Oaklands Care Services Limited

Oaklands Nursing Home

Inspection report

43 Bodenham Road
Hereford
Herefordshire
HR1 2TP

Tel: 01432272775

Date of inspection visit:
16 October 2018
17 October 2018
25 October 2018

Date of publication:
04 December 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 16, 17 and 25 October 2018. The first day of our inspection visit was unannounced.

Oaklands Nursing 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 home is registered to provide accommodation with nursing care for up to 39 older people some of whom are living with dementia. The accommodation is split across three floors within one large adapted building. At the time of our inspection, there were 33 people living at the home.

There was a registered manager in post who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection in February 2018, we rated the service as 'Inadequate,' and it was therefore placed in 'special measures.' We identified seven breaches of the Regulations. These related to the provider's failure to ensure people were protected from abuse and improper treatment, their dignity and privacy was maintained, and they received safe and person-centred care. In addition, the provider had not ensured the premises met people's individual needs, the principles of the Mental Capacity Act 2005 were adhered to and the overall leadership and
governance of the service was effective.

As a result of the inspection, we asked the provider to send us a report explaining the actions they were going to take to improve the service. We also imposed conditions on the provider's registration. These conditions meant they needed to tell us, on a monthly basis, how they ensured the environment was safe and appropriately maintained and the known risks to people had been minimised.

At this inspection, the provider demonstrated to us that sufficient improvements had been made to the service that it was no longer rated as inadequate overall or in any of the key questions. Therefore, the service is no longer in 'special measures.' However further improvements were needed in relation to the promotion of people's rights under the Mental Capacity Act 2005, the induction and training of staff and the effectiveness of the provider's quality assurance processes.

The individual mental capacity assessments completed for people did not always clarify the specific decision under consideration. The provider had not reviewed their staff induction programme to ensure this incorporated the requirements of the Care Certificate. Some nurses and a minority of care staff were not

fully up to date with their training. The provider's quality assurance processes had not always enabled them to identify and address shortfalls in quality and inaccuracies in people's care records.

People felt safe living at the home. Staff recognised their responsibility to remain alert to any form of abuse and understood how to report any abuse concerns. People received their medicines safely and as prescribed from nurses who underwent annual medicine competency checks. The provider had taken steps to address any potential hazards within the home environment. The management team and nursing staff had assessed, reviewed and put plans in place to manage the risks associated with people's individual care and support needs. Staff read and adhered to people's risk assessments. They were kept up to date with any changes in the risks to people, and showed good insight into these risks.

Staff recorded any accidents or incidents involving people who used the service and these reports were analysed by the management team. The staffing levels maintained at the home enabled staff to work safely and effectively. The provider had systems and procedures in place to protect people, visitors and staff from the risk of infection. The provider undertook pre-employment checks on prospective staff to ensure they were safe to work with people.

People, their relatives and community health and social care professionals had confidence in the knowledge and skills of staff. The provider had applied for DoLS authorisations based upon an individual assessment of people's capacity and their care arrangements. The management team reviewed conditions on granted DoLS authorisations in order to comply with these. The provider had taken steps to create a dementia-friendly environment. The management team undertook regular one-to-ones with care staff and clinical supervision with nurses to identify any additional training or support they may require.

Staff supported people to choose what they wanted to eat and drink and provided them with plenty of snacks and drinks between meals. Mealtimes at the service were relaxed and social events during which people had the support they needed to eat and drink safely and comfortably. Any complex needs or risks associated with people's eating and drinking had been assessed, reviewed and plans put in place to manage these.

Before people moved into the home, the provider assessed their individual needs and requirements to ensure they could be successfully met. The management team understood the need to take into account people's protected characteristics when planning and delivering their care. Staff and management liaised effectively with a range of community health and social care professionals to promote positive outcomes for people and ensure their current health needs were monitored and met.

Staff treated people with dignity and respect at all times, and took steps to protect their personal information. They had taken the time to get to know people well and adopted a kind and compassionate approach to their work. Staff and management encouraged people and their relatives to express their views and participate in decision making that affected them.

