

## Community Integrated Care

# Eccleston Court Care Home

### Inspection report

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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

This inspection took place over two days on 26 April and 02 May 2018. The first day was unannounced and the second day was announced.

The last inspection of the service was carried out in June 2017 and during that inspection we found breaches of regulations in respect of the safety of the environment, staff training and supervision, dignity and respect, records and assessing and monitoring the quality and safety of the service. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective, caring, responsive and well-led.

During this inspection we found improvements had been made and that further improvements were required.

Eccleston Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eccleston Court accommodates up to 54 people who require personal and nursing care. At the time of the inspection there were 46 people using the service. The service consists of two units, one of which provides nursing support to people who primarily have a physical health need and another that provides nursing support to people living with dementia.

The service has a registered manager. 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.

Improvements had been made to people's safety. Hazards associated with the environment which posed a risk to people's safety were mitigated. Rooms and cupboards containing hazardous equipment and materials were kept locked when not in use. A serving oven was closely supervised by staff when it was being used in communal areas. Fluid thickener which can pose a risk to people if ingested was stored in a safe place and closely supervised by staff when it was being used in communal areas.

Improvements had been made to the way people were treated and how confidential information was managed. Staff had undergone training and supervision to help raise their awareness about treating people with dignity and respect and person centred care. Staff were kind and patient in their approach and they provided people who needed it with emotional support. Staff spoke with, and about people in a respectful way and they maintained people's privacy and dignity when providing them with personal care. Personal information about people was kept confidential, records were securely stored and discussions about people took place in private. Family members were made to feel welcome at the service. They were offered refreshments and were given a choice of where they spent time with their relative.

Improvements had been made to staffing. Staff had undergone training and supervision for their job role. A programme of ongoing training was in place for all staff which covered mandatory topics such as health and safety and topics relevant to people's needs. Staff reported that they felt well supported by the management team and were confident about approaching them should they need advice or support. Staff were provided with formal one to one supervisions and underwent observations of their practice. These provided staff with an opportunity to reflect on their work, discuss their training and development needs and explore how they could develop in their role.

Improvements had been made to care records, however further improvements were required to ensure that they were up to date and accurately reflected people's needs. Care plans had not been developed for some people's needs which were identified in assessment records. In addition some records were incomplete and had not been signed. Whilst we did not evidence any impact on people there was a risk that they may not receive the right care and support. Charts in place for monitoring aspects of people's care included essential information and directions for staff to follow and they had been completed to reflect the care given.

Improvements had been made to how people's ability to consent was assessed. The management team and staff had completed training in the mental capacity act and associated deprivation of liberty safeguards (DoLS). They had a good understanding of their responsibilities for ensuring decisions were made in people's best interest. Assessments had been carried out to determine people's ability to consent to their care and treatment. A DoLS application had been made for people who lacked capacity to make their own decisions and those that were authorised were held in people's care files. Expiry dates of DoLS were monitored to ensure where appropriate, new applications were made in a timely way.

Improvements had been made to the system for checking on the quality and safety of the service. Information collated with regards to falls, weight loss, pressure wounds, accidents and incidents was analysed to identify any trends or patterns. Following analysis of the records appropriate action was taken to mitigate risk and reduce further occurrences.

We have made a recommendation about the environment. Some parts of the service lacked aids and adaptations to promote stimulation and wayfinding for people living with dementia. This included signs to help people navigate themselves to their bedrooms and other areas and items to support reminiscence such as pictures of the local areas and favourite pastimes of people.

People were protected from the risk of abuse. Staff had undertaken safeguarding training and they had a good understanding of what was meant by abuse, the different types of abuse and how to report it. The registered manager had correctly followed both the registered provider's and relevant local authority's procedures for reporting allegations of abuse. They worked alongside the appropriate agency to ensure that people were protected from further risk of abuse.

People's nutritional and hydration needs were assessed and planned for. People identified as being at risk of malnutrition and/or dehydration had their food and fluid intake monitored in line with their care plan. The texture of food and drink was modified for people at risk of choking in line with guidance from speech and language therapists (SALT). Information about people's dietary needs, and any intolerances or allergies they had was held in the kitchen as a reference for staff responsible for preparing meals. People living with diabetes were provided with food and drink which contained low sugar content. Two people made negative comments about the food; however other people commented that they got a choice of food and drink which they enjoyed.

