

Fieldhouse Ltd

Church Farm at Field House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Church Farm at Field House 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. This service supports older people. At the time of the inspection there were 39 people using the service.

People's experience of using this service:

- The provider met the characteristics of 'Good' in all areas. This has improved from a rating of 'Requires Improvement' at the last inspection in 2017. More information about this is in the full report.
- The risks to people's health and safety were now appropriately assessed resulting in safe care being provided. People were protected by staff who understood how to protect them from avoidable harm. People were supported by enough staff to keep them safe and to provide care in the way they wanted.
- Improvements had been made to the way people's medicines were managed. The risks associated with medicines had now been reduced. Improvements had also been made to the safety of the building and the safe management of the risks associated with the spread of infection. The registered manager now had the systems in place to help them to learn from mistakes. This included the detailed analysis of accidents and incidents.
- The principles of the Mental Capacity Act 2005 were now appropriately applied and adhered to. This meant people were now supported to make decisions about their care and those decisions were acted on by staff.
- Staff training was up to date and they received on-going assessment of their practice. People were provided with care and support which protected them from discrimination. People received the support they needed to maintain a healthy diet. People at risk of weight loss or gain and dehydration were referred to health specialists. People had access to other health and social care agencies where needed. The environment had been adapted to support people living with dementia and/or a physical disability.
- People liked the staff and found them to be kind and caring. People were treated with dignity and respect. People felt involved with decisions and that staff respected their wishes. People's records were stored securely to protect their privacy.
- People's needs were assessed prior to them coming to live at their home. This helped to ensure their needs could be met by staff. People's personal preferences were considered when care was planned. People had access to information in a format they could understand. People felt their complaints were responded to appropriately. Complaints were responded to in line with the provider's complaints policy. People did not currently receive end of life care. End of life care plans were basic and required more detailed reference to people's personal preferences.
- Improvements had been made to the overall assessment of risk at the home. Audits were now effectively used to assist the registered manager and the provider in identifying and acting on risks in an effective and timely manner. Staff enjoyed working at the service and felt respected and valued. People could give their views about how the service could develop and improve. There was a continued focus on learning, development and improvement. The registered manager had a good understanding of the regulatory

requirements of their role, however we did note they had not notified the CQC of one incident when required. Policies have been amended to ensure this does not happen again.

Rating at last inspection:

At the last inspection the service was rated as Requires Improvement (7 and 8 August 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

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 safe.
Details are in our Safe findings below.

Good ●

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 responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

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

Inspection team:

The inspection was carried out by an inspector, a specialist advisor (nurse) 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:

The service is a 'care home'.

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

Notice of inspection:

We did not give the provider notice of this inspection.

Inspection site visit activity started and ended on 5 March 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. The provider completed a Provider Information Return (PIR). 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 used this information to plan our inspection.

During the inspection, we spoke with nine people who used the service and three relatives. We spoke with a visiting GP, domestic assistant, two members of the care staff, a nurse and clinical lead, two directors, the head of operations and the registered manager.

We reviewed a range of records. This included six people's care records and three staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection, we asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management,

- During our inspection on 7 and 8 August 2017 we identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the way the risks associated with people's safety were assessed, the management of people's medicines, the prevention and controlling of infection and the effective analysis of accidents and incidents.
- After the inspection the provider forwarded us an action plan which explained how they would make the required improvements. At this inspection we checked to see whether these improvement had been made. We found they had.
- Improvements had been to the frequency of the reviewing of risk assessments. Previously we had concerns that the risks to people's safety were not always reviewed to ensure that that the care provided met their current needs. We now saw these were, in the majority of cases, reviewed at least monthly. This included the reviewing of assessments for people's medicines, mobility and nutrition. This meant the risk of people experiencing avoidable harm had been reduced.
- At our last inspection we had concerns that the home environment and equipment used to keep people safe was not regularly monitored. At this inspection we saw the home environment had undergone refurbishment since our last inspection. Windows now had restrictors where needed and equipment was regularly checked and serviced. This meant people now lived in an environment that was safe and the risk of harm had been reduced.
- Previously we had concerns that people were not being repositioned in line with the requirements of their care plan and risk assessment. We found there was now a more consistent approach to the recording of when people had been repositioned. Repositioning charts were, in the majority of cases, fully completed. We did find a small number of records where there lacked entries to evidence that a person had been repositioned. However, we were informed that nobody currently had a pressure sore at the home. This meant people were protected from the risks associated with poor mobility and developing pressure sores.
- Pressure relieving equipment was in place to reduce the risk of people developing pressure sores. We checked this equipment to ensure they were set at the required safe levels. Eleven of the 12 mattresses we checked were set to the right level. One was set too firm which meant the person may not have received the support they needed from the equipment. This was rectified during the inspection.