People received person-centred care and their care plans were individualised and comprehensive. The provider had a clear complaints procedure in place, and people and their relatives understood how to raise any concerns with the provider. People had support to pursue their interests and spend time in ways they found interesting and enjoyable. People's individual communication and information needs had been assessed and addressed to promote effective communication. The management team and nurses discussed with people and their relatives their wishes regarding their future care.

The registered manager had a good understanding of their duties and responsibilities, and felt well-

supported by the provider. People, their relatives and community health and social care professionals had a positive relationship with the management team, whom they found approachable and ready to listen. The provider encouraged feedback on the service from people, their relatives and staff, and took this on board.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always Safe.

Staff understood how to report any abuse involving people who used the service to the provider.

The risks associated with people's individual care and support needs had been assessed and managed.

The staffing levels maintained meant people's individual needs could be met safely.

Is the service effective?

Requires Improvement

The service was not always Effective.

Nurses and staff were not always up to date in their training.

The provider had not reviewed staff induction training to ensure this met the requirements of the Care Certificate.

The individual mental capacity assessments completed for people did not always clarify the specific decisions being considered.

Is the service caring?

Good

The service was Caring.

Staff knew people well and treated them with kindness and compassion.

People were encouraged and supported to express their views about the care provided.

Staff protected people's rights to privacy and dignity.

Is the service responsive?

Good

The service was Responsive.

Staff provided care and support that was shaped around people's individual needs and requirements.

People's care plans were individual to them and followed by staff.

People and their relatives knew how to complain about the service.

Is the service well-led?

Requires Improvement

The service was not always Well-led.

The provider's quality assurance processes had not always enabled them to identify and address shortfalls in quality.

The management team were accessible, approachable and willing to listen.

Staff were well-supported and felt valued in their work.

Oaklands Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 17, 18 and 25 October 2018. The first day of the inspection visit was unannounced.

The inspection team consisted of two inspectors, an Expert by Experience and a specialist advisor who is a nurse specialist in dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during the planning of our inspection of the service.

Before the inspection site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority, the local clinical commissioning group and Healthwatch for their views on the service. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During our inspection visits, we spoke with 10 people who used the service, six relatives, one person's friend and three community health and social care professionals. We also spoke with the owners, the registered manager, deputy manager, kitchen manager, two nurses, one senior care staff and three care staff.

We looked at a range of documentation, including seven people's care and assessment records, staff induction and training records, medicines records, incident and accident reports, three staff recruitment

records, complaints records, selected policies and procedures, certification related to the safety of the premises and records associated with the provider's quality assurance.

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.

Requires Improvement

Is the service safe?

Our findings

At the time of our last comprehensive inspection in February 2018, the 'Safe' key question was rated as 'Inadequate'. At this inspection we judged the key question as 'Requires improvement'. Although the provider had made improvements to ensure people were protected from abuse and avoidable harm, they must demonstrate sustained improvement over time to achieve a rating of 'Good'.

At our last inspection, we found the registered manager had failed to notify the relevant external agencies of, fully investigate or address a safeguarding issue involving people who used the service. This involved the misuse of thickening powder by staff, which had been prescribed for people with swallowing difficulties. We found people remained at potential risk of harm as their access to thickening powder was not appropriately controlled. In addition, staff guidance on the use of 'as required' (PRN) medicines did not always reflect people's care plans. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 13. Robust procedures for the use and storage of thickening powder had been introduced by the provider. When not in use, this was now stored securely at all times in the home's medication trolleys. Care staff had been provided with additional training on the safe use of thickening powder, and the nursing staff managed its use on a day-to-day basis.

Staff received training in, and understood, their individual responsibilities to protect people from any form of abuse or discrimination. They told us they would immediately report any concerns of this nature to the management team. One staff member explained, "I would inform Matron [registered manager] and if she didn't take any action, I would go to the safeguarding team."