Medication was safely managed. Safe systems were in place for receiving, storing, administering and

disposing medication. Medication was administered by appropriately trained staff that underwent regular checks on their practise to ensure they remained competent. Each person had a medication administration record (MAR) listing each item of their prescribed medicines, instructions for use and when they were to be given. MARs were signed to show people had received their medicines at the right times. Identifiable codes were used for circumstances when people had not received their medicines for example if they refused or were in hospital.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## 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.

Hazards which posed a risk to people's safety were mitigated.

Staff had undertaken safeguarding training and understood their responsibilities for protecting people from the risk of abuse.

Medication was safely managed and people received their medicines on time.

### Is the service effective?

Good ●

The service was effective.

The environment lacked stimulation, signage and wayfinding for people living with dementia.

Staff were provided with the necessary training and support to enable them to carry out their role effectively.

People were offered a variety of food and drink which was prepared in line with their dietary requirements.

People's ability to consent was assessed and appropriate safeguards in line with the Mental Capacity Act were put in place for people who lacked capacity.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect, and their privacy and confidentiality were protected.

Visitors to the service were made to feel welcome and given a choice of where they spent time with their relatives.

Staff encouraged people's independence and whilst doing so, were patient and supportive.

### **Is the service responsive?**

The service was not always responsive.

People's assessed needs were not always planned for.

People were confident about complaining. Complaints were listened to and acted upon in a timely way.

People were provided with opportunities to engage in activities which they enjoyed.

**Requires Improvement** ●

### **Is the service well-led?**

The service not always well-led.

Care records did not always contain accurate and up-to-date information.

The systems for checking and improving the quality and safety of the service were more effective.

The management team had brought about improvements to the service and recognised what further improvements were needed.

**Requires Improvement** ●

# Eccleston Court Care 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 checked 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 the 26 April and 02 May 2018. The first day was unannounced and the second day was announced.

The inspection team on the first day consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise is dementia care. One adult social care inspector carried out the inspection on the second day.

Prior to the inspection we contacted the local authority for information about the service. We also reviewed information we held about the service, including notifications from the registered provider. The provider had also 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 reviewed this prior to the inspection to help with our planning of the inspection.

During the inspection 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.

During the inspection we spoke with six people who used the service and seven family members. We looked at five people's care records, the management of medication and medication administration records (MARs). We also looked at recruitment records for four staff and other records relating to the running of the service, including audit and safety checks. We spoke with six care staff, the chef, two ancillary staff, the registered manager, deputy manager, two nurses and a quality monitoring officer for the service. We carried out observations on the inside and outside of the environment.

## Is the service safe?

### Our findings

At our last inspection in June 2017, we found the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure that the premises were safe by way of identifying and mitigating risks to people. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

Improvements had been made to the environment. Rooms and cupboards across the service which posed a risk to people's safety were kept locked when not in use. This included sluice rooms and a kitchenette all of which contained items such as cleaning products and equipment which had the potential to cause people harm. The kitchenette and contents within it were clean and hygienic and staff were clear about their responsibilities for ensuring the cleanliness of this area was maintained. The portable oven used to cook and serve people's meals was closely supervised by staff when it was used in communal areas and it was locked away in the kitchenette after use.

Thickening powder prescribed for people was stored away safely and closely supervised by staff when being used to modify people's drinks and meals. Thickening powder is used to alter the consistency of people's fluids where they have difficulty swallowing. It needs to be stored securely to prevent people from swallowing it as it can result in a person choking if ingested. Staff understood the risks associated with thickening powder and they confirmed that it was always stored away safely after use.

Risks to people were assessed and mitigated. Risk assessments were completed as a way of identifying any hazards and the level of risk to people and others. Assessments were completed for aspects of people's care including, moving and handling, malnutrition, skin integrity and falls. Environmental hazards were also risk assessed. Identified risks were measured to establish the level of risk and what measures needed to be put in place to reduce the likelihood of harm to people and others. Risk management plans were developed detailing the action staff were required to take to manage the risk and included within the relevant care plan. Risks to people were kept under review and plans were updated following a change in people's needs.

