Purelake (Chase) Limited

The Chase

Inspection report

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Date of inspection visit:
18 February 2020
19 February 2020

Date of publication:
29 April 2020

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Chase is registered as a care home without nursing for 31 older people and people living with dementia. There were 23 people living in the service at the time of our inspection visit. Most people lived with dementia and some had special communication needs.

People's experience of using the service and what we found
People and their relatives were positive about the service. A person said, "I get on well with the staff." A relative said, "The staff are very kind and they care for the residents."

The local authority was investigating an historic allegation of neglect. Recruitment checks had not always been completed in the right way. We have made a recommendation about the recruitment of staff.

Infection had not been fully prevented and controlled. People received safe care and treatment and medicines were managed safely. There were enough care staff on duty. Accidents and near misses had been analysed so lessons could be learned to avoid preventable accidents.

Parts of the accommodation were not furnished and decorated to meet people's needs and expectations. People were not fully supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Personal care was delivered in line with national guidelines by care staff who had received training and guidance. People were supported to safely eat and drink enough. People were assisted to obtain medical attention and received coordinated care.

Care was provided in a compassionate way respecting people's right to privacy, promoting their dignity and encouraging their independence.

People had not been fully supported to avoid the risk of social isolation. We have made a recommendation about promoting social inclusion.

People had been involved in reviewing their care and given information in a user-friendly way. Complaints had been quickly resolved and people were supported to have a dignified death.

Quality checks had not always resulted in improvements quickly being made. A suggested improvement by people living in the service had not been implemented. We have made a recommendation about quality checks and improving the service.

Insufficient attention had been given to obtaining feedback from relatives and external professionals. We

have made a recommendation about receiving and acting on feedback.

Regulatory requirements had been met, good team work was encouraged and joint working was promoted.

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

Rating at last inspection
The service has been in Special Measures since 19 August 2019. During this inspection the registered provider demonstrated improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, the service is no longer in Special Measures.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Details are in our well-led findings below.

The Chase

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by two inspectors.

Service and service type
The Chase is a care home without nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection
The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with nine people living in the service, four care staff, a team leader, an activities coordinator, the chef, a housekeeper and a deputy manager. We also met with the registered manager and a director of the company who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the registered provider.

We reviewed documents and records describing how care had been planned, delivered and evaluated for six people.

We examined documents and records relating to how the service was run including health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used to assess, monitor and evaluate the service.

In addition, 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 speak with us.

After the inspection
We spoke by telephone with three relatives so they could give us feedback about their experience of using the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable provision had not been made to keep two people safe who were at risk of choking when eating. People who were at risk of losing weight had not been monitored so medical advice could quickly be obtained when necessary. Fire drills had not been completed regularly and some staff did not know the correct action to take in a fire emergency. Also, personal emergency evacuation plans describing how to move each person to a safe place in the event of fire had not been reviewed to ensure they were up to date.

We considered taking enforcement action and so the registered provider was not asked to send us an action plan stating what they would do and by when to improve.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12. More detailed care plans and risk assessments had been prepared to guide care staff when supporting people at risk of choking. Care staff were following this guidance and supporting people in the right way. People's body weights were being carefully monitored and referrals had been made to dietitians and speech and language therapists when necessary. Fire drills had been completed and staff knew how to keep people safe in the event of a fire emergency.

• People's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included care staff assisting people to transfer using hoists and supportive handling belts.
• People were helped to keep their skin healthy. There were special air mattresses to reduce pressure on a person's skin making pressure ulcers less likely. People were helped to promote their continence. They were discreetly assisted to use the bathroom whenever they wished. Care staff checked to ensure people had not developed a urinary infection. A person said, "I need quite a lot of help now and the carers are happy to help me and I don't feel a nuisance."
• New and more detailed audits had been introduced to check people were receiving safe care and treatment. These audits checked care plans were sufficiently detailed and up to date. They also examined records of the care provided to ensure it met people's needs and expectations.
• People had been helped to avoid preventable accidents. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. There was a modern fire safety system to detect and contain fire.

