

HC-One Oval Limited

Fieldway Care Home

Inspection report

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Tel: 02086483435

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fieldway Care Home is a residential home providing nursing and/or personal care to older people. The service can accommodate and support up to 68 people in a single building comprising of two floors, each with their own separate adapted facilities. Most people using the service have nursing needs and are living with dementia. At the time of the inspection, there were 53 people using the service.

People's experience of using this service

At our last inspection we found the provider had failed to ensure people had enough opportunities to participate in meaningful activities that reflected their social interests and needs. At this inspection we found not enough improvement had been made in relation to activities. We have therefore repeated the recommendation we made at the providers last inspection that they find out about training for activities coordinators, based on current best practice, in relation to meeting the specialist social care needs of people living with dementia.

At our last inspection we also found multiple breaches of regulation. This was because the provider had failed to ensure medicines were always safely stored; people received continuity of care and support from competent staff ; people were treated with dignity and respect, records were appropriately maintained and governance systems were operated effectively.

At this inspection we found the provider had made enough improvements to ensure they were no longer in breach of regulations. This was because we found medicines were now managed safely; sufficient nursing and care staff were employed to meet people's ; staff treated people with respect and dignity; governance systems were operated effectively and records were appropriately maintained by staff.

Similarly, people told us the service had significantly improved in the last six months under the leadership of the new manager. Feedback from people, relatives and professionals about the standard of care and support at the home was positive. In addition, most people also said the new manager had done a "great job" ensuring the service was now fully staffed with permanent nurses and care workers who were familiar with people's needs and wishes.

However, the provider will need to demonstrate that all the improvements described above are sustainable over a longer period of time before we can consider rating the service good overall.

People were cared for and supported by staff who knew how to manage risk and keep people safe. We saw the premises remained clean and staff followed relevant national guidelines regarding the prevention and control of infection. People continued to live in a suitably adapted and reasonably well decorated care home that met their needs.

The training and support staff received remained relevant to their roles and responsibilities. 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. People were supported to maintain a nutritionally well-balanced diet. People were supported to stay healthy and well and have access to the relevant community health care professionals.

People were treated equally and had their human rights respected, including their spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs continued to be carried out before they started using the service.

Care plans were personalised and up to date. Managers and staff understood the Accessible Information Standard and ensured people were given information in a way they could easily understand. People were encouraged to make decisions about the care and support they received and had their choices respected. People were satisfied with the way the provider dealt with their concerns and complaints. People's end of life care wishes was recorded in their care plans.

The manager recognised the importance of learning lessons when things went wrong. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff.

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

Rating at the last inspection

The last rating for this service was requires improvement overall and inadequate for the key question, 'Is the service safe?' (report published 20 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fieldway Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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.

Fieldway Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

An inspector and a specialist advisor. The specialist advisor was a registered nurse who had experience of working with older people living with dementia.

Service and service type

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

The service did not have a manager registered with the CQC. Since our last inspection six months ago the former registered manager had resigned and a new manager had been appointed in April 2019. The new manager is in the process of applying to be registered with us. This means they will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This two-day inspection was unannounced on the first day.

What we did before the inspection

We reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return (PIR). This provides us with key information about their service, what they do well, and improvements they plan to make, which helps us plan our inspection.

During the inspection

We spoke with 12 people who used the service and eight visiting relatives or friends. We also met various

managers and staff who worked for the provider including, the manager, area director, clinical lead nurse, three registered nurses, nine care workers, two activities coordinators, the cook, a housekeeper and the receptionist. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Furthermore, we looked at a range of records that included 12 people's care plans, multiple medicine administration record sheets and six staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

After the inspection

We received email feedback from two local authority social workers who had clients using the service about their experiences of this care home.

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 good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider had failed to ensure medicines were always safely and securely stored, which had placed people using the service at unnecessary risk of harm.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff now followed clear protocols for the safe storage and administration of medicines. For example, throughout our inspection, the clinical room and medicines trolley doors where medicines were stored were kept locked when they were not in use or were attended by staff when medicines were being handled.
- Records showed staff received up to date safe management of medicines training and their competency to continue doing so safely was routinely assessed by senior nurses.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Managers and nurses routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. Similarly, an external medicines audit undertaken by a pharmacist in 2019 concluded the services medicines systems were well-organised and people received their prescribed medicines when they should.