People were protected from abuse. People told us they felt safe at the service and were not afraid to speak up if they had any concerns. Their comments included; "They [staff] look after very well and make sure I'm safe" "I'm not worried about a thing, I'd let them know if I was" and "If I was scared or worried about anything I'd speak up". At the previous inspection we identified that not all staff had completed up to date training in safeguarding. However, since then, the majority of staff had completed refresher training in the subject and arrangements had been made for others to complete the training. Information and guidance about safeguarding people from abuse was made available at the service for staff, people who used the service and relevant others such as family members. This included registered providers and the relevant local authorities safeguarding policy and procedure. In addition there was key information displayed on a 'residents and relatives notice board' about how to recognise and report abuse. Staff understood their responsibilities for reporting any concerns they had about a person's safety or if they suspected, witnessed

or were told about an incident of abuse. Staff knew the different types of abuse and gave examples of signs which may indicate abuse. The registered manager and other senior staff had acted appropriately when a safeguarding concern was brought to their attention. They shared the information with the local authority safeguarding team and worked with them to ensure people were protected from further risk of abuse.

People told us they felt safe, their comments included, "Very safe indeed" and "I've never felt safer." Family members expressed satisfaction regarding the safety of their relative. One family member told us "I'm not afraid to leave because I know mum will be looked after" and another said "I feel that the home is safe."

Regular safety checks were undertaken on the environment, equipment and utilities. An up to date fire risk assessment was in place and records of fire alarms and firefighting equipment showed checks on them had been completed at the required intervals. Certificates of safety issued by an appropriately qualified person were in place following checks carried out on utilities including gas, electricity and water quality. A personal emergency evacuation plan (PEEP) was available for each person with instructions about how to safely remove them from the premises in the event of an emergency. Staff completed training in topics of health and safety such as first aid and fire awareness and they were confident about what to do in the event of an emergency situation.

People were protected from the risk of the spread of infection. Staff had completed training in infection control and prevention and they following good practice guidance. They had access to a good stock of personal protective equipment (PPE) which they used appropriately. Cleaning schedules were in place and being followed on all areas of the service, including the cleaning of equipment used by people such as wheelchairs and stand aids.

People received care and support from the right numbers of suitably skilled and qualified staff. A dependency tool which took account of occupancy levels and people's needs was used to determine safe staffing levels and skill mix. There was a team of care staff on each unit and a minimum of three nurses working across the service throughout the day and night and this was increased accordingly in line with people's needs. A number of permanent nursing staff had been recruited since the last inspection thus decreasing the use of agency nurses.

Safe processes were followed for recruiting new staff. A range of information was obtained from applicants and used to assess their suitability for the job role. This included details of their skills and qualifications, previous work history and reference details of two people, one of which was the applicant's most recent employer or trainer. Following an interview successful applicants were subject to a check carried out by the disclosure and baring service (DBS) before an offer of employment was made. A DBS check informs employers if prospective employees are barred from working with vulnerable adults, or have a criminal record. Records were kept showing that regular checks had taken place to ensure nurses registrations were being maintained and kept updated.

The management of medication was safe. There were dedicated rooms for storing people's medication and they were kept locked and accessed only by authorised staff. Staff with responsibilities for managing medication had received up to date training and underwent regular competency checks. There were safe systems in place for the receipt, storage, administration and disposal of medication. This included the maintenance of records detailing medication received into the service, disposed of and returned to the supplying pharmacist. Suitable refrigerators were being used to store medication which needed to be kept cool to ensure their effectiveness, such as eye drops and certain liquid medicines. Medication which had an expiry date after opening was dated to show when they were opened. Daily temperatures of the fridge and the medication rooms were taken and recorded to ensure they remained at a safe temperature.

Each person had a medication administration record (MAR) which displayed a recent photograph and allergy details. This information reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance. MARs detailed each item of prescribed medication, the time they should be given and any instructions for use. MARs were completed appropriately, for example they were initialled to show people had taken their medication. Specified codes were used to identify circumstances such as when a person had refused their medication or if they were in hospital. Some people were prescribed PRN medication which are items of medication prescribed for use only when required, such as for pain relief. Protocols for the use of PRN medication were in place. They included guidance and instructions about their use such what the medicine is used for, maximum dose to be given at any one time and the required intervals between doses.

## Is the service effective?

### Our findings

At our last inspection in June 2017, we found the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure that staff received appropriate support and training for their role. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation. However we found improvements were required to make the environment more dementia friendly.

Improvements had been made to staffing. Staff were provided with appropriate training and supervision for their job role.