• People were receiving safe care and treatment. However, given the short period since our last inspection we need more reassurance this will be sustained to contribute to this key question being rated Good.

Using medicines safely
At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A medicine had not consistently been managed safely. The medicine was administered covertly without the person's knowledge by crushing it in food. This can change a medicine's effect and advice from a healthcare professional had not been sought.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12. Strengthened arrangements were in place for two people whose medicines needed to be given covertly. Advice had been obtained from a healthcare professional to confirm the medicines could safely be administered in this way.

• Medicines were reliably ordered so there were enough in stock and they were stored securely in temperature-controlled conditions.
• Care staff who administered medicines had received training. Medicines were administered in the correct way so each person received the right medicine at the right time. A person said, "The staff give me my tablets on the dot. If I had them I'd get muddled up with them."
• There were additional guidelines for care staff to follow when administering variable-dose medicines. These medicines can be used on a discretionary basis an example being to provide pain relief.
• More detailed and more frequent audits were being completed of the systems and processes used to manage medicines so they were handled in the right way. These audits included examining the records of medicines administered and checking them against the remaining stock. They also included observing care staff administering medicines to make sure it was being done in the right way.
• Medicines were being safely managed. However, we need more assurance this will be sustained to contribute to this key question being rated Good.

Preventing and controlling infection
At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Infection was not robustly prevented and controlled. Some carpets in hallways were not clean and had a stale odour. Some crockery was chipped and could not be effectively cleaned. The laundry was disorganised and a broken washing machine had caused a significant build-up of used bed-linen and clothes stored in warm, humid conditions.

Although limited shortfalls remained at this inspection, we found enough improvement had been made and the registered provider was no longer in breach of regulation 12. Although carpets in hallways remained old and worn they had been cleaned. Records showed new carpets had been purchased and were about to be laid. Crockery was in good condition and clean. Washers and driers in the laundry were in good working order and there was no build-up of items waiting to be laundered.

• Care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
• There was an adequate supply of cleaning materials. Mattresses, bed linen, towels and face clothes were clean.
• Some of the washable armchair cushions in the lounge were damaged and so could not be fully cleaned. We raised this matter with the nominated individual who placed an order to buy new cushions before the end of the inspection visit.

Learning lessons when things go wrong
At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accidents and near misses had not been carefully managed so steps could be taken to reduce the risk of recurrence. A person who had reduced mobility was not assisted by care staff when walking and was avoidably at risk of falling.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12. The registered manager had analysed and managed accidents and near misses in a much more robust way. This included investigating to establish how and why things had gone wrong.

There was more detailed guidance for care staff to follow when helping people at risk of falling due to reduced mobility. We saw these people being helped in the right way. Care staff walked alongside them and ensured walking frames and/or wheelchairs were available if needed.

• When accidents and near misses had occurred action had promptly been taken to reduce the likelihood of the same thing happening again. This included requesting and following advice from healthcare professionals. An example was an alert mat being installed beside a person's bed notifying care staff when the person had got up and needed assistance.
• Lessons were learned when things went wrong to reduce the risk of accidents. However, we need more assurance this will be sustained to contribute to this key question being rated Good.

Staffing and recruitment
• Safe recruitment and selection procedures were not fully in place. We examined the recruitment checks completed for two care staff appointed since the last inspection. One of the applicants had not been asked to provide a suitable detailed account of their previous jobs. This reduced the registered provider's ability to determine what assurances they needed to obtain to confirm the applicant's previous good conduct. We raised this shortfall with the registered manager who assured us the member of staff would immediately be required to provide a full employment history. They also said the service's recruitment and selection policy and procedure would quickly be revised to ensure all future applicants provided the right information about their previous jobs.
We recommend the registered provider consults national guidance about the safe recruitment of staff.

• The applicants had been required to confirm their identity, references had been sought and disclosures from the Disclosure and Barring Service had been obtained. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks are necessary to ensure only suitable people are employed to work in the service.
• The registered manager had calculated how many care staff needed to be on duty to meet each person's care needs. Records showed shifts were reliably being filled. Extra care staff were made available when a person needed to be accompanied to a hospital appointment.
• There were enough care staff to ensure people promptly received the assistance they needed. This included washing, dressing and using the bathroom. A person said, "It's pretty good here, the staff are busy for sure but all I can say is they help me."