Learning lessons when things go wrong

- At our last inspection we were concerned that there was no analysis of the falls that occurred in the home. This could prevent people from receiving the professional support needed to reduce the risk of recurrence. During this inspection we saw there was now a process in place whereby all accidents and incidents, including falls, were assessed to help the registered manager identify any trends or themes.
- On occasions, we saw referrals had been made to occupational therapists, falls teams or other relevant agencies to obtain assessments of people's mobility. This helped to guide staff to reduce the number of

incidents that occurred and to keep people safe.

Using medicines safely

- At our last inspection we were concerned that people's medicines were not always managed safely. We noted medicines were not always secure to prevent people accessing them and the date of opening for some liquid medicines were not always recorded. We also found photographs to aid identification were not always in place and protocols to ensure people received 'as needed' medicines were not always in place. Finally, we found that temperatures of a fridge and room used to store some medicines were occasionally above the recommended maximum limit. During this inspection we found improvements in each of these areas.
- People felt medicine practices had improved. One person said, "The medication comes like clockwork now and they watch me take it." Another person said, "There was an issue for a while when some of the (nursing) staff didn't realise that I had to have it at a certain time, but they know now and it's given on the dot."
- Medicines were now stored in locked trolleys, refrigerators and cupboards within a locked room. The temperature of the rooms and refrigerators used to store medicines were recorded daily and were within acceptable limits. Liquid medicines were labelled with the date of opening. Processes were in place for the timely ordering and supply of medicines.
- We observed the administration of medicines during the morning of the inspection. Staff stayed with people until they had taken their medicines. People's medicine administration records (MAR) now all contained a photograph of each person to aid identification. MAR were completed consistently and there were no gaps to indicate medicines had not been given when they should. People's allergies were recorded to ensure people were not given medicines that could affect their health.
- Protocols were now in place for medicines prescribed to be given only 'as required'. These protocols provide staff with additional information required to ensure they were administered safely and consistently. Staff told us and records confirmed they completed medicines management and administration training and had an annual competency assessment.
- These improved practices meant that people were now protected from the risks associated with medicines.

Preventing and controlling infection

- At our last inspection we had concerns that staff did not always follow safe infection control, practices. Equipment was not always stored safely and was also not always clean. Staff did not always follow safe food hygiene practices. During this inspection we found improvements had been made.
- People did not raise any concerns with us about infection control practices. One person said, "The place is kept very clean and the laundry is excellent."
- We carried out checks of the cleanliness of clinical equipment such as hoists and wheelchairs. We saw they were stored safely and were visibly clean. Staff were aware of the actions to take to prevent the spread of infection. We observed safe food hygiene practices both in the kitchen and in the communal areas. We observed staff using personal protective equipment (PPE) appropriately and staff said there was a good supply of PPE. There were effective systems in place that ensured clean and dirty laundry were kept separate to reduce the risk of the cross-contamination.
- Domestic staff completed cleaning schedules which informed them which parts of the home required cleaning and when. This included more thorough deep cleaning at regular intervals. Staff had received infection control training. This meant the risks associated with the spread of infection had now been reduced.

