

Kavanagh Health Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 23 and 24 July 2018 and was unannounced.

Kavanagh Health Care Limited is owned by Exemplar Health Care and is situated in the Kirkdale area of Liverpool. Kavanagh Health Care is 'care home' and provides support for up to 40 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Kavanagh Health Care Limited is registered to provide accommodation with nursing and/or personal care to people with mental health support needs including early onset dementia, neurological disorders and complex physical disabilities.

At the time of the inspection there was a registered manager in post. 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. During the inspection we found the registered manager to be open, transparent and receptive to the feedback provided.

At the last inspection which took place in June 2017, we identified breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Kavanagh Health Care Limited was awarded an overall rating of 'Requires Improvement'. Following the inspection, we asked the registered provider to complete an action plan to tell us what improvements they would make and by when.

During this inspection the registered provider was found to be complying with all Health and Social Care Act regulations and was awarded an overall rating of 'Good'.

At the last inspection we identified that some medication management procedures were not safely in place. Topical preparations (medicated creams) and prescribed thickeners (prescribed thickening agents for people with swallowing difficulties) were not recorded appropriately. We also found several omissions on medications records which indicated some diet supplements had not been given as prescribed. During this inspection, we found that the medication management processes had improved. Staff were complying with all medication policies and procedures and people safely received medicines that had been prescribed. The registered provider was no longer in breach of this regulation.

Care plans and risk assessments were safely in place. People were suitably assessed, risks were identified and support measures were implemented to manage and mitigate risk. Risk assessments were regularly reviewed and the appropriate clinical tools were completed to manage the level of risk which had been identified.

All four units were sufficiently staffed and people received the level of care and support they required. We received positive feedback from relatives and staff about staffing levels within the home. We were informed that staffing levels were appropriately managed and people received safe care from people who had the necessary skills and competencies. Staff were visible throughout the inspection and were responsive to people's needs.

Staff were safely recruited which meant that people received safe care and support from staff who were assessed as being 'fit and proper' to work with vulnerable adults. Staff recruitment files we checked contained the relevant records, documentation and Disclosure and Barring Service (DBS) checks.

Staff were knowledgeable around the area of 'safeguarding' and 'whistleblowing' procedures. Staff explained who they would report their concerns to and how they would report their concerns. Staff received the necessary safeguarding training, there was an up to date safeguarding policy in place and staff were aware of how to access such policies if needed.

Accidents and incidents were routinely reported and recorded. Staff were aware of the 'accident and incident' reporting procedures and there was an appropriate policy in place. Accident and incidents were routinely analysed and trends were established. This meant that the appropriate measures were put in place to mitigate any risks which were identified.

We found the home to be clean, hygienic and odour free. Communal areas, toilets, bathrooms and bedrooms were well maintained. Staff had access to personal protective equipment (PPE) such as gloves, aprons and hand gels. There was an infection control policy in place and staff understood the importance of complying with infection prevention control procedures.

Health and safety audit tools and checks were in place. Health and safety processes help to monitor and assess the quality and standard of the home. There was a variety of different audits/checks conducted which meant that people were living in a safe environment.

People's nutrition and hydration support needs were safely and effectively managed. People were regularly assessed and measures were in place to monitor and mitigate risk. We found that appropriate referrals were made to the relevant healthcare professionals and the guidance which was provided was incorporated within care plans.

People received holistic level of support from healthcare professionals such as physiotherapists, speech and language therapists, district nurses and occupational therapists. People received an effective level of safe, care and treatment that was tailored around their individual support needs.

We observed positive interactions between staff and people living in the home. Staff were kind, caring and friendly. Relatives also told us that the staff provided compassionate and sincere care. It was evident throughout the course of the inspection that staff were familiar with the people they were caring for.

Confidential information was securely stored in line with General Data Protection Regulations (GDPR). People's personal information was appropriately protected and sensitive information was not unnecessarily shared with others.

A person-centred approach to care was evident. Records were tailored around the support needs of the person and it was evident throughout the course of the inspection that staff were familiar with the different likes, dislikes, preferences and wishes of the people they were supporting.

There was a variety of different activities available for people to engage in. Activities were stimulating, engaging and promoted social interaction and independence. At the time of the inspection there were two activities co-ordinators in post. We were told that the range of different activities had recently improved.

'End of life' care was provided although staff did not receive routine 'end of life' care training. The registered manager explained that this was something that would be explored and encouraged amongst the staff team.