At our last inspection, we found the provider had not ensured people received safe care and treatment. Assessment of nurses' competence to practice were not up to date, and medicine competency assessments had not been completed on senior care staff who acted as second signatories for nurses when administering controlled drugs. In addition, medication audits were not effective or consistently completed. The provider had not appropriately assessed and managed the risks to people associated with the ongoing building work at the home, in order to ensure a safe and hazard-free environment. There was poor lighting in some areas of the home, potential trip hazards present, and access to potentially hazardous areas, equipment and chemicals had not been appropriately controlled. The risks to individuals, including those associated with people's nutrition and pressure care, had not always been appropriately assessed and managed. The guidance provided to staff on how to mitigate risks to people was not always clear, and associated record-keeping by staff was inconsistent. Staff did not always follow agreed protocols or take appropriate action following accidents and incidents at the home, and the provider did not always seek to learn from such events. In addition, the provider had not taken appropriate steps to ensure people were protected from the risk of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 12. People told us they felt safe living at the home. On this subject, one person explained, "They [staff] care for us and keep their eye on us." People's relatives were also confident staff protected their loved ones' safety and wellbeing. One relative told us, "I do feel confident [person] is safe. It comes down to the fact that staff are very caring and concerned for them as an individual." Another relative said, "I have every confidence in the care here; it's second to none."

Effective systems and procedures were in place to ensure people received their medicines safely and as prescribed. People's medicines were handled and administered by nurses who underwent annual medicines training and medicine competency checks. The nurses maintained accurate and complete medication administration records (MARs), and written guidance was in place on the use of 'as required' (PRN) medicines. Clear procedures were in place to ensure people's rights under the Mental Capacity Act were protected in the event that their medicines were to be given covertly. The provider had introduced a robust audit tool to monitor the safe management of people's medicines, which was completed by the registered manager on a monthly basis.

Since our last inspection, the building works at the home had been completed. We did not identify any hazards associated with the condition of home's physical environment, which was well-maintained, appropriately-lit and clutter-free throughout. Additional steps had been taken to restrict people's access to potentially hazardous areas of the home, such as the servery and sluice room, and we saw staff adhered to the provider's procedures for the safe storage of cleaning chemicals.

People's relatives spoke positively about the vigilance of staff in managing the risks associated with their loved ones' day-to-day care and support. On the subject of their loved one's pressure care needs, one relative said, "They [staff] keep an eye on everything and ring me straightaway with any concerns." The provider had procedures in place to ensure the risks to individuals were assessed, managed and reviewed, through the use of recognised assessment tools. These risk assessment procedures considered, amongst other things, people's risk of falls, any complex needs and risks associated with their nutrition and hydration, and their vulnerability to infections or pressure sores. Risk assessments were reviewed and updated on a regular basis, taking into account any advice received from external health and social care professionals. Consistent handovers between shifts and daily 'flash meetings' were organised to communicate any changes in risks across the staff team. The staff we spoke with demonstrated good insight into the current risks to individuals. Staff confirmed they were able to access people's risk assessments and were alerted to 'must do' tasks associated with people's safe care and treatment through their handsets which were linked to the home's electronic care management system.

The provider had procedures in place to ensure any accidents or incidents involving people who used the service were reported, recorded and monitored on an ongoing basis. As part of this, the management team completed a monthly 'falls safety cross' (a visual tool for the monitoring of falls) and falls checklist to reduce the risk of people suffering further falls.

Since our last inspection, the provider had taken steps to improve infection control practices at the home, in order to better protect people, staff and visitors from the risk of infection. During our inspection visit, we found the home's environment and the specialist care equipment in use to be clean and hygienic. The provider employed domestic staff to support the nurses and care staff in ensuring standards of hygiene and cleanliness were maintained. Staff had access to, and made use of, personal protective equipment, which comprised of disposable aprons and gloves. Suitable hand-washing facilities were available, accompanied by signs highlighting the importance of hand hygiene.

At our last inspection, people told us staffing levels at the home were not sufficient, and staff themselves expressed mixed views about the adequacy of the home's staffing arrangements. At this inspection, the majority of people and all of the relatives and staff we spoke with were satisfied with the staffing levels maintained at the service. One person told us, "There's always people [staff] around and I have a button [call bell] to press." A relative said, "I feel confident [person] is safe in terms of there being enough staff." During our inspection, we saw there was a sufficient number of staff on duty to respond to people's needs and requests, who were deployed effectively across the home's three units. Staffing levels enabled staff to monitor the safety and wellbeing of people, both in their rooms and in the home's communal areas.