Staffing and recruitment

At our last inspection we found the provider had failed to ensure people received continuity of care and support from permanent nursing and care staff who were familiar with their needs, wishes and daily routines.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18. Similarly, as outlined above, the provider will need to demonstrate that improvements made to staffing levels are sustainable over time before this key question can be rated as good.

- Records showed and the manager confirmed they had recruited ten new nurses in 2019, which meant they were no longer reliant on temporary agency nurses. People told us the service was now adequately staffed

with permanent staff. Typical feedback we received included, "The new manager has employed loads of new nurses, so we've got a staff team now who know how to look after my [family member]", "This place is one hundred percent better now they've recruited some more nurses who know what they're doing and actually want to work here" and "It's so nice to see so many permanent staff working here who are aware of my client's needs, likes and daily routines. This hasn't always been the case over the years."

- We received similar comments from staff about improvements to staffing. Typical comments included, "Staff morale has significantly improved lately now we got all the permanent nurses we need", "No more agency staff, which is great...Hats off to the new manager" and "This place used to be a real nightmare to work in before because it was just full of agency staff. Well done to the new manager for sorting this staffing crises out so quickly."
- Staff were visibly present throughout the care home during our two-day inspection. For example, we observed staff on numerous occasions respond quickly to people's requests for assistance or to answer their questions.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history, a health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- The provider had clear safeguarding and staff whistle blowing policies and procedures in place. Staff received up to date safeguarding adults training and knew how to recognise and report abuse should they witness it. One member of staff told us, "I was taught in my induction to report anything I might be concerned about to the nurse in charge or the homes manager."
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. There was one safeguarding concern open at the time of our inspection, which had been reported to the local authority and was currently being investigated.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks to people. For example, care plans we looked at included risk assessments associated with people's mobility, their physical environment, pain management, use of bed rails, eating and drinking, management of medicines and behaviours that might challenge the service.
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or minimise the risk of people with mobility needs falling. A social care professional told us, "Carers have all been very professional and provide a very high standard of care even when my client has placed themselves at risk of harm."
- There was clear guidance for staff to follow to help them deal with emergencies. For example, personal emergency evacuation plans were in place to help staff evacuate people in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises.

Preventing and controlling infection

- People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe.

- The service looked and smelt clean. One person told us, "It's definitely clean here and the staff make sure I have clean sheets on my bed every day", while a social care professional remarked, "The home always smells fresh and clean whenever I visit." Several people also told us staff always wore the appropriate protective gloves when they were providing them with personal care.
- Records showed staff received on-going infection control and food hygiene training. In November 2018 the provider had been awarded four out of five stars (second highest rating) by the Food Standards Agency for their food hygiene practices.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, following a number of medicines errors in the last 12 months the provider had reduced the risk of similar incidents occurring by improving the way they monitored staff medicines handling practices.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the provider had failed to ensure staff always took appropriate action to prevent or appropriately manage people's skin integrity who had been identified as being at risk of developing pressure ulcers.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People were supported to stay healthy and well. We saw people now received the right level of health care and support they required to ensure their individual needs and wishes were met. A relative told us, "Now the home has got it's full complement of nurses who know what my [family member] needs, she doesn't get pressure sores like she used too." A second relative remarked, "Fingers crossed my [family member] hasn't had any more problems with bed sores since the new manager came and recruited a lot more nurses."
- People's care and risk management plans detailed their health care needs and conditions, and how staff should manage them.
- Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of external health care professionals.

Staff support: induction, training, skills and experience

- Staff received up to date and relevant training. For example, as discussed with the provider at their last inspection we saw staff had now received moving and handling, positive behavioural support and dementia awareness training. This helped staff to meet the needs of people using the service effectively. A relative told us, "At least you know the permanent staff are trained...We didn't know what training the agency staff received."
- It was mandatory for all new staff to complete an induction which was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. The induction was followed by a period of shadowing experienced nursing staff.
- Staff demonstrated a good understanding of their working roles and responsibilities. Staff told us the training they received was always relevant to their role. One member of staff told us, "The new manager is

very hot on training and will chase you up if you've not completed the training you're meant too."