Complaints were responded to in line with the registered providers policy. A recent survey suggested that further developments needed to be made around the complaints procedure, ensuring that all people were familiar with the process.

The registered provider had a range of different policies and procedures in place. Staff were familiar with a range of policies we discussed with them during the inspection. They explained where they could be located if they needed further advice and guidance. Some of the policies we reviewed during the inspection did not contain the relevant information. Following the inspection, we were provided with the most relevant and up to date policies.

Audit systems were in place and checks were routinely completed. Audits and checks enabled the registered provider to monitor, assess and improve the quality and safety of care people received. We did feedback to the registered manager that some of the quality assurance paperwork could be further developed to identify when follow up improvements and actions had been completed.

Systems and processes were in place to gather feedback regarding the provision of care provided. People, staff and relatives were encouraged to share their views, opinions and thoughts around the standard and quality of care people received. Feedback and actions were discussed at the relevant staff and managers meetings regarding people and relative feedback; although staff feedback required further analysis.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with the statutory requirements. Ratings from the last inspection were displayed within the home and on the registered provider's website as required.

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.

Risk assessments were completed and regularly reviewed and updated.

Medicines management processes were safely in place and people received their medicines in the safest possible way.

The registered provider had safe recruitment practices in place and there were sufficient staff on duty to meet people's needs.

Staff were aware of safeguarding and whistleblowing procedures.

Is the service effective?

Good ●

The service was effective.

The registered provider was complying with the principles of the Mental Capacity Act, 2005.

Staff received regular supervisions and were supported with regular training, learning and development opportunities.

People's nutrition and hydration needs were assessed and effectively managed.

People received a holistic level of support from a variety of healthcare professionals. This helped to support the overall health and well-being of people who were receiving support.

Is the service caring?

Good ●

The service was caring.

Relatives told us that staff provided kind, dignified and respectful care.

We observed positive and familiar interactions between staff and people living in the home.

Confidential information was securely stored and protected in line with General Data Protection Regulations.

For people that did not have any friends or family to represent them, details of local advocacy services were available.

Is the service responsive?

Good ●

The service was responsive.

Staff were familiar with the needs of the people they were supporting and a person-centred approach to care was evident throughout the inspection.

There was a complaints procedure in place. Complaints were responded to and managed in line with organisations policies.

There was a range of different activities in place. Activities were stimulating, engaging and supported social interaction.

'End of Life' care was supported although formal 'end of life' training needed to be encouraged amongst the staff team.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were effectively in place. Audits and checks assessed and monitored the quality and safety of care provided.

Feedback regarding the culture and management of the home was positive. Relatives and staff told us that the provision of care people received was of a high standard.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home.

A range of different policies and procedures were in place and staff knew how to access them.

Kavanagh Health Care Limited

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.

This inspection took place on 23 and 24 July and was unannounced.

The inspection team included two adult social care inspectors and a specialist advisor. A specialist advisor is a person who has professional experience and knowledge of the care which is being provided.

Prior to the inspection we reviewed the information we held about Kavanagh Health Care Limited. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A statutory notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also reviewed prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service. We used the information we received to devise the relevant 'planning tool', which helped us consider how the inspection should be conducted and to identify any key areas which needed to be focused on.

During the inspection we spoke with the registered manager, operational manager, head of engagement and development, activities co-ordinator, kitchen manager, clinical lead, one nurse, 12 members of staff, one person who lived at the home and 10 relatives.

We looked at the care files of five people receiving care and support, five staff recruitment files, policies and procedures, medicine administration processes, compliments and complaints and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the two days, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived at the home, lounge and dining areas.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

At the last inspection, which took place in June 2017, we found that the registered provider was in breach of regulation 12, 'Safe Care and Treatment.' We found that medication processes and systems were not safely in place and people were not receiving medication in the safest possible way. The safe domain was rated 'Requires Improvement.' During this inspection we looked to see if improvements had been made.

We found that medication processes and systems had improved and people were receiving a safe level of care in relation to the administration of medication.

Medicines were administered safely by trained staff who were assessed as being competent in the administration of medication. There was an up to date medication policy in place which staff could access for further guidance and support. Medication audits were routinely taking place, these were assessing, monitoring and identifying areas of improvement that needed to be addressed.