Discussions with staff and records viewed showed that since the last inspection staff had undertaken a variety of training in topics relevant to their job role and people's needs. For example, moving and handling, infection control, food hygiene, safeguarding, fire safety and dementia awareness. Staff completed most training on line however practical training such as moving and handling and emergency first aid was delivered in a classroom environment. Following each training session staff completed a test to assess their knowledge and understanding of the topic and if they failed the test they were required to repeat the training. Staff told us they enjoyed the training and they learnt a lot from it. Nurses completed training relevant to their clinical role such as wound care and end of life care. The registered manager had access to data which enabled them to monitor staff training and plan for any future training needs.

New staff commenced an induction programme when first started work at the service. During the initial part of their induction staff were provided with an orientation of the building, made familiar with the registered providers policies and procedures and introduced to people who used the service. They spent a period of time working alongside more senior staff and during the first 12 weeks of employment they completed training based on The Care Certificate. The Care Certificate is a nationally recognised qualification introduced in April 2015 for health and social care workers. The Care Certificate sets out the minimum standards expected of staff so that they have the necessary skills and knowledge in line with current and good practice. People and family members told us that they thought the staff were well trained and good at their job. When asked if staff were well trained a family member commented "I would say so, [relative] has never complained. Other comments included, "They [staff] all seem to know what they are doing" and "Very efficient."

Since the last inspection all staff had attended a formal one to one supervision session and further sessions had been planned. These provided staff with an opportunity to discuss their work, training and development needs and to reflect on their performance. Daily handovers and regular staff meetings also took place as a way of keeping staff informed and up to date with any changes to people's needs and the service. Staff told us they were encouraged to put forward any ideas they had and felt their opinions were listened to. They described the registered manager and deputy manager as very supportive and approachable.

Parts of the environment lacked adaptations and aids to promote wayfinding and stimulation for people

living with dementia. In one of the units there was clear signage on bedroom doors and doors leading into bathrooms, toilets and other communal areas which helped people find their way around independently. There were also items displayed on walls in communal areas to support reminiscence such as pictures of the local areas and favourite pastimes of people who lived at the service. However the other unit lacked stimulus and signage to help people navigate themselves to rooms. After we raised this with the registered manager they organised some temporary signage for bathrooms and toilets and other communal areas.

We recommend that the registered provider refers to best practise guidance on dementia friendly environments.

People were supported to maintain a balanced diet. People's nutritional and hydration needs were assessed using a nationally recognised tool and any area of need identified was set out in their care plan. People identified as being at risk of malnutrition and/or dehydration had their food and fluid intake monitored and when a decline in their intake or weight was noted a referral was made to a dietician. People at risk of choking were referred to the speech and language therapist team (SALT) for assessment. Any advice and guidance provided by the SALT was included in the person's care plan and followed by staff. This included ensuring meals and drinks were modified so that they were served at the correct texture. Kitchen staff held information about people's dietary needs which enabled them to prepare meals appropriate to people's needs.

Menus included a choice of hot and cold meals. Each meal consisted of a choice of two main meals and there was a selection of other items made available should people prefer an alternative. This included sandwiches and baked potatoes with a choice of fillings. Staff asked people each morning what their choice of main meals were for the day enabling the chef to plan and prepare people's choice of meals. If people changed their mind at the point of their meal being served staff offered them an alternative. People were offered hot and cold drinks and snacks in between main meals. Most people ate their meals in the dining room; however people who chose to eat in the lounge or in their bedrooms. People's comments varied with regards to the food. The majority of people told us they enjoyed the food and were offered plenty to eat and drink. Their comments included; "The food is nice," "Different everyday," "I've no complaints, it's not bad at all [food]," "If I don't like something they [staff] will give me something else" and "I enjoy the food. I get a good choice of things to eat" However two people commented, "Don't think much of it [food]" and "Food could be better." This information was shared with the registered manager.

People's healthcare needs were understood and met. People's healthcare needs had been assessed and recorded in their care plans. Each person was registered with a GP and they had access to other primary healthcare services including opticians, chiropodists and dentists. Staff closely monitored people's health and worked with other health and social care professionals according to people's individual needs. People who required it received visits from external health and social care professionals. A record was kept detailing any visits and the outcomes of appointments people had with external health and social care professionals. One person told us they had no problem requesting to see their GP, they said, "Staff will ring him, and if necessary will escort me to the surgery." The person also told us that staff had recently noticed that they were not well and immediately called an ambulance. A family member said "Staff will arrange home visits if [relative] needed a doctor or other health professional and that the staff will keep him updated about [relatives] health and will ring if they have any concerns.