Systems and processes to support staff to keep people safe from harm and abuse
• The local safeguarding of adults authority was investigating an historic allegation of abuse relating to an incident when a person choked on food and died.
• At this inspection people were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and knew what to do if they were concerned a person was at risk. A person with special communication needs smiled and held the hand of a member of care staff when we

used sign-assisted language to ask them if they felt safe.
• There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Requires Improvement

Is the service effective?

Our findings

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

At the last comprehensive inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
At the last inspection there was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some care staff did not have the knowledge and skills they needed to provide safe care and treatment. This included caring for people at risk of developing sore skin and providing reassurance for people living with dementia and/or mental health conditions.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements had been made to address each of the shortfalls.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 18. Care staff had been provided with more training and written guidance about how to care for people at risk of sore skin. This included knowing where and how sore skin is most likely to develop, the signs to recognise and the action to take.

Care staff had also received more training about how to reassure people living with dementia and/or mental health conditions if they become distressed and a risk to themselves and others around them. Care staff used this additional knowledge to support a person at lunchtime on the second day of the inspection visit. The person was upset because their dining room chair was not in its usual place and they suspected it was lost. A member of care staff quickly reassured the person the chair had been moved for cleaning. They returned the chair to the person's satisfaction.

• New care staff received introductory training before they provided people with care. Care staff also received refresher training in subjects including the safe use of hoists and how to support people to promote their continence. Since the last inspection the registered manager had audited records of the refresher training, identified gaps and arranged for them to be addressed.
• Care staff had more regularly received individual supervision from a senior colleague to review their work and to plan for their professional development.
• Care staff knew how to care for each person in the right way. They were aware of how to safely care for people with specific medical conditions such as diabetes and epilepsy. They knew about the correct use of different continence promotion aids including catheters draining urine directly from a person's bladder.
• Care staff had the knowledge and skills they needed to provide safe care and treatment. However, we need more assurance this will be sustained to contribute to this key question being rated Good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At the last inspection there was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The assessments completed before people moved into the service were insufficiently detailed. Also, they relied too heavily on historic information provided by other agencies that may not have been accurate. These shortfalls increased the risk of people moving into the service with care needs that could not be met.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements had been made to address each of the shortfalls.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 9. No one had moved into the service since the last inspection. However, the registered manager had developed more robust arrangements to gather comprehensive information about a person's care needs before they moved. There was a more detailed assessment form to be completed listing key information including the medicines a person needed to use, any allergies and medical conditions. The assessment also used some national tools to establish how much assistance a person needed to safely move about and to keep their skin healthy.

• The registered manager told us they or one of the deputy managers would meet each person before they moved into the service. This gave people the chance to ask questions about the service. It also helped to ensure the service understood how to respect a person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage. Another example was asking a person if they had a preference about the gender of care staff who provided their close personal care.
• Suitable provision had been made to assess care needs in line with national guidance. However, we need more assurance this will be sustained to contribute to this key question being rated Good.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 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 with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection there was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable arrangements had not been made to establish whether people had mental capacity to make important decisions about their care. When a person had not been able to decide steps had not always been taken to ensure decisions were made in the person's best interests and were the least restrictive possible.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements had been made to address each of the shortfalls.

Although a shortfall remained at this inspection, sufficient progress had been made the registered provider was no longer in breach of regulation 11. New and more detailed assessments had been completed to identify when a person did not have mental capacity and needed assistance to make a significant decision about their care.

• Applications had been made to obtain authorisations for 19 people who lacked mental capacity and were being deprived of their liberty in order to receive care. Authorisations granted for four people had conditions attached listing additional steps to be taken to ensure the provision of the least restrictive care possible. However, there was no system to check the conditions were being met. This increased the risk the people concerned would not fully receive care respecting their legal rights. We raised our concerns with the registered manager who examined the conditions and assured us each was being met. They also said a new system would immediately be introduced to note and to ensure compliance with any new conditions.