Medication was safely stored in locked trolleys and room temperature and fridge temperature checks were conducted daily. The temperature of medication must be routinely monitored and recorded; If medicines are not stored at the correct temperature, this can affect how they work.

Quantities of medication received into the home were checked and 'logged' by two trained members of staff. This meant that all new medication was appropriately checked and there was a process in place to safely manage quantity of medication within the home. When medication had not arrived at the home, a 'missing items' process was efficiently in place. A 'missing items form' was completed, sent to the local pharmacy and the items were immediately sent to the home. This meant that people always had the required medication that was prescribed to them and quantities of medication was safely managed.

We found medication administration records (MARs) were clearly completed and contained sufficient information to instruct staff on safe administration. We conducted a number of random stock balance checks and found these to be correct. This included the stock balance for a controlled medication. Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. Controlled drugs were safely stored in line with controlled drugs legislation. Some people were prescribed PRN medication ('as and when' needed medication). We found that the appropriate PRN protocols were in place and contained sufficient detail for staff to follow.

We reviewed topical preparations (creams) and found that these were safely administered. 'Cream charts' were kept people's own bedrooms and signed by the carer once the cream had been applied. The application of cream was also countersigned by the nurse.

We reviewed the processes which were in place to safely administer 'Thickening agents' (prescribed to people who were at risk of choking). Thickening agents are a prescribed treatment which need to be safely stored and managed in line with medication policies and procedures. Thickening agents were kept in a locked cupboard, the cupboard contained a list of people who were prescribed thickening agents and the

guidance which needed to be followed. We also found the necessary 'choking' risk assessments, nutrition and hydration support plans and weight records in place. This meant that people were safely supported with the risks that needed to be monitored and they received the relevant nutritional support that needed to be provided.

The registered provider was no longer in breach of regulation in relation to 'Safe Care and Treatment.'

During the inspection we received positive feedback about the level of safe care people received. Feedback we received included, "[Person] is kept safe and well and it's nice to see [person] so happy and settled", "It's like an extension of home and the staff not only support [person] but provide support to me, emotionally, the home provides a bridge to normal life", "Staff know [person] very well and because of this they provide [person] with safe and responsive care" and "Staff are kind and caring and there is a good continuity of staff."

During this inspection we reviewed risk assessments which the registered provider had in place. Risk assessments included mobility, nutrition, choking, pressure sore, falls and behaviour. We saw that risk assessments contained information for staff to follow to keep people safe; they were regularly reviewed as to ensure the most appropriate level of safe care was provided. For example, we reviewed one person's nutritional support plan and risk assessments and found that the person was at risk of malnutrition. The appropriate referral had been made to the speech and language therapist team (SALT), a specialist diet was supported, weight was routinely monitored and diet and fluid intake was being safely managed. Another person who was supported with skin vulnerability had the appropriate risk assessment in place. The relevant risk assessment contained guidance and support for staff to follow, the appropriate clinical tools were completed and the correct equipment was used to safely support the person and manage the risks which had been identified.

Although there was a variety of risk assessments in place which were detailed and regularly reviewed we identified two disparities that needed to be addressed with the registered manager. For example, one person needed to have their blood sugar levels checked at breakfast time and before evening meal, however we found that checks were not consistently being taken. In another care record we reviewed, we found that one person needed to be re-positioned every two hours, however the re-positioning chart which was in place indicated that the person was being re-positioned every four hours. We discussed our findings with the registered manager who was responsive to our feedback and rectified the concerns.

Staff recruitment processes ensured the registered provider was complying with regulations in relation to 'fit and proper persons'. All staff files we reviewed contained appropriate references, photographic identification, application forms with detailed employment history, qualifications, health questionnaires, contract of employment well as a Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. There was also a routine system in place to ensure nursing staff were validated with 'The Nursing and Midwifery Council' (NMC) and the relevant nursing validation certificates were in place.

We reviewed staffing levels during the inspection to ensure people were receiving a safe level of care. People and relatives told us there were sufficient numbers of staff deployed on each unit and we observed that people support needs were responded to in a timely and safe manner. We were informed that less agency staff were being used and people were being supported by regular and consistent staff. One member of staff said, "Staffing levels are really good, levels of staff have increased and this has really helped."

We reviewed health and safety processes and systems which were in place to keep people safe. We were provided with regular weekly, monthly, quarterly and annual checks and audits. We found that all checks and audits were routinely completed and there was a health and safety audit action plan which identified areas of improvement across the home. We discussed this with the registered manager, that although audits action plans were in place, it wasn't always clear to see if the actions had been completed.

