise and protect people from the risk of abuse, and records showed they followed locally agreed procedures for reporting potential safeguarding concerns to relevant external authorities, if needed.

Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their safety and protect them from harm. People's care plans provided information on how identified risks should be managed to keep them safe, for instance not eating or drinking enough, falls and pressure damage to the skin. We heard staff explaining to people about some of the risk reduction measures in place, such as a sensor mat to alert staff to monitor someone who was at risk of falls.
- Staff understood how to support people if they became distressed, potentially placing themselves or others at risk. They were observed throughout the inspection using different techniques to distract people and refocus their attention.
- Checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety.

Staffing and recruitment

- People confirmed there were enough staff to keep them safe and meet their needs. One person told us, "They have increased the numbers of staff over the past few months, so things are much better." Another person added, "They (staff) answer the bell quite quickly if I call for anything." We observed people's requests for assistance being met in a timely way throughout the day.
- On the day of the inspection the planned staffing arrangements had to be changed last minute, due to staff sickness. The situation was well managed, and arrangements were quickly made to bring in replacement staff. One staff member told us, "Many of us live locally and can always pop in at short notice." During this period the activity lead maximised the available staffing resources by chatting with people and trying to engage them in activities. This freed up the available care staff to provide essential care and support, as required.
- Recruitment checks were carried out to confirm new staff were suitable to work with people using the service.

### Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed, including PRN (as required) medicines. One person told us, "I get asked if I need painkillers when I get my usual tablets." Another person talked about the support they received from staff with their medicines. They said, "I have lots of tablets. I would never remember what to take or when."
- Staff told us they had been trained to administer people's medicines. We saw they took the time to explain to people about the purpose of their medicines and sought their consent before administering.
- We observed people's medicines being administered throughout the course of the morning. This was to support people's preferred routines and meant they were not disturbed or rushed in order to take their medicines. Whilst this personalised approach was well intentioned, it did mean that people were at risk of not receiving their medicines when they needed them. For example, some medicines are time critical in order to control pain or particular symptoms.
- Medication administration records (MAR) did not prompt staff to record the times they administered time critical medicines or those required to manage pain. This increased the likelihood of medicines being given too close together or too far apart, if staff were not clear about when the last dose had been administered. We found no evidence that anyone had experienced any adverse effects as a result of our findings. After the inspection the deputy manager confirmed they had taken immediate action to strengthen existing processes, by contacting their supplying pharmacist for advice. They told us changes would be made to ensure time critical medicines were prescribed and administered at set times. In addition, staff would in future record the time they administered pain relief medicines, to ensure the minimum times between doses were adhered to more stringently.

### Preventing and controlling infection

- People were protected by the prevention and control of infection. One person told us, "My room is nice and clean. They do it every day." A relative added, "(Relative's) room is always clean and the bedding is fresh."
- Staff maintained good hygiene by using personal protective equipment (PPE) such as gloves and aprons when handling food or providing personal care.
- Records showed staff responsible for preparing and handling food had completed food hygiene training. The service had also achieved a food hygiene rating of 5, awarded by the Food Standards Agency for very good hygiene standards.
- We observed the service to be clean, tidy and fresh. The service had two pet cats, so food bowls and litter trays were evident. However, we saw these had recently been cleaned. A member of the housekeeping staff told us, "I enjoy my job, I take pride in making it nice for the residents."

### Learning lessons when things go wrong

- The management team ensured that lessons were learned, and improvements made when things went wrong. They provided several examples of changes that had taken place in response to incidents that had happened, such as a new medicine system and a referral to a specialist falls team for guidance and support.
- Records showed that information was discussed with staff to ensure learning opportunities were shared.
- Incidents and accidents were also monitored for potential themes and patterns, to minimise the risk of them happening again in future.