Staffing and recruitment

- During our inspection on 7 and 8 August 2017 we identified a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the deployment of staff and the number of staff in place to support people safely. People had told us they did not feel there were always enough staff in place and call bells were not always responded to quickly. Our observations at the time confirmed people's views. At this inspection we found improvements had been made.
- Most people felt staffing levels had improved. One person explained that the issues they had with receiving their medicines at night had now gone as the night staff had "improved".
- Daily checks of call bell response times were now completed. Additional staff were in place at busy times, such as the early evening. This helped to ensure that people were able to go to bed when they wanted to.
- The use of agency staff has been reduced. This was because permanent staff worked flexibly to cover most gaps in shifts. The provider was currently recruiting for an additional full-time nurse. At the moment this vacancy is being covered by an agency nurse. However, the nurses that were covering had previously been to the home. This helped to ensure that people received consistent care and support.
- A dependency assessment was completed to help the registered manager assess people's needs and the number of staff needed to support them safely. Rotas checked showed the appropriate number of staff was in place.
- Robust recruitment processes were followed to ensure that people were protected from unsuitable staff. This included carrying out checks on staff's employment history, criminal record and identity.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of avoidable harm. People told us they felt safe when staff supported them. One person said, "They do everything by the book here, so I get good care."
- Staff were aware of the signs of abuse and could explain how they would report any concerns they had. Staff were confident the registered manager would address their concerns, but would escalate to head office or other external agencies such as the CQC if necessary.
- Staff had received safeguarding training. A safeguarding policy was in place. The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority 'safeguarding team,' were notified of any allegations of abuse or neglect. Records showed the registered manager had followed this process when required. This meant the risk of people experiencing avoidable harm was reduced.

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

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

Ensuring consent to care and treatment in line with law and guidance.

- During our inspection on 7 and 8 August 2017 we identified a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not always ensured that the principles of the Mental Capacity Act 2005 (MCA) were adhered to when decisions were made for people. Assessments of people's capacity were not always completed where required. Conditions placed on people's freedom were not always adhered to. People also told us staff did not always ask for their consent when providing them with care and support. During this inspection we checked to see whether improvements had been made and we found they had.
- 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.
- We checked whether the service was working within the principles of the MCA and found they were. Staff spoken with could explain how they adhered to the principles of the MCA. People were supported to make decisions for themselves. We observed staff acting on people's wishes throughout the inspection. Records showed people had consented to how they wanted their care to be provided. People's care was regularly reviewed and discussed with them to gain their continued consent.
- When a person was unable to consent to a decision, mental capacity assessments were completed. We saw assessments had been completed in a wide number of areas that included people's ability to manage and maintain good person hygiene and to manage their own medicines. We noted best interest documentation was in place when a particular decision had been made for people. This documentation is important, as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected.
- The registered manager made DoLS applications where necessary. Where conditions were recorded on the DoLS that had been granted, we found action had been taken to implement them.

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

- People received care from staff that reflected their needs and personal choices.
- People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Staff had access to national and local best practice guidance which supported them to carry out their roles effectively. We saw guidance in relation to falls prevention and dementia had been used to help form informative care plans.

- Standardised, objective risk assessment tools were used to assess risks to people's health and safety; such as mobility and nutrition. This helped staff to provide people with care in line with current best practice guidelines.

Staff support: induction, training, skills and experience.

- Most people felt staff understood their needs and were sufficiently trained to provide them with the care they needed. One person said, "[Name of staff member] is the best person here, there is nobody to touch them (ability)."
- Staff felt confident that they had the skills needed to carry out their role effectively. Records showed staff had completed training deemed mandatory by the provider for their role. This training was up to date. Staff felt supported by the registered manager and the provider. They received regular supervision of their practice and annual appraisals were in the process of being completed. This meant people were supported by well trained and competent staff.
- Staff praised the induction process. They told us they shadowed a more experienced member of staff until they were confident they had enough knowledge to understand people's individual needs. This helped to reassure people they would receive care from trained and experienced staff.