We checked other areas of health and safety which needed to be maintained and safely managed. We found portable appliance testing (PAT) water temperatures, window restrictors, nurse call systems as well as the relevant regulatory certificates for gas and electric compliance all safely in place. Fire procedures and risk assessments were regularly carried out and equipment for safe evacuation of people in case of emergency was securely stored on each of the units.

People had the relevant personal emergency evacuation plans (PEEPs) in place. PEEPs help staff to establish what support people need in the event of an emergency situation. PEEP information was found to be accurate and up to date. PEEPs contained the correct room number, level of mobility, assistance required, how the person needed to be evacuated and the number of staff required. This meant that all staff were familiar with the support each person required if an emergency evacuation was needed.

We found there was a robust system in place to monitor any accidents and incidents and identify any trends which were establishing. Monthly statistics were sent to a central quality team who were able to monitor and establish any trends which were occurring from an organisational perspective. Accident and incidents were discussed at team meetings, senior meetings and health and safety meetings.

Staff were able to explain their understanding of safeguarding and whistleblowing procedures. There was an up to date safeguarding and whistleblowing policy and the contact details for local safeguarding teams were available. We checked the relevant safeguarding referrals which had been submitted to the local authority and CQC. These were submitted in a timely manner and meant that people were protected from harm and abuse.

The home was clean and well maintained. Personal protective equipment (PPE) was available for all staff; gloves and aprons were available and there was an up to date infection control policy in place. Staff and relatives told us they had no concerns about the environment and felt it was always clean and tidy.

Is the service effective?

Our findings

We received positive feedback about the level of effective care people received at the home. Comments we received included, "We feel confident that staff have the skills and knowledge to use the equipment and look after [person]", "They're [staff] very proactive and there is excellent communication" and "They [staff] have responded well to [persons] changes in health care needs."

We checked to see whether the registered provider was complying with the Mental Capacity Act (MCA) 2005. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found that an assessment tool was effectively used to assess people's capacity to make 'key' decisions in relation to the care and support they received. Where appropriate, people had signed to indicate their consent and in other cases (where relatives had legal authority to do so) 'best interest' decisions were made in the best interest of the person receiving care. We saw that 'consent' had been sought in line with good practice and guidance and people and relatives were routinely involved in decision which needed to be made in relation to the care required.

Records showed that the relevant Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the local authority. Information regarding DoLS was clearly recorded within people's care plans and were regularly reviewed for any changes to the persons circumstances. For example, one person had a 'best interest' decision made regarding the use of bed rails to protect the person from falling out of their bed. The necessary authorisation was submitted to the local authority, a capacity assessment had been completed in relation to this area of care.

We checked to see if the registered provider was supporting staff with learning and development opportunities and if staff felt supported in their roles. We checked training records as well as any routine supervisions or annual appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Training that staff received included safeguarding adults, moving and handling, MCA and DoLS, data protection and confidentiality, person centred support, first aid awareness and infection control. We were provided with a breakdown of training statistics and could see that some areas of learning and development had a high completion rate but other areas did not meet the organisational performance targets. For example, only 69 per cent of staff had completed 'equality, diversion and inclusion' training, only 67 per cent

of staff had completed person centred support and only 80 per cent of people had completed moving and handling training. We were informed at the time of the inspection that training statistics were always reviewed and up and coming training dates were scheduled to improve training statistics for the home.

New staff who did not have the relevant 'National Vocational Qualification' (NVQ) in Health and Social Care were enrolled on to the 'Care Certificate'. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. At the time of the inspection 57 per cent of staff had completed the care certificate, this was an improvement since the last inspection.

People living at the home had access to support from external healthcare professionals to support their health and wellbeing. We found that the appropriate referrals had been made to healthcare professionals if any concerning changes had been identified. For example, one person who had lost a significant amount of weight had been referred to the speech and language therapist team (SALT). Guidance and recommendations made by SALT were recorded in the persons care plan, the necessary risk assessment was in place and the appropriate clinical assessment tools such as 'malnutrition universal screening tool' (MUST) was completed. This meant that people were receiving a holistic level of care and support in relation to their health and well-being support needs.