# 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 good. At this inspection this key question has now deteriorated 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

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the consent and decision-making requirements of the MCA but these were not always followed consistently, in line with legislation and guidance. The home had three bedrooms which had been designated as shared rooms – two people in each. At the time of this inspection there were four people sharing two of these rooms. All four lacked capacity to make a decision for themselves about sharing a room. When someone is unable to provide consent to an arrangement such as this then a decision needs to be made on their behalf. This is known as a 'best interests decision'. Making a decision about where someone will live is an important decision and needs to be considered very carefully to ensure it is right for them. For the four people sharing a room only two had a best interest decision record in place. Both of these records referred to the arrangement potentially being a temporary one. For example, one record dated 2016 stated the person should share a room until a single room could be found. The decision had not been reviewed since. Soon after this inspection the deputy manager confirmed plans were being made to review the arrangements for all those involved, in accordance with the best interests decision process.

- Procedures were in place for some people to receive their medicines covertly. This was because they did not consent to taking medicines and they had been assessed as lacking capacity to make an informed decision about this. Records showed covert administration decisions had been considered in line with the Mental Capacity Act 2005 as being in people's best interests. Records also reflected the fact that covert administration should be a last resort and as such staff were reminded to offer medicines in their normal form first. We did note though, when someone had been prescribed a new medicine, this had been included under their existing agreement for covert administration. It is important to assess the need for covert administration for each medicine prescribed, to consider whether administration is in the person's best interests.

- In addition, there was no DoLS in place for someone who received their medicines covertly. Covert medication, particularly when used to control someone's behaviour, may be regarded as aspects of continuous supervision and control. In which case a DoLS application should be considered. The deputy manager confirmed that a DoLS had been applied for soon after the inspection.

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

- Since the last inspection improvements had been made to the premises to help meet people's needs and promote their independence. This included the installation of new, or the adjustment of existing handrails. Red borders had also been placed round light switches to provide a contrast in colours for people to see them more easily. In addition, a second toilet on the ground floor had been designated for people living at the service to use.
- The building is an adapted Grade II listed building. Being listed means there are certain rules about whether changes can be made to its interior and exterior. This meant the premises presented some challenges in terms of the layout and facilities. Due to this the registered manager confirmed they would not be able to accommodate anyone with significant mobility needs. The limitations regarding the building were also made clear to people before they decided to move in.
- In general people were observed moving around the building with minimal issues. However, we noted some of the upstairs flooring was sloping or slightly raised, due to sensor mats being fitted underneath. This presented a possible fall risk. There was no evidence this had happened, but the registered manager confirmed shortly after the inspection they had purchased signage to increase people's awareness of these floors.
- We observed people who needed equipment to help them with their mobility, such as a walking frame, to struggle with some internal steps. The steps provided a link between the two levels making up the ground floor. Staff were on hand to help people negotiate the steps, but a small number of people told us they were not confident using them. One person told us, "It's a real struggle to get down the steps to the lounge and diner. I have to put my frame at the bottom and use the handrails. Quite an ordeal."
- In addition, we noted the call bell panel, which alerted staff when someone needed assistance, had been mounted in one of the two lounges. Although we didn't hear the bells often, when they did sound they were very loud. Furthermore, people using this lounge were further disturbed by staff who used it as a thoroughfare to access the kitchen. Excessive noise and disturbance may be distressing and disorientating for a person living with dementia. The deputy manager told us there were already plans to transform a less used conservatory into a more comfortable and quiet communal room for people to use. Despite its limitations, the building provided an attractive and homely environment for people. A relative summed up the positive aspects of the service in writing, 'Brook House is a 'home' in the true sense of the word, dogs and cats included! All the staff, from the manager downwards, really care about their residents and do their utmost to create a safe, comfortable and happy environment where everyone feels loved and cared for... Brook House isn't 'posh' it doesn't offer 'hotel type' accommodation, but it has quite simply been a lifesaver to me'.