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

- Most of the people we spoke with praised the quality of the food. One person said, "The food is pretty good here. There is a choice and if my family want to eat with me they can." Another person said, "The food is very good and there is enough of it. It's still warm when it comes with the lid on and then they bring the pudding I want later."
- People's care plans showed that when they were at risk of weight gain or loss, referrals had been made to dieticians to offer specialist guidance for staff to support people effectively. Records showed when people were at risk of dehydration, their fluid intake was recorded and monitored. This was to ensure they received their minimum daily recommended amount. For the people we checked, we saw they were receiving the appropriate amount of fluid to reduce the risk of dehydration.
- The cook was knowledgeable about people's dietary needs. They had a five-week rotating menu, but told us that people could also make requests that were not on the menu. The kitchen was stocked with a wide variety of food and drink. The kitchen was clean and tidy. On the 7 February 2019 the Food Standards Agency inspected the home. It awarded the home a rating of 'Very Good' for food hygiene practices, which is the highest score possible. Most staff had had completed food hygiene training. This meant that people received their meals in a clean, hygienic environment.
- We observed lunch being served. Staff supported people with their meals when needed. We noted that this was done in an organised and effective way. We observed one staff member sit attentively with a person living with dementia and patiently encouraged them to eat. This took approximately 25 minutes before the person started to eat. The staff member did not offer to re-heat the meal; however, the person eating the meal had now started to eat. We judged that whilst it may have been appropriate to re-heat the meal, this may then have reduced the prospect of the person eating their meal. We felt the staff member acted appropriately in these circumstances.

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

- Extensive renovation work had been carried out since our last inspection. The home had been adapted to support people living with dementia and/or a physical disability. There were signs in place to help people to orientate themselves around building. There were pleasant communal areas where people could sit and relax with others. Handrails were in place to offer people support when walking independently of staff. Bathrooms, toilets and showers had been adapted to ensure they were accessible and usable for all people, despite people's disabilities. The home was well maintained and regular maintenance was carried out.

- People's bedrooms were personalised and included people's personal effects such as photographs, ornaments and other personal items.
Staff working with other agencies to provide consistent, effective, timely care
- People had access to their GP and other healthcare agencies to support them with receiving consistent and timely care. One person said, "They [staff] have a good relationship with the local GP so I can get to see them whenever I need to, but not usually more than their regular visit."
- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.
- Two GPs completed weekly visits to review people's health. They were also available in between routine visits when required. A visiting GP told us staff called them when they were needed and were knowledgeable about the people they cared for. They said they followed through on advice and requests for further monitoring of people when required. We saw evidence of the involvement of other professionals such as speech and language therapists and a diabetes nurse specialist.

Supporting people to live healthier lives, access healthcare services and support

- People's daily health and wellbeing was recorded in their daily running records and there was evidence of appropriate referrals to health and social care services when needed. Any areas of concern were reported immediately by staff to the registered manager or senior care staff and they were acted on accordingly.

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.

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 felt staff were caring and kind. They praised the approach of staff and felt well treated and supported. One person said, "Staff go out of their way to look after me and some I have just clicked with and we have hugs when they come in to me. Others just do their job and off they go. I have seen them helping others to eat and they are so patient and kind to them. It's lovely to see." Another person said, "There is a good team spirit here now; they joke with residents and interact like they really do care."
- People's diverse needs were discussed with them when they first started to use this service. This included whether they had any specific cultural or religious needs. A person had expressed a wish for hymns to be sung to them. An appropriate staff member was provided to support them. Methodist, Church of England and Roman Catholic services were provided for people. This ensured people from all denominations of the Christian faith could worship in their own preferred way.
- Efforts has been made to ensure that people were provided with one to one staff support. This was aimed to provide companionship to those who needed it. We saw 'Companion books' were in place which recorded when people had received this time with staff and what was discussed. We noted many of the conversations people had were related their personal preferences, interests and background.
- Records showed staff had completed equality and diversity training. The staff spoken with could explain how they respected people's personal choices.