- Staff continued to have opportunities to reflect on their working practices and professional development through regular individual supervision and work performance appraisal meetings with their line manager. One member of staff told us, "I feel a lot more supported by the new manager. He's definitely on our side and clearly wants us all to pull together to make Fieldway a great place to live or work."

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

- People lived in a suitably adapted and reasonably well decorated care home that met their needs.
- We saw the premises were kept free of obstacles and hazards which enabled people to move freely around the care home and the surrounding gardens. Several people told us the care home was a "comfortable" place to live.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, staff knew which people lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity and recorded any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
- Staff were also aware of people's individual support needs and preferences. Staff told us people's care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet an individual's needs and wishes.

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

- People were supported to access food and drink that met their dietary needs and requirements.
- Most people told us they were happy with the quality and choice of the meals they were offered at the service. One person told us, "Staff know me and know what food I like...The food is pretty good here", while

a second person said, "I can have as much tea as I can drink during the day and if I'm still hungry after supper you can order a sandwich or an omelette, which I sometimes do."

- Staff demonstrated a good understanding of people's dietary needs and preferences. For example, we saw at lunchtime on both days of our inspection the catering staff had prepared a range of soft, pureed and fortified (high calorie) meals for people with specific nutritional needs.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we found the provider had failed to ensure staff always treated people using the service with dignity and respect.

This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- Since our last inspection staff had completed dignity and person-centred care training. In addition, a number of staff had been specially trained to become dignity champions and were now responsible for promoting and monitoring dignity in care awareness within the service. One member of staff said, "During my induction my mentor told us I must always knock on people's bedroom doors and ask to be invited in before entering." The manager also told us they had recently introduced a new initiative called 'Stop the clock' which meant every day at 3pm all nursing and care staff were expected to stop what tasks they were doing and spend some quality time interacting with people using the service.
- People looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by respect and warmth. For example, throughout our inspection we observed staff sit next to people they were assisting to eat a meal or have a drink to ensure they made good eye contact and converse with them. People told us staff treated them respectfully and always upheld their rights to privacy and dignity. A relative said, "The staff are always pleasant to my [family member] and respect her wishes." A second relative remarked, "Although my [family member] is bed bound the staff always make sure they knock on his door to ask to come in and always ask how we're getting on."
- People were supported to be as independent as they could and wanted to be. Several staff gave us examples of how they encouraged people to maintain their independent living skills. One person told us, "As long as I tell the staff what I'm up to they don't mind me going out to the shops or visiting my old home whenever I want." A second person said, "Staff encourage me to walk around the home using my walking-frame so I don't lose the ability to get about on my own."
- Care plans we looked at reflected this enabling approach and clearly set out people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.

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

- People were treated equally and had their human rights and diversity respected. People typically

described staff as "caring" and "kind". One person said, "When I was in hospital I missed the friendliness of the staff at Fieldway."

- Records showed staff had received up to date equality and diversity training. Staff demonstrated good awareness of people's diverse cultural heritage and spiritual needs and how to protect them from discriminatory behaviours and practices. During lunch we observed two staff talking with people in an Asian dialect these individuals preferred to converse in. Staff confirmed the duty rosters was planned so at least one member of staff who spoke Tamil was always working in the home, which was the language a number of people using the service preferred to communicate in.
- People's care plans contained detailed information about their spiritual and cultural needs and wishes. Records showed people representing various denominations of the Christian and Muslim faiths regularly visited the service to conduct religious ceremonies. We also saw the minutes of staff meeting reminding catering staff to ensure Halal meat would be available for people at a barbeque they were planning. Halal food is that which adheres to Islamic law.

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

- People were encouraged to make decisions about the care and support they received and had their decisions respected. For example, we observed staff encourage people to make an informed choice about the food they ate for lunch by showing them what that days two main meal options would look like presented on a plate.
- People told us staff listened to them and acted upon what they had to say. One person said, "I feel staff do listen to me at Fieldway and know me well."
- People had regular opportunities to express their views at their care plan reviews and regular residents' meetings. People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.