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

- People told us they were supported to manage their routine health needs. A relative told us, "The chiropodist and optician have visited." Staff also monitored changes in people's needs and took prompt action to seek relevant healthcare advice when needed. Another relative said, "The doctor was called when (relative) had a bad chest and was seen quickly."
- People's care records contained guidance for staff on how people's assessed healthcare needs should be met, including oral hygiene. It was evident that staff did support people with their oral hygiene, but when questioned one member of staff was less clear about the process for managing people's oral hygiene when

their care needs increased. The registered manager had already recognised the need for further awareness in this area. They showed us they had arranged for two staff to complete some more in-depth (oral care champion) training and a specialist from the local Clinical Commissioning Group (CCG) was booked to speak with staff shortly after the inspection. In addition, everyone living at the service had been registered with a dentist and were waiting for their first appointments to take place.

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

- People's needs were assessed prior to using the service and at regular intervals after moving in, to ensure their care and support was right for them and achieved good outcomes.
- The registered manager told us they kept up to date with changes in legislation and good practice in a number of ways. This included links with managers of similar services through social networking websites, to share information and learn from each other. They were aware for example of a recent report aimed at promoting good oral hygiene for people living in care homes and had acted to improve oral hygiene care at the service.
- They had also invested in technology and equipment to enhance the delivery of care provided. An electronic care planning system had been introduced which allowed staff to record the care provided to people in real time.

Staff support: induction, training, skills and experience

- People told us staff had the right skills and training to deliver effective care and support. One person said, "Staff have a lot of training, but they also try hard to pick the right people at the start." A relative echoed this by saying, "They know (relative) well, they have had training in managing people with dementia."
- Staff told us they received relevant induction and on-going training to support them in their roles, and records confirmed this.
- Staff were provided with additional support to carry out their roles and responsibilities through meetings, individual supervision, appraisals and competency checks.

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

- People told us they enjoyed the food provided and they had enough to eat and drink. One person said, "The food is very nice I cannot fault it. Yesterday the cook made some little sausage rolls, lovely. Get a good choice at breakfast and you can stay in your room." A relative added, "(Relative) is well nourished and the cook asks her what she'd like."
- People's care records contained information about their dietary needs and preferences. The cook talked about how these needs were met, including fortified meals and drinks for those people at risk of not eating or drinking enough. The cook explained the service was taking part in a new local initiative designed to increase hydration for people living in care homes. This aimed to support people's health and well-being and reduce some of the risk factors associated with dehydration, such as falls and infections. People confirmed they had regular opportunities to have a drink, both hot and cold. We noted breakfast was provided flexibly - to suit people's preferred routines, which maximised opportunities for them to eat and drink.
- Staff encouraged people to eat and drink at their own pace, and assistance was provided where needed. At lunch staff offered extra helpings and enhanced people's meal time experience by responding to requests promptly and providing alternative food when requested. This approach created a relaxed atmosphere where people were seen to enjoy their meals. One person commented afterwards, "I thought that was tasty."

# 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 good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well cared for and staff treated them with kindness and compassion. One person said, "The staff look after me beautifully, they have a way with them that makes me feel happy." A relative echoed this by adding, "The staff are lovely and very good with the clients."
- We observed some positive and friendly interactions between staff and people. Staff provided care and support in a patient and kind manner, and there was a relaxed atmosphere as a result. A relative had written to thank staff for their kindness and care and said, 'Thanks for looking after [Name of person]...and the love and kindness you've shown our family. I simply couldn't cope without knowing that [Name of person] is in your safe and loving care'.
- Staff knew people well and had taken time to find out more about their individual life histories. This was particularly useful for people who were not able to communicate using words or people living with dementia. When people have problems with memory loss and communication, they sometimes need help to communicate important aspects of their identity to others. We observed a positive reaction from one person who was being cared for in bed, when we spoke with them about their life history.