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

- People and relatives were encouraged to become involved with decisions about their or their family member's care. Records viewed confirmed this. One person told us they had discussed their care and routine with staff and they were supported in the way they wanted. They also said, "They [staff] know my routine and work round it."
- Staff told us they were allocated people who they were responsible for ensuring their care plans were reviewed monthly. They told us people and/or their relatives were invited to attend for a care plan review meeting quarterly or more frequently if the person's needs changed. This process helped to ensure that people's views and changing care needs were acted on in good time.
- Information about how people could access an independent advocate was provided. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. One person said, "I simply have to accept that I need their support now, but it is easy to accept their gentleness and compassion."

- □ Staff had received dementia awareness training. This helped them to understand people's needs and to ensure they were treated with dignity and respect. People were given the option of a male or female member of staff to support them with personal care. One person said, "We have a good mix of male and female staff here and I get on well with most of them. We have a laugh sometimes." We observed staff respond quickly when people showed signs of anxiety, agitation or distress. Staff were compassionate, empathetic and showed a good understanding of the things that could upset people.
- □ People's independence was promoted wherever possible. One person said, "I do what I can for myself and they understand my need to do that." Care records included guidance for staff to ensure when personal care was provided, people's independence was promoted by ensuring they were supported to do as much for themselves as possible.
- □ People's care records were treated appropriately to ensure confidentiality. Where electronic records were used, these were password protected to prohibit unauthorised people from viewing them. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People received their support from staff in the way they wanted, considering their likes, dislikes and personal preferences and interests. One person said, "I have care planning meetings with the GP and the nurse every now and then and if my family can come, they do. Otherwise they [staff] staff let them know what is happening."
- Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. The care plans we looked at overall contained a good level of detail about people's care and support needs along with their preferences in relation to their care.
- When people needed support with managing health conditions, care plans were in place to ensure staff had the information required to provide responsive care. We did find one example where staff required more guidance in relation to a person's health condition and what to do if their condition deteriorated. We spoke with the clinical lead and registered manager about this and they agreed to meet with other professionals to ensure a jointly agreed plan was developed. However, when we spoke with staff they did have a good understanding of the person's condition and offered care and support when needed.
- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.
- The registered manager told us that as people's records had been transferred from paper to electronic format, this opened opportunities for them to present information to people in a variety of formats. Changing the size of the font of care records was an option as well as providing policies and procedures in a more accessible format.
- The service had recently signed up with Nottingham Deaf Society. Representatives have attended the home to talk about 'Deaf awareness'. These meetings were accessible for staff and people living at the home with the aim to raise awareness of the issues people who were hard of hearing or deaf faced each day. This helped to reduce the risk of discrimination due to disability.
- People were supported to follow their hobbies and interests. One person said, "The carers know that I like to do quizzes. I don't have a TV so they often bring me quiz books. I'm quite good now." Another person said, "I don't really have any hobbies. I do like my music and I watch the TV. We sometimes chat (with staff) about programmes that have been on."
- People had care plans for social activities that provided information about their interests. The service had introduced companion buddies for people who stayed in their rooms and did not want or were unable to join in group activities. These staff had responsibility for spending some time with their buddy. We spoke with a member of staff who told us about one person who stayed in bed, who enjoyed having a manicure and having their nails varnished. This meant all people were supported with staff engagement and this helped to reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- People spoken with told us staff, including the management team, responded appropriately to complaints. One person said, "If I have anything to complain about, I speak to the staff and they soon sort it out." Another person said, "I have never had to complain, but [the registered manager] is very approachable and I know he would listen. I'm not afraid to speak up."

- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- A basic end of life care plan was in place for people. They contained some basic information about their wishes, such as for one person which hospital they wanted to go to and family involvement. We discussed these records with the registered manager and they agreed that more detailed person-centred care planning was needed. This would ensure that people's personal preferences were considered as they neared the end of their life.