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 requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found the provider had failed to ensure people had enough opportunities to participate in meaningful activities that reflected their social interests and needs. We recommended at the time the provider seek advice and guidance from a reputable source, about developing a more suitable activities programme for people living with dementia.

At this inspection we found activities had not significantly improved and the recommendation we made at the last inspection had not been sufficiently actioned.

- Throughout our inspection we saw activities coordinator's initiate a range of interesting activities in a communal lounge, which included a quiz, an arts and crafts session, various board games and listening to music. Several staff also gave us examples of how the service had been involved with the local community including a visit by a petting zoo, a local theatre company and lunches out at a local pub.
- Despite this, comments we received from people and relatives about social activities in the home were rather mixed. Typical feedback included, "[activities] could be better", "I wish there were more age appropriate activities for my [family member] to get involved in if they wanted", "The activities coordinator's do their best and activities have definitely improved lately, but I still think a lot more could be done to improve them" and "Activities could be a lot better... They still haven't got enough activities coordinator's, which means it's hard for them to organise all the activities they would like."
- On the first day of our inspection we found only one activities coordinator was on duty. Staff confirmed at least two activity coordinators' should always be on shift during the day, but this was not always possible because of activity coordinator vacancies and absenteeism. The manager and several staff we spoke with all conceded the services social activity programme and activity training for staff required improving. We discussed this ongoing issue with the manager who told us they had now recruited two full-time and two part-time activities coordinators to fill these previously vacant posts.
- The service did not always take appropriate action to protect people who preferred or needed to stay in their bedrooms from social isolation. For example, throughout our two-day inspection we did not see staff offer people who were bed bound any meaningful activities. One person told, "The staff are lovely are often ask how I am, but they're too busy most of the time and sit and do an activity with us."

We have repeated the recommendation we made at the services last inspection. The provider should find out about planning activities and training for staff, based on current best practice, in relation to meeting the specialist social care needs of people living with dementia or who are bedbound.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our last inspection we found the provider had failed to ensure people's personal care needs and wishes outlined in their care plan were always met by staff.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People received personalised care that was tailored to their individual needs and wishes.
- People using the service each had their own care plan. These plans were personalised and contained detailed information about people's strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs. This enabled staff to offer people choices in line with their preferences. Typical feedback we received from people included, "There's a lot more permanent staff around these days who know when my [family member] usually gets up, what's to eat or have a shower", "The staff seem to be much more on the ball when it comes supporting my [family member] with their continence needs" and "Less reliance on temporary agency and more regular staff has meant I'm confident the staff know my [family member] and what's written in their care plan."
- People, and where appropriate their relatives and/or professional health and social care representatives, were encouraged to help develop and review an individual's care plan. If people's needs and wishes changed their care plan was updated to reflect this.
- Staff demonstrated good awareness of people's individual needs and preferences, as recorded in their care plan. For example, during lunch we observed a member of staff offer to prepare a salad for someone who did not eat meat or fish.

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 information and communication needs and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the AIS. For example, we saw a range of easy to read large print and pictorial signs displayed throughout the service, which identified where the communal lounges, dining area and toilets were and what social activities people could choose to engage in each day. This ensured people had access to and could understand information they needed to know about the care home.
- The manager told us his staff team spoke a variety of different languages, which included the first languages of people who sometimes chose not to speak in English.
- Staff understood the AIS and communicated well with people. For example, we observed staff on several occasions use easy to understand pictures to help people with communication needs make informed choices about what they ate and drank at mealtimes.
- People's communication needs, including people's preferred language or method of communication, were clearly identified in their care plan.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with it.

- People said they were aware of the provider's complaints policy, which was available in various easy to read formats everyone could understand, and how to raise any concerns or complaints they might have.
- The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.
- Records showed in the last 12 months people had been satisfied with the way the manager had dealt with their concerns or formal complaints they had raised.