The provider completed checks on prospective staff to ensure they were safe to work with people. This included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS searches police records and barred list information to help employers make safer recruitment decisions.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection in February 2018, we rated this key question as 'Requires Improvement'. At this inspection, we found that whilst some improvements had been made, further improvements in the service were needed. The rating for this key question remains 'Requires Improvement'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We 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. At our last inspection, we found people's rights under the Mental Capacity Act were not always promoted. Staff had a limited understanding of the MCA and mental capacity assessments did not always clearly define the decision being considered. Best interest decisions were not always appropriately recorded. They did not always demonstrate the least restrictive option had been considered or provide staff with clear guidance on the agreed action to be taken in the individual's best interests. Conditions imposed on people's DoLS authorisations were not understood by staff or consistently monitored and complied with by the provider. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that whilst the provider was now meeting the requirements of regulation 11, further improvement was needed to ensure people's rights under the MCA were fully promoted. Since our last inspection, staff had been provided with additional training and support to enhance their understanding of what the MCA meant for their work with people. The management team and staff demonstrated an appropriate understanding of people's rights under the MCA. People and their relatives told us, and we saw, staff sought people's permission before carrying out their day-to-day care. Do-not-attempt-cardiopulmonary-resuscitation (DNACPR) decisions had been appropriately recorded in people's care files.

Applications for DoLS authorisations had been made based upon an individual assessment of people's capacity and their care and support arrangements. Where DoLS authorisations had been granted, the management team had reviewed any associated conditions, in order to comply with these. However, the individual mental capacity assessments completed still did not always clarify the specific nature of the decision under consideration, referring, for example, to 'eating and drinking' or 'personal intervention'. We discussed this issue with the registered manager who assured us they would conduct a full review of people's mental capacity assessments to ensure these were clear recorded and decision-specific. We will follow this up at our next inspection.

At our last inspection, we found the provider had not adapted the home's environment to meet people's individual needs. People had been unable to access the home's communal bathroom for several months as it was in the process of being refurbished, and the shower rooms in use were cluttered. In addition, limited efforts had been made to create a dementia-friendly environment. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was meeting the requirements of Regulation 15. The home's communal bathroom was now back in daily use following completion of the refurbishment work and efforts had been made to de-clutter the home's shower rooms. The provider had sought external advice on, and taken steps to create, a more dementia-friendly environment. This had been achieved through, amongst other things, introducing clearer signage and colourful door wraps to help people with dementia orientate themselves within their home. The provider had also purchased additional dementia-friendly activity resources.

People, their relatives and the community professionals we spoke with had confidence in the overall knowledge and skills of the staff working at the home. One person described staff as "excellent", adding, "They seem to know enough between themselves." A community social care professional told us, "They [staff] have a good understanding of the residents and they are always keen to learn and further their knowledge."

Upon starting work for the provider, all new staff, including agency staff, completed the provider's induction training to help them understand and settle into their new roles. Staff spoke positively about their induction experience, which included the opportunity to work alongside a senior colleague, read people's care plans and complete initial training. One staff member explained, "It [induction] was very good. The deputy manager told me everything about people's moving and handling; they explained things well. Then, they paired me up with a senior." A relative told us, "What I like about it here is that they always pair agency staff up with regular staff, so the agency induction has maintained the caring ethos."

However, we found the provider had not reviewed their staff induction programme in line with the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. We discussed this issue with the management team, who assured us they would review induction training to ensure it fully incorporated the requirements of the Care Certificate as a matter of priority. We will follow this up at our next inspection.

Following induction, staff received further training to enable them to carry out their duties and responsibilities, and updates were arranged to ensure that staff knowledge was maintained and refreshed. Staff spoke positively about the training provided to enable them to perform their duties. One staff member told us, "They [provider] tell us everything we need to know … I learn from all of the training." Another staff member described the benefits of their moving and handling training, which had given them the confidence to manage people's transfers safely. Since our last inspection, the majority of the provider's mandatory training was now delivered face-to-face by a local training provider.

Whilst this had led to significant improvements in the overall standard of staff training, we identified some nurses and a small number of care staff were not up to date with their training. In addition, as a result of a complaint by a relative it had been identified that a staff member was to attend specified refresher training. Due to an oversight on the part of the management team, this had not been organised. Over the course of our inspection, we did not identify anyone whose care had been adversely affected by these lapses in training. The registered manager acknowledged these issue, and assured us a training plan was in place to address these gaps in training as a matter of priority. We will follow this up at our next inspection.