The Mental Capacity Act (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 had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager, deputy manager and care staff had completed MCA training and they had a good understanding of their responsibilities for ensuring decisions were made in people's best interest. Assessments had been carried out to determine people's ability to consent to their care and treatment. A DoLS application had been made for people who lacked capacity to make their own decisions and authorised DoLS were held in people's care files.

We observed throughout the inspection that staff obtained people's consent before assisting them with any care or support.

## Is the service caring?

### Our findings

At our last inspection in June 2017, we found the registered provider was in breach of Regulation 10 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure that people were treated with dignity and respect and that personal information about people was kept secure. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

Improvements had been made to the way people were treated and to the way personal and confidential information about people was handled.

Since the last inspection the management team had worked with staff to improve their approach towards people. They did this through one to one supervisions with staff and through observations of their practice. People and family members had also been consulted about the way staff treated people. People who took part in the most recent satisfaction survey reported that they were treated with dignity and respect. People told us they were treated with kindness, dignity and respect. Their comments included, "Oh yes they [staff] are all very polite and kind," "They [staff] treat me very well," and "They respect me and I respect them." Family members told us, "The care is good," "The attitude of the staff is bob on and they are always helpful," and "Nothing is too much trouble." One family member told us that they felt staff spoke to people in a lovely manner.

People's privacy and confidentiality was protected. A new office had been created since the last inspection. This replaced the nursing station which was located in a public area and previously used for holding and sharing personal information about people. All personal information about people had been removed from the nursing station and stored in lockable cabinets in the new office. On leaving the office unoccupied staff ensured the door was locked. Any discussions which took place about people were conducted in the office, with the door closed. This included staff handovers, telephone and face to face discussions with people and relevant others on a need to know basis. Other general discussions staff had with each other about people were also conducted in the office. This ensured that personal information about people was kept private and confidential.

People's preferred name and gender of carer was recorded in their care records and staff knew this information. Before introducing people to us staff told us the person's full name and where appropriate the name the person preferred to be called. Staff ensured people's privacy and dignity when assisting them with personal care and when moving them by the use of a hoist. For example, before providing people with personal care staff ensured that doors, curtains and blinds were closed. Staff knocked on bedroom and bathroom doors prior to entering. When assisting people to move by the use of a hoist in communal areas staff reassured the person and checked throughout the manoeuvre that no part of the person's body was exposed.

Staff regularly checked on people's wellbeing and comfort. There were many occasions where staff approached people, leant down next to them and asked if they were ok. One person who was sat in the

lounge told a member of staff that they felt a little cold and the member of staff asked them if they would like a blanket. The person accepted the offer and the member of staff immediately left the lounge and returned with a blanket which they placed over the persons lap.

Staff were gentle and patient in their approach. Staff sat next to people before assisting them to eat and drink and explained what they were about to do and what they were offering. Staff engaged with the person they were assisting throughout the meal and provided them with gentle prompting and encouragement. Staff were careful not to rush people; they gave them time in between each mouth full of food and drink and checked with the person that they were ready to continue. Staff gained people's consent before gently wiping their mouths to remove any excess food and drink which they noticed.

Staff spoke with and about people with affection and it was evident that staff knew people well. Staff knew people's backgrounds, likes and dislikes and things which were important to them. They used this knowledge to engage people in conversations of interest and to occupy them. For example staff knew the type of music people enjoyed and they offered to play it over lunch and in the lounge area. People tapped their feet and sang along to the music and staff joined in. After assisting a person into the lounge a member of staff handed them a doll which they knew was of a great comfort to the person. The person smiled and held the doll close to their chest.

People's independence was promoted. People were provided with the aids and adaptations they needed to help with their communication and independence. This included hearing aids, glasses and walking frames. Staff encouraged people to be as independent as possible. For example, after giving a person a newspaper the member of staff handed the person their glasses from a side table. We observed staff encouraging a person to walk a short distance from a lounge area to the dining table. Two staff assisted the person out of their easy chair into the standing position and assisted them onto their walking frame. Throughout the journey both staff constantly reassured the person. They told the person to take their time and reminded them that their wheelchair was on hand should they need it. On reaching the dining table the person said "That was difficult but I need to keep my legs moving and the girls [staff] do their best to help me with that."