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

- People confirmed they were encouraged to express their views and be actively involved in making decisions about their care and daily routines. One person told us, "I don't like to be told what to do, I'm used to doing things in my own way. I discuss this with staff and won't get pushed into anything." A relative told us, "(Relative) doesn't communicate well but I do see they ask her and give her choices." We heard staff making time to listen to people and providing them with appropriate responses and reassurances.
- We observed someone at lunch time changing seats three times before they settled. At no point did staff try to interfere, instead they provided encouragement to the person to find somewhere that was comfortable for them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "They are respectful of my privacy. When I have a wash, they leave me in peace to do as much as I can." Another person told us, "They are respectful, and I was asked if I had a preference for a male or female carer." Other people told us staff treated them and their belongings with respect. One person said, "Staff call me by my first name which I like." Many people told us the laundry service was very good and their clothes were returned quickly, with minimal reported loss of clothing.
- Staff supported people to be as independent as possible, which they valued. One person said, "They know

what I need and sort things out for me but also try to keep me independent."

- People told us their visitors came regularly and could visit at any time. They said visitors were made to feel welcome and were always offered drinks. Some relatives had provided written feedback which supported these comments. One relative had written, 'We even had our family Christmas in the conservatory as (relative) was unable to leave the home - very special. I would really recommend it'. Another relative wrote, 'A small home with a very friendly and homely atmosphere. Visitors are always greeted with a smile by the staff who are also very polite, they know my name and who I am visiting. Their care and patience with the residents are second to none...It is a home where residents are the first priority, it is a home from home.'
- We saw the service used a discreet system of colour coded dots to ensure staff understood people's key needs, such as people living with dementia or someone with diabetes.

# 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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- Each person had their own care plan which contained personalised information about how they should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care and support provided to people daily.
- People told us care and support could be provided flexibly to meet their needs. We observed this happening during the day too. One person told us, "I can go to bed when I'm ready, but they do allow me to stay up if there's a good film on." Another person added, "I have a bath when I like."
- Relatives confirmed they were involved and able to contribute to planning their family member's care and support. One relative said, "I feel well informed and I discuss (relative's) progress often." Another relative told us, "I have been involved in a care review but I haven't seen care plans. I have met and chatted to (relative's) keyworker who lets me know if (relative) needs anything. I feel involved." After the inspection the deputy manager told us they had sent a letter out to all relatives, where appropriate, to invite them to review and feedback on their family member's care plan.

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.

- We checked to see how the service was meeting this standard and found information had been included in people's care records about their preferred communication methods. Staff provided examples such as looking for visual clues in people's body language and facial gestures, using photo menus to assist people with making decisions about what to eat, or remembering to position themselves correctly when communicating with someone who was partially sighted.

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

- The service supported people's social needs in a number of ways. A dedicated member of staff provided people with a choice of activities five days a week. In general, people provided positive feedback about the activity provision including, "A lady sorts out the things to do. She's very good; I like the arts and crafts. I get taken to the village church in my wheelchair when the service is on." Another person said, "I like it if there's singers." The registered manager explained that additional activity opportunities were provided by external entertainers and a local befriender group.
- The activity member of staff was motivated and enthusiastic. They engaged with people and encouraged

them to join in, which many did. During the inspection we observed them chatting with people and looking through photographs, a reminiscence session and some chair-based exercises. The service also kept chickens and two pet cats, which people appeared to appreciate.

- A group of seven young people from the local community supplemented the organised activity sessions by providing additional opportunities for people to enjoy some alternative company, play games or to chat, at weekends and in the evenings. Further opportunities for community involvement were provided through visits from the village choir group and attending events at the local primary school.
- Staff told us there were plans to improve activities through the creation of a sensory room and a gardening club. A portable streaming device had already been purchased which enabled people to have access to a wide range of films and music. Staff reported this had been well received. After the inspection, the registered manager advised they had also purchased music for two people who were being cared for in bed, to enhance their day to day experience.

#### Improving care quality in response to complaints or concerns

- Information about how to make a complaint or raise concerns had been developed. People were clear they knew how to raise a concern if they needed to. One person said, "Oh yes, I would speak to the higher ups (management team)." A relative told us, "I talk to anyone (staff) if I'm worried, but I make an appointment with the manager in the office if it's serious, they listen and sort things out."
- Records showed that people were listened to and their concerns were dealt with in a timely way. There was a clear audit trail of how each complaint was investigated and the outcome, with actions taken - where needed.