When a person lacked mental capacity the registered manager had consulted with relatives and healthcare professionals to ensure the person's best interests were protected. An example was the registered manager liaising with a person's relatives when it was necessary for them to have rails fitted to the side of their bed. This helped prevent them rolling onto the floor and possibly injuring themselves.

• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being supported to choose what clothes they wanted to wear and the times they wanted to get up and go to bed. A person said, "It's up to me how I spend each day and the staff don't take over."

Adapting service, design, decoration to meet people's needs
At the last inspection there was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Defects in the accommodation reduced the service's ability to meet people's needs and expectations. A window was broken and taped over. Another window was open and had an electrical cable trailing out of it. Some communal toilets and bathrooms had damaged and unsightly floors, wall finishes and white goods. There was no clear plan to address each of these defects.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements were underway to address each of the shortfalls within a reasonable timescale.

Although some shortfalls remained at this inspection, we found enough improvement had been made and the registered provider was no longer in breach of regulation 15. A comprehensive development plan had been prepared and was being implemented to improve and extend the accommodation. Since the last inspection the damaged and open windows had been addressed. Four communal bathrooms and toilets had been completely refurbished to provide clean and modern facilities. Five bedrooms had also been completely redecorated, fitted with new furniture and provided a much-improved homely setting. Work was also underway to construct a new dining room and create an extra lounge.

• Some defects remained. In bedrooms that had not been refurbished there were numerous areas where paintwork was chipped and discoloured, some furniture was damaged and/or mismatched and carpets were worn and discoloured. In hallways there were damaged and/or stained wall finishes and paintwork.
• There was a passenger lift giving step-free access around the accommodation. There were bannister rails in hallways, supportive frames around toilets and an accessible call bell system.
• Most people had their own bedroom they had been encouraged to personalise by furnishing them as they wished displaying ornaments and photographs. There was enough communal space and there were signs

to help people find their way around.

Supporting people to eat and drink enough with choice in a balanced diet
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals giving people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is okay actually and the staff will always make you a drink and snack even at night."
• People were free to dine in the privacy of their bedrooms. Their meals were taken on covered trays.
• There was a choice of dish at each meal time. In the morning care staff asked people which meals they wanted to have at lunch and tea time. They showed people pictures of the meals available to help them choose. People who needed help to eat and drink safely were assisted by care staff.
• Care staff checked how much each person had to eat to ensure they had enough nutrition. Arrangements could be made to check how much a person was drinking if care staff were concerned insufficient hydration was being taken.
• Speech and language therapists had been contacted when people were at risk of choking. Nurses and care staff were following the advice they had been given including blending food and thickening drinks to make them easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to receive coordinated care when they used or moved between different services. This included care staff passing on important information when a person was admitted to hospital or if they moved to a different care setting.
• Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see chiropodists and opticians.
• People were helped to promote their oral health. Care staff supported people to regularly brush their teeth and clean their dentures. They were also assisted to see a dentist if they needed treatment.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

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

Promoting people's privacy, dignity and independence
At the last inspection there was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not always been assisted to wear clean clothes and gentlemen had not always been supported to shave. A person had not been helped to shower as frequently as they wished and care was sometimes provided in a task-centred way not promoting people's independence. In addition, confidential information was not always kept private.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements had been made to address each of the shortfalls.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 10. People had been assisted to wear clean clothes of their choice and each person had enough clothes from which to choose. Gentlemen had been assisted to shave whenever they wished and people were being helped to shower and have a bath as frequently as they preferred.

Care was provided to enable people to do things for themselves. An example was a person helping care staff to lay tables at lunchtime. Another example was a person being given extra time to get themselves ready in their bedroom before being assisted to go to the dining room at lunchtime.

Care staff had been given new and more detailed guidance about how to correctly manage confidential information. When discussing sensitive information about a person's care staff did this in private so they could not be overheard.