There was a dedicated 'in-house' physiotherapy department who supported people who were living with a range of different physical support needs. They provided people with a range different one to one and group activities that helped to develop strength, promote mobility and improve function. At the time of the inspection, a physiotherapy 'work out at work week' had been arranged for both people and staff at the home. This meant that the registered provider was committed to providing effective level of support, tailored around the needs of the person but also involved staff in the promotion of health and well-being.

The registered provider supported people who were living with Huntington's Disease. Huntington's Disease is an inherited neuro-logical disorder that effects brain cells and impacts co-ordination and cognitive functions. During the inspection we were informed that the registered provider had developed an effective working partnership with the 'Huntington's Disease Association'. The association is a national charity who are committed to supporting families affected by the disease. Support groups were regularly held at the home and were open to relatives, people living at the home and the wider community.

A SOFI observation was conducted at lunch time in one of the four dining rooms in the home. People had a choice of a buffet style food or healthier options such as salad, jacket potato's and sandwiches. One person was advised to have a balanced diet due to a diagnosed health condition and food to be cut up into small bite sized pieces due to choking risk did not appear to receive the support required to effectively manage risk. We discussed this with the registered manager at the time of the inspection, who was responsive to our feedback and agreed to explore this further.

We observed the quality and standard of food people received during the inspection. The catering manager who we spoke with was familiar with the specialist diets on each of the four units. We reviewed the menu's during the inspection. The menu was in two separate 'books'; one contained the information in a written format and the second 'book' contained pictures of the different food options available. Although improvements had been made to the available menu, it was agreed that the menus could be more accessible format.

In a recent 'service user survey' 72 per cent of people living in the home were happy with the standard and

quality of food and 63 per cent of people with happy with the variety of choice that was available to them. In response to this, the registered manager had scheduled a 'food forum and tasting event' for relatives and people living in the home. This had been scheduled to encourage people to share their views about the quality of the food and to explore alternative food options that could be available on the menu.

Comments we received about the food included, "The food is very good and there is a good choice. The home caters for [person] fantastically well and always try to come up with new dishes for [person] to try" and "The choice [of food] is OK but there could be more variety."

For people who were living with dementia, various support measures were in place. Memory boxes, (containing special, personal items) had been introduced on each of the units, clear signage was found throughout the home as well as different contrasting walls and doors to help people navigate themselves around the home independently. There was a range of different memorabilia throughout the home, specific areas had dedicated themes to reinforce memories and people could decorate and design their bedrooms how they wished. A communal room had recently been re-designed as a 'cinema room'. The cinema room regularly showed movies from specific era's, this helped people to reminisce and reflect on fond and happy memories they had.

Is the service caring?

Our findings

We received positive comments about the level of care people received throughout the course of the inspection. Comments we received included, "The care is very good and I'm happy with the care provided", "Staff respect [persons] dignity and privacy and will ask me to leave the room when carrying out any personal care", "We are delighted with the care [person] receives" and "The care is excellent and the home inform me of everything that is going on."

We observed interactions between staff and people were warm, kind, and sincere. Staff engaged in meaningful conversations, supported people with their food but also encouraged independence. People were addressed by their preferred names and staff were responsive to people's support needs in a caring and compassionate manner. One staff member said "We [staff] work around them [people] and their needs rather than them working around us."

It was clear that staff knew the people they were caring for well. Staff could describe people's needs as well as their likes, dislikes and preferences. Staff were familiar with people's level of independence and explained how they would support people as much as they could to remain as independent as possible. For example, one person enjoyed going on holiday with their relatives. The registered manager explained that the person was fully supported to go on holiday with their loved one as it was important for them to continue experiencing things in life that they loved to do.

People received support from consistent and regular staff which meant that people could develop positive relationships with the staff who were providing the support. Staff explained that where possible, the registered manager would ensure that the same consistent staff would provide support on the same unit; meaning people were familiar with the staff and staff were able to provide support tailored around them. One relative said, "It is the same faces who look after [person] and this makes a major difference."

The registered manager informed us that there were 10 dignity champions across the home. There was a dedicated wall on one of the units, which contained 'seven core principles' of what 'dignity' meant and the important ways of making sure people were treated with dignity and respect whilst receiving support from Kavanagh staff. The home also ensured there was a 'service user representative' available to represent the 'voice' of people living in the home.

People and their relatives were encouraged to complete annual 'satisfaction surveys'. This explored many areas of the quality and standards of care that was provided. The results of the most recent survey showed that 100 per cent of relatives were happy with the care provided and believed people's privacy was respected. 100 per cent of people felt they were treated with kindness, were supported to make choices and felt safe.