Beyond formal training, care staff attended regular one-to-one meetings ('supervisions') and an annual appraisal with the registered manager or deputy manager. Staff spoke positively about the extent to which these meetings enabled them to request any additional training and support needed, and to receive constructive feedback on their work performance. Nursing staff confirmed they also received regular clinical supervision from the registered manager.

At our last inspection, people expressed mixed views about the quality of the food served at the home, and we found people's mealtime experience differed due to a lack of physical assistance for some people to eat. At this inspection, people and their relatives expressed satisfaction with the quality of the food on offer. One relative told us, "It [food] is superb and home-cooked … [Person] is back to the healthy weight they were." Staff supported people to choose between the options available for each of the day's three main meals, using pictorial menu cards where appropriate. The home's menus were developed on the basis of feedback from people and their relatives at quarterly 'nutrition' meetings. We saw people had access to plenty of drinks and snacks in between their meals.

Since our last inspection, the provider had introduced additional audits and checks in an effort to improve people's overall lunchtime experience. We saw mealtimes were unrushed and social events, during which people chatted with one another and the staff supporting them. Sufficient staff were present to promote a positive mealtime experience and provide any physical assistance individuals needed to eat safely and comfortably.

Any complex needs or risks associated with people's eating and drinking were assessed with appropriate advice for nutrition specialists. Plans were in place to manage these needs and risks through, for example, providing texture-modified diets, thickened fluids, eating and drinking aids, and the monitoring of people's daily fluid intake. A relative praised the provider's response to their loved one's changing ability to feed themselves and swallow food, which had included a referral to the local speech and language therapy (SALT) team. They told us, "They [provider] are very sensitive to noticing when someone needs help and working it out … [Person] gets drinks very frequently and always has thickened water available to them."

People's individual needs and requirements were assessed before they began using the service through meeting with them and, where appropriate, their relatives and the community professionals involved in their care. The management team recognised the need to avoid any form of discrimination in the planning or delivery of people's care, though taking into account people's protected characteristics.

Staff and management liaised effectively with a range of community health and social care professionals. Through this, they promoted positive outcomes for people, a joined-up approach towards their care and ensured people had access to appropriate specialist care equipment. One person described to us how a community physiotherapist was currently helping them make fuller use of their walking frame. The community professionals we spoke with talked very positively about their working relationships and collaboration with staff and management to date. Detailed 'hospital care plans' had been developed to ensure hospital staff had a clear understanding of people's individual needs and associated risks in the event of their admission to hospital.

Staff and management played a positive role in ensuring people's day-to-day health needs were met, and helped people seek professional medical advice and treatment in response to any deterioration in their health. A local GP carried out a weekly visit to the service to review people's current health needs, followed by a telephone review at the end of each week. People's care files included clear information about their medical history and long-term health conditions to help staff understand this aspect of their care needs. Clear, individualised care plans had been developed in relation to the management of people's long-term

health conditions and their vulnerability to infections.

Good

Is the service caring?

Our findings

At our last inspection in February 2018, the 'Caring' key question was rated as 'Requires Improvement'. The provider had since made improvements to ensure people were always treated with dignity and respect. The rating for this key question is now 'Good'.

At our last inspection, we found people were not always treated with dignity and respect. When people needed support to use the toilet, they were required to queue up in their wheelchairs outside toilet doors and were transferred by hoist from the corridor into the toilet. The daily handover sheets used to pass information between staff during shift changes sometimes referred to people in derogatory language. Staff did not always show respect for people's home environment, in terms, for example, of where care equipment was stored and how maintenance work was completed. People's personal information was not handled in a confidential manner to ensure it was only accessible by authorised persons. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 10. People and their relatives told us, and we saw, staff consistently treated people with dignity and respect. Staff met people's personal care needs, including support with toileting, in a sensitive and discreet manner, taking steps to protect people's dignity. Due to narrow corridors, some moving and handling equipment did not fit easily into a communal ground-floor toilet. Since our last inspection, privacy curtains had been fitted near to this facility to protect people's privacy and promote their dignity. We saw these privacy curtains were consistently used by staff when supporting people to use the toilet. On this subject, one relative told us, "They [staff] are good at respecting [person's] dignity and recognising that they are still a person … They have worked really hard to put things right, such as people's dignity when they need the toilet."