#### End of life care and support

- Where needed, the service was able to support people at the end of their life to have a comfortable and dignified death. Relatives confirmed this through written feedback. One relative had written, 'We appreciate how much care you all took.' Another relative had written to share their appreciation for the support provided to their family too, 'We appreciate all the efforts you made to improve (relative's) health and wellbeing and to care for her. We'd also like to thank you all for the kindness you gave us as family'.
- The registered manager said they had made a number of improvements in relation to end of life care since the last inspection. Letters had been sent out to relatives, and staff had spoken with people, to obtain information about their end of life wishes and preference. This would assist staff in being able to support people at the end of their life to have a comfortable, dignified and pain free death.
- Staff told us when needed, they worked closely with the PEPS (Partnership for Excellence in Palliative Support) team. The PEPS team aim to improve the overall experience and continuity of care for people at the end of their life, as well as their families and carers.



# 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 good. At this inspection this key question has now deteriorated 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.

### Continuous learning and improving care

- Quality monitoring systems were in place, to enable the management team to check if the service was providing safe, good quality care. We saw evidence of audits taking place which demonstrated the management team had good oversight of service provision. This showed that people's feedback and opportunities to improve the service were an integral part of the quality monitoring process, and managers checked to ensure improvements were sustained. Despite this, we found a few areas during this inspection which required improvement and had not been identified through the provider's internal quality monitoring checks. This included gaps in the decision-making processes followed for people lacking the mental capacity to make their own decisions in key areas, such as refusing prescribed medicines or sharing bedrooms. In addition, we found improvements were needed regarding the administration timings of time critical and pain relief medicines, and some environmental challenges for those people at risk of falling or who rely on equipment to support their mobility.
- The provider responded after the inspection to inform us they had already acted to address our findings or had plans in place to do so.
- The provider had also made several changes since the last inspection to enhance people's experience, ensure sustainability and to drive continuous improvement. This included investing in new technology, improvements to the environment, introducing new systems to promote people's safety and wellbeing and updating existing processes. The management team explained further improvements were planned too with the introduction of 'resident of the day' the following week. This initiative aims to help staff to really understand what is important to each person by reviewing in depth what would make a difference to them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were complimentary about the registered manager and deputy manager. They told us the leadership at the service was visible and they were involved in shaping and improving the service. One person told us, "Yes, I see and I chat to her [registered manager] and there is a new deputy." A relative added, "I see them both regularly. The manager listens to my concerns and any ideas I have." Another relative had provided the following written feedback, 'We cannot speak highly enough of the care, attention and support that has been afforded to (relative)...we have nothing but praise for all the staff. Nothing is too much trouble...what has also been so much appreciated is the support the management have given us'.
- Staff spoke positively too. They told us they enjoyed working at the service. One staff member told us, "I



love it here it's so personal." Another member of staff commented on how supportive the registered manager was. We observed staff to be confident, motivated and clearly involved in the day to day running of the service.

- The management team used a variety of methods to share information with, and seek feedback from people, relatives and staff. This included emails, satisfaction surveys and meetings. One person said, "I have been to the meetings. The notes are over there on the notice board." A relative said, "I have had a survey from the home...I have seen the feedback, it is generally okay." Minutes and surveys we looked at showed that people's feedback was listened to as a number of actions had been taken in response.

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

- We found that when things went wrong people were kept informed. In addition, the management team spoke openly throughout the inspection and responded to all our requests for information. They continued to do this after the inspection and kept us updated on key developments. This demonstrated an open and transparent approach. One person told us, "It's run very well, organised. A wonderful team." A relative added, "It's a good home, I'm happy that (relative) is here and they treat everyone well. They are open to chatting to me."

- Records showed that legally required notifications were being submitted to us (CQC) as required.

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and health care services to support care provision, service development and joined-up care in an open and positive way.