Relatives told us that they felt supported by the staff and managers at the home. We were told that they received the same level of care and respect that people received. Relatives explained that they were always made to feel welcome and could access support whenever they needed to. There was a dedicated 'family

room' that relatives could use overnight as well as a 'family forum' where relatives could seek support and guidance from other relatives as well as having the opportunity to discuss aspects of care provided.

We reviewed the 'Service user guide' which was provided to people and relatives from the outset. This contained important information about the home and what should be expected. The guide contained information about the history of the home, key facilities and accommodation, staffing structure, aims and objectives of the service provided, equal opportunities, family support, vision, mission and values, activities, health and safety and advocacy support provided.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs. At the time of the inspection a number of people had advocacy support. The registered manager told us that this was supported as and when an advocate was needed.

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulations (GDPR). Records were secured in a locked office on each unit and confidential information was not unnecessarily being shared with others. We did identify that the confidentiality and data protection policy was not the most relevant policy and did not make reference to GDPR. Following the inspection, we were provided with the most up to date and relevant policy in relation to confidentiality and data protection.

Is the service responsive?

Our findings

During the inspection we received positive comments about the level and standard of responsive care people received who were living at the home. Comments we received included, "They [staff] have responded well to [persons] changes in health care needs", "Staff keep us very well up to date", "The home inform me of everything that is going on", "It's like an extension of home and the staff not only support [person] but provide support to me."

During this inspection we found that care records contained up to date, consistent and relevant information required for staff to provide 'person centred care' and support. 'Person centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the home. Care records were regularly reviewed and staff were familiar with people they were supporting. Staff explained that the records contained specific information they needed and relatives told us that staff provided a responsive level of care and support that was expected.

Each person had a 'pre-admission assessment' which identified the level of care, treatment and support people required. The registered manager explained that once the assessment had been conducted, the information was analysed to establish if the correct and safe level of support could be provided. Care records contained 'A day in my life' information, 'my personal information', 'summary of identified needs' and 'my preferences'. All of which helped to formulate the relevant care plans and risk assessments required.

Records we reviewed contained information such as '[Person] likes steak, chops, chicken breasts, baked potatoes and salad', 'Likes to go to bed at 11pm and get up at 06:30', '[Person] watches sport and football on T.V, loves to play bowls and golf', 'I like to look smart, clean and tidy', '[Person] likes to speak about family, likes undivided attention, likes to watch movies' and '[Person] is able to communicate needs and wishes verbally.'

The registered provider ensured that people were protected from discrimination. There was equality of opportunity and everyone was treated equally regardless of age, gender, disability, religion/belief or race. The admission assessment form explored different protected characteristics (such as age, gender, religion and disabilities) and there was an up to date equality and diversity policy in place.

Care files showed that people were encouraged to remain as independent as possible, whilst remaining safe. For example, in one care record we reviewed it stated that the person was high risk of falls but still wished to remain as independent as possible. There was an appropriate falls risk assessment in place which highlighted some of the different support measures which needed to be followed, such as 'staff to provide re-assurance, provide step by step instructions (when supporting person to walk), staff to remove hazards, regular checks to be conducted of the persons environment, appropriate footwear to be worn and to ensure there is dry laminate flooring'. This meant that the support provided was tailored around the individual and measures were in place to safely promote independence.

At the time of the inspection there were two activities co-ordinators in post. We were informed that people were supported with a range of different activities that kept them stimulated and occupied. We saw a weekly activities schedule on the notice boards throughout the home, some of the scheduled activities included sensory therapy, gardening, singing group, smoothie making, baking and board games, coffee mornings and massage and relaxation. We received mixed feedback about the range of activities provided, such as "There has been positive changes, there was a problem with activities but this has changed. I just hope things continue", "I would like [person] to go out a little more" and "The activities are good." We were informed during the inspection that a 'holiday home' was being explored. This was currently a project that staff and people were actively involved in. Finding a suitable holiday home, meant that people could be supported to access a holiday home that was safe, suitable and tailored around their needs.

The registered provider had an up to date complaints policy and procedure in place. At the time of the inspection there were no complaints being responded to. Previous complaints which had been received had been correctly responded to in accordance with the registered provider's policy. Relatives we spoke with during the inspection were familiar with the complaints procedure and knew how to make a complaint. However, in the most recent 'service user' satisfaction survey, only 54 per cent of people living at the home knew how to make a complaint. This was an area of development that the registered manager was going to explore further.