People told us they received visitors and that they could spend time with them wherever they chose such as in quiet areas or in their bedrooms. Their comments included, "Family can visit when they want to" and "My family are important to me so seeing them is always nice and they can come anytime". Family members told us that they were welcomed at the service when they visited their relative and we observed this throughout both days of the inspection visit. Visitors were greeted at reception and on meeting their relative they were offered refreshments. Family members told us this was usual. We met with family members who told us it was their wish to visit at meal times to assist their relative and that this had always been accommodated. One family member said, "No one has ever stopped me from visiting and they [staff] are all very friendly."

## Is the service responsive?

### Our findings

At our last inspection in June 2017, we found the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they failed to ensure that people were provided with the care and support they needed to protect them from the risk of harm.

Improvements had been made so that people received the care and support which was responsive to their needs. However we found further improvements were required.

Since the last inspection the management team had continuously worked to develop care plans and associated care records so that they were reflective of people's needs. People and where appropriate relevant others such as family members were involved in the development of care records through reviews. Whilst improvements had been made further improvements were required to ensure records were accurate, up to date and fully reflective of people's needs. For example, two people's assessment records identified that they required oral care, however this was not reflected in their care plan and there were no records to show they had received oral care. Care records for some people were incomplete, this included advanced decisions and their end of life wishes. Wound care records for another person had not been signed to indicate who provided the care. Whilst we did not evidence any impact on people there was a risk that they may not receive the right care and support. The registered manager explained that they were about to implement new documentation for assessing and planning people's care and that each person's care would be reassessed and planned using the new documentation.

Charts which were in place to monitor aspects of people's care were completed as required. For example fluid intake charts recorded the target amount of fluid the person needed to consume over a 24 hour period. The charts were completed to show the amount of fluid consumed. Other aspects of people's care which were also being monitored through the use of charts included, repositioning, skin integrity, weight and diet. The records were evaluated daily to ensure people received the right care and support and to check on their progress. Where any concerns were noted from the records staff followed appropriate guidance, for example, they called upon GPs and made referrals to other health care professionals such as dieticians and the falls teams.

The registered provider had signed up to the 'Six Steps' an end of life care programme which teaches staff to be competent and confident in providing sensitive, compassionate, end of life care for people. Staff had been delegated to attend the workshops and teach other staff about end of life care. Two people were receiving end of life care at the time of our inspection. Both people received appropriate care which was compassionate. Staff worked together as a team and with other professionals including GPs, specialist nurses and teams to help to provide the highest standard of care possible for people at end of life and their families. An appropriate end of life care plan was in place and being followed to ensure the person remained comfortable and kept free from pain at all times. Family members spend as much time with their relative as they wanted. Family members commented that they were very happy with the care their relative was receiving. Family members had recently expressed in writing their views about the care people received at

their end of life. Their comments included; "Thank you to you all for the dedicated care that you gave [X] couldn't have been in better hands," "A huge credit to your ability as a team and to how you show respect of the individual needs of all the residents" and "We can't thank you enough for your thoughtfulness, your kindness and most of all the care you gave [X]."

Concerns and complaints were listened to and acted upon. People and family members told us they had no worries about complaining if they needed to. Their comments included, "Oh yes I tell them alright I'm not frightened about complaining," "I am very happy with everything at the moment but I'd tell them if I wasn't" and "Yes I'd complain if I needed to." The registered providers complaints procedure was made available to people. It was summarised in the service user guide and a copy was displayed on a 'residents and relatives' notice board near to the main entrance of the service. The information was available in large print and other formats should people need it. The registered manager maintained a record of complaints received, including the details of the complaint and acknowledgement, action taken and the outcome. The records showed that complaints were responded to in a timely way. A suggestion box was also mounted on the wall next to the notice board so people could post any comments or suggestions about the service. The registered manager told us that up to date no comments had been posted.

People were offered a variety of activities. Two activities co-ordinators were employed at the service and worked opposite shifts to each other. They organised and facilitated activities including arts and crafts, bingo, gentle exercises and poetry sessions. Some people had enjoyed trips out to the local garden centre and local shops. People were provided with daily newspapers and magazines. The organisation had recently celebrated its 30th anniversary and people were asked if they would like to record and display what they were doing 30 years ago. Many people had taken part in this activity and their stories were displayed on a notice board in a communal area. One person told us "Not much going on at the moment" whilst others said, "I get to do things most days if I want" "There's usually something to do each day if you fancy it" and "I just like to sit and watch, but I can join in if I want".