We did not identify any concerns in relation to the language used in people's care records, which referred to people in a professional and respectful manner. Procedures were in place to ensure access to care records and other confidential information was appropriate restricted. The provider had taken steps to de-clutter communal areas and identify appropriate alternative storage arrangements for the specialist care equipment held on site, including wheelchairs and hoist slings. The staff we spoke with understood people's rights to privacy and dignity, and described to us how they promoted these in their day-to-day work with people. One staff member explained, "They [people] have to trust you. You have to give them choices and respect their decisions. You also have to get to know them and their preferences."

We saw people were supported to maintain their independence wherever possible, and that they received assistance to dress in keeping with their preferred styles. When we visited, some people were making use of the services of the hairdresser who visited the home on a regular basis. A small room had been fitted out with hair wash basins and equipment needed for hairdressing services.

People and their relatives told us staff adopted a caring approach towards their work, and took the time to get to know people as individuals. One person said, "I am treated well here." Another person told us, "The staff are very helpful and very good; they do care. There is nobody I could point out who is nasty or

unhelpful." A relative explained, "They [staff] are so caring, respectful and competent. [Person] has a little bit of banter with staff, so it's like being at home."

We saw people were supported by staff who were polite, kind and attentive to their needs and requests. On this subject a community healthcare professional told us, "There is always activity [at the home]. There's never been a moment when I've seen staff stood around talking to each other. They are always interacting with or doing things for people." Staff offered people reassurance and encouragement when carrying out their routine care and support. This included offering words of comfort to reassure people when they became anxious over the use of moving and handling equipment, such as hoists. When people became distressed, confused or exhibited behaviour that was challenging staff responded with calmness, patience and understanding. For example, when one person displayed agitation during breakfast, staff gave them the one-to-one support needed to explain what was upsetting them, which enabled them to calm down.

We saw that visitors were welcomed into the home and able to meet with their relatives or friends in communal areas as well as in the privacy of people's own rooms. Some people were supported to keep in touch with relatives, outside of their visits to the home, using electronic devices. Support staff including the domestic, laundry and catering staff knew people well. Their day-to-day contact with people contributed to a relaxed and friendly atmosphere evident at all times in the home.

The majority of people and relatives we spoke with told us staff encouraged and supported people to express their views about the service and be involved in decision-making that affected them. One relative explained, "You have to speak to [person] directly, slowly and clearly and give them time to respond. They [staff] are good at that." We saw staff consistently offered people choices and respected their decisions, when carrying out their routine care. This included decisions about where people wanted to go, what they wanted to eat and drink and how they wished to spend their time. People's care plans included information about their communication needs, sensory impairments and communication aids used. We saw staff used this guidance to promote effective communication with individuals.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection in February 2018, the 'Responsive' key question was rated as ''Requires Improvement'. At this inspection, we found the provider had made improvements to ensure people received personalised care that reflected their needs. The rating for this key question is now 'Good'.

At our last inspection, we found people did not always receive care and support that was tailored to their individual needs and preferences. This included a lack of consistent support from staff of their preferred gender and access to regular showers. People's care plans were not always reflective of their current needs and the support provided by staff, including the management of wounds and people's current communication needs. In addition, staff did not always read and have appropriate insight into people's care plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 9. People and their relatives told us the care provided took into account people's individual needs, requirements and preferences, and was adjusted in line with any changes in these. People's relatives confirmed they were invited to any meetings or reviews regarding their loved ones' care and felt involved in the service provided. One relative explained, "As [person] has changed, they [provider] have changed their procedures … There have been formal reviews, but we are more likely to notice little changes [in person's needs], have a conversation about it and change the care plan. We can look at the care when we wish and if we say we don't like something, they have changed it."