During the last inspection, we were informed that 'end of life' training was going to be encouraged and promoted within the staff team. We asked the registered manager if 'end of life' training statistics had improved since the last inspection. We were informed that the training course was available for staff to access but statistics around this area of learning and development had not improved. We discussed how 'end of life' training would benefit the staff team but also provide specialist support to people who were at the end stages of life.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. The registered manager had been registered with the Care Quality Commission (CQC) since July 2018. The previous registered manager had voluntarily de-registered from their position in June 2018. The newly appointed registered manager was aware of their responsibilities in relation to their regulatory requirements.

From April 2015 it became a legal requirement for registered providers to display their CQC ratings. Ratings from the last inspection were clearly displayed in the foyer of the home as well as being available on the registered provider's website as required. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

At the last inspection, the 'well-led' domain was rated 'requires improvement'. This was due to ineffective medication auditing processes that were identified. During this inspection, we checked to see if improvements had been made and if quality assurance systems were effectively in place.

Following the last inspection, the registered provider created an action plan to address the areas of concern we raised and explained how they would make the necessary improvement to ensure they were complying with all areas of regulations. During this inspection we saw that the registered provider had worked through the action plan, clearly recorded what priority actions needed to be addressed and how areas of improvements needed to be completed. We found that the necessary measures had been taken to improve the quality and safety of care provided to people who lived at the home.

Audits and checks were completed in areas such as care records and medication, health and safety, infection prevention control, maintenance management, accident and incidents, complaints, dining room experience and quality assurance. Audits and checks were robust; however, we could not always identify if actions had been completed [for some?]. For example, weekly maintenance checks were completed, these identified areas of repair that needed to be addressed. However, it was not always clear to see if the actions had been addressed or if they still needed to be actioned. This was an area of quality assurance that needed to be further developed.

We looked to see how the registered provider maintained oversight of the provision of care provided. We saw evidence of staff meetings, service user meetings, service user engagement meetings, family forums, 'development and engagement' meetings, health and safety committee meetings and clinical governance meetings. This meant that many different aspects of care, treatment and support was continuously being assessed, monitored and improved upon.

We identified that people, staff and relatives had the opportunity to express their thoughts, views and opinions about the provision of care provided. Staff, 'service user' and relative surveys were circulated, information from the service user and relatives survey analysed and action plans were devised. We did

identify that the staff survey results did not have a corresponding action plan but there were some areas which needed to be focused on and explored further.

We received positive feedback about the overall governance and leadership of the management team. Comments we received from relatives included "The management are open and very good", "The manager is very responsive and listens to you" and "[Manager] Is very proactive and approachable". Comments received from staff included, "[Manager] is fantastic, can't give enough praise", "The door is always open, [manager] is very responsive, very supportive and really accommodating", "There is a very high standard of care here" and "New managers have made a big impact, we get thanked for our work."

It was evident from the inspection that the registered provider was committed to developing, improving and evolving the provision of care people received. During the inspection we were provided with information in relation to areas of improvement and development that was being explored. For example, a 'Therapeutic' observation project was underway. People were supported to engage in a range of different 'therapeutic' activities and the level of engagement and participation was going to be analysed. The analysis was going to establish therapeutic benefits, outcomes and positive impacts 'therapeutic activities' had on the person and the difference this was making to their overall quality of life. Another example, was the investment of a digital 'sensory table'. The digital sensory table is a large, multi-functional, dynamic table that helps to engage, stimulate and supports interaction of people with different support needs. This meant that there was a continuous appetite to improve the overall quality and experience that people received.

We reviewed the range of different policies and procedures the registered provider had in place. At the time of the inspection, we identified that some of the policies did not contain the most relevant or up to date information in relation to the current Health and Social Care Act, 2010 (Regulated Activities) Regulation 2014 or the General Data Protection Regulations (GDPR). Following the inspection, we were provided with the necessary, updated policies that contained the relevant information and guidance.

The registered manager had notified CQC of all events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC could accurately monitor information and risks relating the home and people who were living there.

The registered provider had a up to date Business Continuity Plan (BCP) in place. This contained relevant information in relation to emergency contact details and actions that needed to be followed in the event of an emergency. This meant that people would be safe and protected if an emergency situation occurred.