End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- The provider had an end of life policy and procedures in place and people's care plans had a section where they could record their end of life care and support needs and wishes, if they wanted to.
- The manager told us they regularly liaised with GP's and other health care professionals, including palliative care nurses, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes.
- Records showed staff had completed up to date end of life care training.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we found the provider had failed to ensure existing governance systems were operated effectively. Records were not appropriately maintained by staff.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, the provider will need to demonstrate that these improvements are sustainable over time before this key question can be rated as good.

- It was evident from comments made by the new manager they were keen to keep constantly improving the service and they recognised the importance of continuous learning. However, the manager acknowledged actions plans to improve the service remained a work in progress and that they would need more time to show us the improvements they had already made in the first four months in charge were sustainable over a longer period of time.
- The quality and safety of the service people received was routinely monitored by managers and senior staff at provider and service level. For example, since our last inspection managers were required to carry out daily 'walk around' tours of the premises to observe staff working practices and to check health and safety in the building. In addition, routine audits continued to undertake by managers in relation to medicines, care planning and risk assessments, accident and incidents, infection control and food hygiene, fire safety, and staff record keeping, training and supervision.
- The manager told us they routinely analysed the findings of all the audits described above to identify any patterns and trends and to learn lessons about how they could do things better. We saw the provider had developed and implemented several action plans to improve the service they provided people. This had included action plans that had resulted in the appointment of a suitably experienced and competent new manager and the filling of the majority of staff vacancies with new permanent staff.
- The provider ensured staff consistently maintained up to date and complete records of the care and treatment people living in the home received. For example, we found no gaps or omissions on medicines, fluid and food intake, weight and daily notes records we looked at. A relative told us, "Since the new manager has been here the staff are definitely better at keeping records in relation to the care my [family member] receives, which is great because we can now check the staff are doing what they should and said they did."

However, the provider will still need to demonstrate that all the improvements described above are sustainable over a longer period of time. Progress made by the provider to continually improve the service will be assessed at their next inspection.

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

At our last inspection we found the service was not well-led in part because managers at both a provider and service level were not always clear about their roles and responsibilities.

At this inspection we found the way the service was now managed had significantly improved.

- The service did not have a manager registered with the CQC. However, a new suitably qualified, competent and experienced manager was appointed in April 2019. Our records show the manager is in the process of applying to be registered with us.
- There were now clear management and staffing structures in place. The manager was supported by various senior managers and staff including, an area director, deputy manager, a clinical lead nurse and numerous senior nurses and carers.
- People using the service, their relatives and staff all spoke positively about the way the service was now led by the manager. They typically described him as "likeable" and "approachable". One relative said, "The new manager has done an amazing job recruiting so many new staff and making sure people get the care they deserve", while a second relative remarked, "The manager has turned the home completely around in just a few months...I hope we can keep him." Comments we received from community social care professional were equally complimentary. One told us, "I feel the new manager is doing a good job and has brought the home and staff up to a good standard in a very short period of time."
- The manager understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and the people using it.
- We saw the service's previous CQC inspection report and ratings, which were clearly displayed in the care home and were easy to access on the providers website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

At our last inspection we found staff morale was low, which we discussed with the provider at the time.

At this inspection it was clear staff morale had significantly improved.

- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual and group meetings. Several staff told us the teams morale had improved since the new manager had taken charge of the service. One member of staff said, "Since [new managers name] has recruited more permanent staff, so has staff morale improved", while a second remarked, "The staff team are a lot happier now we've got a full team to work with."
- People had opportunities to express their views about the standard of care they received at the home. This was done through regular house meetings with their fellow peers and yearly satisfaction surveys. The results of the most recent satisfaction survey indicated people and their relatives were on the whole happier with the standard of care and support now provided at the service.

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

- People received personalised care from staff who now had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The provider had a clear vision and person-centred culture that was shared by managers and staff. The manager told us they routinely used group team and individual supervision meetings to remind staff about the providers underlying core values and principles.

Working in partnership with others

- The provider worked in close partnership with various local authorities, health and social care professionals and community groups. This included local GP's, community nurses, speech and language therapists, social workers, staff from a local hospice and the London Borough of Merton's dignity in care group.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. This helped to ensure people continued to receive the appropriate care and support they required.