People's care plans were comprehensive and individual to them, portraying a good understanding of the whole person, their personality and personal history. Care plans reflected information that had been obtained through initial and ongoing assessments and any input received from community health and social care professionals. They were reviewed and updated on a regular basis by the registered manager and nursing team, as part of the provider's 'resident of the day' approach, to ensure they remained accurate and up-to-date.

Since our last inspection, the provider had introduced an electronic care management system to improve the overall standard of assessment and care planning and facilitate ongoing reviews of people's care needs. Some people's relatives spoke positively about the additional insight they had into their loved one's care through access to the 'gateway' section on the electronic care management system. Staff confirmed they had the opportunity to read and refer back to people's care plans, as needed, on their handsets linked to the electronic care management system.

The provider had a complaints procedure in place, which was clearly displayed at the home. People and their relatives told us they knew how to raise any concerns with staff, management or the owners. One relative spoke positively about the manner in which their previous concerns had been dealt with by the provider. They told us, "I feel my concerns have been listened to and acted upon." Complaints records indicated that complaints were acknowledged and responded to within agreed timescales, and that action

was taken to resolve concerns brought to the provider's attention. We discussed with the management team the potential to more fully analyse any emerging themes from complaints and consistently record the resolution of everyday issues or concerns raised by people or visitors, in order to further promote learning from concerns and complaints. The management assured us they would address these issues. We will follow this up at our next inspection.

People had support to pursue their interests and participate in recreational and social activities at the home. People and their relatives spoke positively about the activities on offer. One person told us, "The entertainment is good. We had the Baptist church here yesterday singing hymns. They gave us large-print hymn books. It was good fun." A relative said, "I think they [staff] try very hard. For example, somebody will help [person] paint or make cakes." Another relative described their loved one's enjoyment of music-based activities and playing darts, adding, "There is always something to do."

The provider employed an activities coordinator who, with the support of care staff, encouraged people's participation in activities with clear enthusiasm and understanding of people's individual personalities and preferences. The activities coordinator organised a weekly programme of activities, which included visits from local entertainers and interest groups, including a local gardening club, musicians and pet therapy sessions. The provider supported the activities coordinator's attendance at a local forum where participants shared good practice and fresh ideas in relation to people's recreational and social activities.

We checked how the provider was meeting the requirements of the Accessible Information Standard. The Accessible Information Standard tells organisation what they need to do make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, along with any communication support that they need. We found people's communication and information needs had been considered, and that use was made of communication aids and alternative accessible formats to facilitate effective communication. This included the use of a laminated 'keyboard' sheet and pictorial materials to help one person express their wishes and initiate conversations with others. Staff also made use of a whiteboard to promote effective communication with, and offer reassurance to, another person, who suffered from profound hearing loss.

The provider had processes in place to identify people's preferences and choices for their end-of-life care. We saw evidence of the discussions held with people and their relatives about their future care requirements. At the time of our inspection, one person living at the home was currently receiving end-of-life care. Their care had been reviewed by the GP and a palliative care nurse, and anticipatory medicines were in place.

Requires Improvement

Is the service well-led?

Our findings

At the time of our last comprehensive inspection in February 2018, the 'Well-led' key question was rated as 'Inadequate'. At this inspection, we found that whilst improvements had been made in the management and governance of the service, further improvement was needed. The rating for this key question remains 'Requires Improvement'.

During our inspection visits, we met with the registered manager who was responsible for the day-to-day management of the service. The registered manager demonstrated a good understanding of the requirements associated with their registration with CQC. This included the need to notify us about certain changes, events and incidents that affect their service or the people who use it. These 'statutory notifications' play a key role in our ongoing monitoring of services. The registered manager explained they kept themselves up to date with best practice guidelines and legislative changes through, for example, attending events organised by the local clinical commissioning group (CCG) and local network meetings for registered managers. They told us they had the support and resources they needed from the owners to drive improvements in the service, who visited the home several times each week.