• Care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care staff closed the door and covered up people as much as possible. A person said, "I like my bedroom and when the staff help me they close the door so I'm not on show."
• Communal bathrooms and toilets had working locks on the doors. The registered manager said people could choose to have a lock fitted to their bedroom door if they wanted to secure their private space.
• People received dignified care promoting their independence and respecting their privacy.

Supporting people to express their views and be involved in making decisions about their care
At the last inspection there was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014. People had not been fully supported to express their views about things important to them.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 10. Most people had relatives who assisted their family members to make decisions about subjects including clothes they wanted to buy or family events they wished to attend. Relatives told us they were welcomed by care staff when they called to the service. The registered manager kept in touch with other relatives who were not able to visit regularly. A relative said, "Yes, the service do keep in touch with me and so I know what's going on which is good."

Some people did not have much contact with relatives. Since the last inspection the registered manager had developed new links with local lay advocacy resources. Lay advocates are independent of the service and can support people to weigh up information, make decisions and communicate their wishes.

• Care staff recognised some people living with dementia had special communication needs and expressed themselves using words, sounds and signs. These were understood by care staff who responded using terms and gestures meaningful to the person to reassure them their wishes would be respected.
• People were supported to express their views and make decisions about their care. However, we need more assurance this will be sustained.

Ensuring people are well treated and supported; respecting equality and diversity
• People were positive about the care they received. A person said, "I like being with the staff around because they're friendly and helpful and we have a good old natter."
• Care staff recognised the importance of providing care in ways promoting equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles.
• People had been supported to meet their spiritual needs. There was a religious ceremony regularly held in the service and people were also encouraged to maintain contacts with churches they had attended before moving into the service.
• People from the gay, lesbian, bisexual and transgender communities were welcome.

Requires Improvement

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
At the last inspection there was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not been offered sufficient opportunities to pursue their hobbies and interests.

Although shortfalls remained at this inspection, we found enough improvement had been made and the registered provider was no longer in breach of regulation 9. There was an increased range of social activities people could enjoy. During the inspection people were engaged in arts and crafts, quizzes and singing along with an external entertainer. The activities coordinators also supported people who spent most of their time in their bedrooms. These people were helped to enjoy activities such as puzzles, reading the newspaper and chatting about their families.

Further progress was needed because the activities coordinators had not fully consulted with three people about their interests and preferences. This increased the risk the people concerned would not be suitably supported to avoid social isolation. We raised our concerns with the registered manager who assured us the activities offered to each person would immediately be reviewed and developed as necessary.
We recommend the registered provider consults national guidance about promoting social inclusion.

- People were supported to engage in national events such as Remembrance Sunday and to celebrate seasonal occasions such as Easter and Christmas.
- People were also helped to celebrate birthdays with a cake and a present from the service.

Improving care quality in response to complaints or concerns
At the last inspection there was a breach of regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable steps had not been taken to investigate and promptly resolve a complaint.

The registered provider completed an action plan after the last inspection showing what they would do and by when to improve. They said improvements had been made to address each of the shortfalls.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 16. More robust arrangements had been made for the nominated individual to oversee the management of complaints. This included the registered manager immediately notifying them of the receipt of complaints and regularly updating them about the steps taken to resolve them. The

nominated individual said all complaints would be investigated fairly and whenever possible resolved to the complainant's satisfaction.