## Is the service well-led?

### Our findings

At our last inspection in June 2017, we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they failed to operate an effective system for checking on and making improvements to the quality and safety of the service. The registered provider was also in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, this was because they failed to notify the Care Quality Commission where required. Improvements had been made, however we found further improvements were required in relation to records.

There was no registered manager at the service at the time of our last inspection; however the manager who was appointed two weeks prior to the last inspection is now the registered manager of the service. They were registered with CQC in April 2018. People and family members commented positively about the registered manager. Their comments included, "She has made a real difference and is so easy to talk to," "Gets things done and has improved a lot of things here," and "X [registered manager] has turned this place around for the better." We also received positive feedback from other stakeholders including commissioners of the service. They reported improvements at the service since the appointment of the registered manager.

Since the last inspection improvements had been made to the systems for assessing and monitoring the quality and safety of the service and making improvements. The registered manager, deputy manager and delegated staff had responsibilities for carrying out audits across the service at various intervals. This included audits on things such as care plans and associated records, medication, accidents and incidents, the environment, infection control and staffing. Action plans were developed where an area for improvement was identified. Care plan audits identified that some people's care records lacked up to date information about their needs. The audits also identified that care plans were not presented in a person centred way. Although we found improvements had been made we identified that further improvements were required to ensure records accurately reflected people's needs and in a person centred way.

Information collated with regards to falls, weight loss, pressure wounds, accidents and incidents was analysed each month or sooner if required. The analysis of this information helped to identify any trends or patterns so that appropriate action could be taken to mitigate risk and reduce further occurrences. For example, where data showed signs of deterioration in a person's physical or mental health, appropriate referrals were made to the relevant health care professional. Other senior managers within the organisation, who had responsibilities for monitoring quality and compliance on behalf of the registered provider, visited the service regularly. They carried out checks to ensure that the registered providers quality monitoring processes were being followed and provided managerial support to the registered manager.

Since the last inspection staff had received an increased level of supervision and had undertaken a variety of training which helped to improve their practice. We observed a more person centred approach by staff which demonstrated that the training and supervision they received had been effective. People, family members, staff and visiting health and social care professionals reported that they had seen significant improvements within the service since the last inspection. Family members reported a more welcoming

environment and an open culture which made them feel more confident about raising any concerns they had. Staff told us the morale amongst the team and the level of support they received had greatly improved. Their comments included, "X and X [registered manager and deputy manager] are really approachable and they listen and get things done," "It's so much better, I enjoy coming to work now" and "They [management] care a lot about the residents and do their best for them."

Since the last inspection the registered provider had notified CQC of incidents which occurred within the service in accordance with our statutory notifications. Notifications were sent to us in a timely way and included an appropriate level of information to help us decide if there was any action we needed to take to ensure people were safe.

The registered manager, deputy manager, nurses and care staff had good working relationships and worked in partnership with external health and social care professionals. This ensured that people received care and treatment they needed in a co-ordinated way.

People, family members and staff were notified of the change of manager through direct communication with the registered manager, newsletters and meetings. They were also informed of other changes and developments to the service and encouraged to put forward their views and ideas. This was done through 'resident and relative' meetings and a manager's surgery, meeting dates and times were displayed on the notice board near to the entrance and where appropriate the minutes of meetings were made available. An annual survey was sent out to people and relevant others including family members. The service satisfaction survey invited people and others to rate and comment on aspects of the service including the care, food, staff, dignity and respect and communication. The results of the latest annual survey which took place in June 2017 showed people were mostly happy or very happy with the service, however 18 % of people expressed they were very unhappy. However since the survey was completed the management team had made developments within the service to address the areas where people expressed dissatisfaction. This included more regular meetings with people and family members and the involvement of people and relevant others in the development and reviewing of care plans.

The registered provider had in place a set of policies and procedures relevant to the service and they were accessible to staff and relevant others. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. The registered provider kept all policies and procedures under review and updated them as required to ensure they were in line with current legislation and best practice.

The rating following the last inspection was prominently displayed near to the entrance of the service making it accessible for all to see. The registered provider had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.