- A nurse told us they had received end of life care training. The community matron for palliative care had undertaken some training at the service for staff. A member of staff told us they could obtain specialist advice; for example, from a Macmillan cancer nurse who they could contact if they had any queries about how to support a person. This would help people receive the specialist care they needed.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During our inspection on 7 and 8 August 2017 we identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective governance processes in place to identify, assess and act on the risks to people's health and safety. Audits were not effective and had not identified the issues we found at the last inspection. This included the concerns with medicines, safety of the premises, infection control, the principles of the Mental Capacity Act 2005 and care planning. After the inspection the provider forwarded us an action plan which explained how they would make the required improvements.
- During this inspection we checked to see whether these improvements had been made and found they had. Care planning records were more thoroughly completed, the home was clean and tidy and free from the risk of the spread of infection. Medicines were now managed safely and the principles of the MCA were now appropriately applied and adhered to. The risks associated with the safety of the building had also been addressed. This meant the risks to people's health and safety were now appropriately acted on.
- These improvements were made possible as result of robust quality assurance processes being implemented. These audits focused on all parts of the home that could have an impact on people's safety. Some audits were completed daily, weekly or monthly. Others focused on longer-term assessment of risk. The registered manager delegated responsibility for some of the audits to other staff such as clinical or senior care staff. All understood the importance and carried out their roles effectively.
- The provider carried out regular audits of the quality of the service provided. Feedback from these audits was used to generate actions for the registered manager to address. These were reviewed on an ongoing basis which ensured continuous learning and improvement at the home.
- A weekly management report was sent to the 'central management team' where senior management, including directors, could identify and address any issues before they impacted on people. They also held the registered manager to account for their completion.
- The registered manager and all staff had a clear understanding of their role and how they contributed to ensure risks were mitigated and regulatory requirements were met. The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. We did note one statutory notification that needed to be sent to the CQC had not been. However, this had been reported to the local authority safeguarding team. The registered manager assured us they would amend their reporting policy to ensure the CQC were always notified of all relevant incidents. This meant the registered manager would continue to operate in an open and transparent manner.
- It is a legal requirement that a provider's latest CQC inspection is displayed at the home where a rating has been given. This is so that people and those seeking information about the service can be informed of

our judgments. We noted the rating from the previous inspection was displayed at the home and on the provider's website.

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

- People, relatives and staff praised the approach of the registered manager. One person told us about an issue they had raised directly with the registered manager and it was dealt with quickly and things improved. Another person told us they had regular meetings with the registered manager and they found them to be approachable.
- Staff were equally positive. Staff spoken with praised the 'leadership team' describing them as approachable, supportive and they always listened and acted on concerns. Staff felt valued and commented on the "good atmosphere" and that staff "worked well together."
- The registered manager had a clear focus to provide all people with personalised care and support. Care plans were regularly reviewed and people and relatives were included in these reviews to ensure care continued to meet their or their family member's needs.
- The registered manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made. People told us they found the approach of the registered manager warm and welcoming and were pleased with the quality of the care provided.
- The website carehome.co.uk, which enables people and relatives to leave feedback about care homes, gave the home an average rating of 9.7/10. This considered the scores given by people when they had either visited or moved to the home. Out of the 30 reviews posted, all 30 stated they were 'likely' or 'extremely likely' to recommend this home to others.

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

- People and relatives were given the opportunity to provide feedback about how the service could develop and improve. In December 2018 a survey was sent to people and their relatives. The survey covered many elements of the experiences of people living at the home or visitors. The results in all areas were positive. Where any minor issues were raised, these were added to the on-going home improvement action plan which was monitored by the registered manager and the provider.
- People told us they felt able to give their views. One person said, "They are always asking what I think of the service and they know I will speak up if I am unhappy." Another person said, "They ask what I think about the home, but it's ok in my eyes."
- Staff felt able to give their views about the quality of care. They explained they would report any issues to their line manager; either a senior carer staff member or clinical lead/nurse. All felt comfortable with raising any issues directly with the registered manager. The registered manager had an 'open-door' policy and told us they welcomed views, both positive and negative to aid further improvement and development.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide high quality care and support for all. We found recommendations made by other agencies had been acted on, resulting in a cohesive approach to the care provided.