At the last inspection, we found the provider's quality assurance systems were ineffective. They had not enabled the provider to identify and address the significant shortfalls in the quality and safety of people's care we identified during our inspection. This included the risks to people associated with the condition of the home's physical environment and the ongoing building works. Staff were not always clear about their roles and responsibilities and had failed to deliver safe and effective care to people. People's risk assessments and care plans were not always accurate or up-to-date, or their medicines safely managed, placing people at risk of avoidable harm. The provider had not developed policies and procedures in relation to all key areas of legislation. Whilst systems were in place to gather people's views about the quality of the service, actions agreed by the provider in response to feedback received were not always sustained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 17. They had taken steps to improve the overall effectiveness and consistency of their quality assurance activities, enabling them to address the multiple breaches of Regulation we identified at our last inspection and implement broader improvements in the service. The provider carried out a range of audits and checks to enable them to monitor the quality and safety of the service. These included monthly audits on standards of clinical care, the safe management of medicines, people's mealtime experiences, and kitchen hygiene practices. In addition, a monthly premises audit, detailed weekly 'room checks' by the owners, and a 'daily walkaround' by the registered manager were completed to identify and address any issues associated with the home's physical environment.

However, we found there was scope for further improvement in the provider's quality assurance processes. These had not enabled the provider to identify and address the shortfalls we identified in relation to the promotion of people's rights under the Mental Capacity Act, and the induction and training of staff. In

addition, these processes had not ensured the information recorded in people's care records was always accurate. For example, it had been agreed for one person, who was at risk of falling from bed, that they would not have bedrails used, but would be supported by a mattress on the floor next to their bed. Their bed was set at the lowest height setting and that an alarmed mat was in place to detect if they started to move from their bed. On numerous occasions staff had recorded that they had checked the bed rails and that they were in the raised position. This recording error had not been identified through the provider's audits and checks. There was an associated risk that staff may follow the recorded actions of other staff if they were not familiar with the specific falls care plan in place or this person.

People and their relatives spoke positively about the overall quality of the care and support provided. One person told us, "It's a very good place to stay." A relative said, "[Person's] care is excellent." Some of those we spoke with commented on the improvements they had seen in the service since our last inspection. On this subject, a relative explained, "[Registered manager] leads from the front and does the job so everyone can see she's doing it. She always watching and taking things in … They have worked so hard here to get themselves where they are." People and their relatives knew who the registered manager was and expressed confidence in the management team and their willingness to take on board feedback. One person told us, "[Registered manager] is quite pleasant. She's knowledgeable and gives you help." A relative said, "If you have a problem and bring it up, it's resolved … If I've got any queries or problems. I go and see [registered manager]."

The community health and social professionals we spoke with also commented positively on their relationship and dealings with the management team to date. A healthcare professional told us, "We've established a good, trusting relationship … 99% of the time what I ask for is done … They [provider] provide really good, sensitive, dignified and tender loving care." A social care professional said, "You never walk away [from the home] with a disappointed feeling. Generally, the issues that do arise are addressed … [Registered manager] is very approachable, has a good understanding of the residents and is always keen to take on board what is said to her."

Staff spoke about their work with clear enthusiasm, and described the strong sense of teamwork within the staff team. They felt their individual contribution and efforts were valued, and were clear what was expected of them at work. One staff member explained, "I like [registered manager]. She seeks my ideas … I feel very motivated and I love my job." Staff described an approachable and supportive management team, who were willing to listen and who led by example. One staff member told us, "In my opinion, we can approach [registered manager] at any time or share things with her. If I have any complaints, I can tell her. She's very friendly." We saw the registered manager maintained a visible presence around the home and that, whenever possible, they supported staff in meeting people's routine care needs. People, staff and visitors were clearly comfortable in the presence of the registered manager and owners, who they freely approached for assistance or engaged in general conversation.

The provider took steps to involve people, their relatives, community professionals and staff in the service. They achieved this by, amongst other things organising regular meetings with people and relatives, distributing six-monthly feedback questionnaires and making feedback forms available in the home's entrance hallway for completion at any time. We saw several completed feedback questionnaires, which, for the most part, contained positive comments about the service provided. When people or relatives had raised issues of concern, the forms had been updated with comments from the registered manager or owners detailing the action taken in response. Full staff meetings were held at least twice each year. Staff had the opportunity to contribute to the agenda for these meetings and told us they were able to freely express their views.

The provider recognised the value of developing and maintaining links with the local community, to benefit the people who used the service. They did this through, for example, encouraging visits from local church groups and children from the local schools, and organising events at the home, such as barbeques in summer.