• The complaints procedure reassured people about their right to make a complaint. A relative said, "There's no us-and-them feeling and if I have a concern I'll just have a word with the staff on duty and they're very helpful."
• Records showed no complaints had been received by the service since the last inspection visit.
• Suitable arrangements had been made to receive and act on complaints. However, we need more assurance this will be sustained to contribute to this key question being rated Good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• At the last inspection some care plans describing the assistance people needed to receive were not sufficiently detailed and/or were contradictory. This shortfall was reflected in occasions when care staff were not sure how to consistently provide people with responsive care.
• At this inspection new and more detailed care plans had been prepared for each person. Care staff had been given additional guidance about using the information in care plans to provide people with care meeting their expectations. An example was a person who liked sweets and sometimes needed to be helped to not eat too many before meal times so they enjoyed their food. Care staff understood the issue and we saw them gently reminding the person before lunch their meal was about to be served and suggesting they save some sweets until later in the afternoon.
• People were promptly supported to go to the bathroom whenever they wished and call bells were answered quickly. A person said, "I have my own ways. Some days I want to go to bed quite early and other days a bit later. It's no trouble for the staff who help me as I like."
• Care staff regularly checked on people resting in their bedrooms to make sure they were comfortable and had everything they needed.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• At the last inspection people had not been give information about their care in a user-friendly way. This had reduced the opportunities they had to be fully engaged in reviewing and updating information about the care they wanted to receive.
• At this inspection new user-friendly care plans had been introduced using an easy read style with pictures and graphics. These care plans had been shared with people and their relatives.
• Important documents presented information in an accessible way. There was a leaflet explaining the role of the local safeguarding of adults authority and which gave the authority's contact details.
• The complaints procedure was written in a user-friendly way using larger print and graphics to make it easier to understand. It explained how complaints could be raised and how they would be investigated.

End of life care and support
• At the last inspection suitable provision had not been made to plan the support people might need at the end of their life to have a dignified death.
• At this inspection the registered manager had consulted with people and their relatives about the support they wished to receive and had recorded the information in new end-of-life care plans. A person had received compassionate care when a close relative had died. They lacked mental capacity and had been

gently helped by care staff to understand why they could not be with their relative. They had also been helped to commemorate and remember their relative.
• There were arrangements for the service to hold 'anticipatory medicines' so they could quickly be given in line with a doctor's instructions to provide a person with pain relief.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care
At the last inspection there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable quality checks had not been completed to monitor and evaluate the running of the service resulting in shortfalls in the provision of safe care and treatment.

We considered taking enforcement action and so the registered provider was not asked to send us an action plan stating what they would do and by when to improve.

Although shortfalls remained at this inspection, we found enough improvement had been made and the registered provider was no longer in breach of regulation 17. New and more detailed quality checks had been introduced including care planning, the management of accidents, medicines management and the maintenance of the accommodation.

However, strengthened quality checks had not promptly addressed the shortfalls we identified at this inspection. These included the safe recruitment of staff, obtaining consent to provide lawful care, maintenance of the accommodation and preventing social isolation. We raised our concerns about this matter with the registered manager and director. They assured us new quality checks would robustly monitor the effectiveness of the steps taken to address each shortfall.
We recommend the registered provider consults national guidance about achieving change through robust quality checks.

• People and their relatives considered the service to be well run. A relative said, "I do think the place is quite well-run as my family member has quite complex needs and I can see they're settled."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been asked to comment on their experience of living in the service. Although they had been invited to attend residents' meetings to give feedback action had not always quickly been taken to implement suggested improvements. An analysis of residents' meetings held since the last inspection concluded a 'common denominator' was a request for more trips out. Although an activities coordinator said trips out would be offered in practice no firm arrangements had been made.

• Relatives had been sent annual questionnaires to give feedback about their experience of using the service. No one had returned the questionnaires sent in 2019 and no action had been taken to use other means to obtain feedback. Also, health and social care professionals had not been invited to comment on the service. We raised our concerns about this matter with the registered manager. They assured us new arrangements would be made to better enable the service to benefit from the receipt of feedback from relatives and health and social care professionals.
We recommend the registered provider consults national guidance about receiving and acting upon feedback on the development of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• At the last inspection some members of staff said morale was low. This had reduced their ability to develop a culture focusing on providing people with person-centred care.
• At this inspection staff told us morale had significantly improved. This was partly due to the improvements made in the accommodation. It was also due to them receiving additional training and guidance about working together to provide responsive care. A member of care staff said, "The place looks better and will look better still. The new care plans provide us with more guidance about caring for people and it feels like at last the owners have taken on board the place needed to improve and just couldn't stay as it was. It needs to continue though."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.
• Services providing health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• There was a member of the management team on call during out of office hours to give advice and assistance to support staff.
• There were handover meetings between shifts to update care staff about developments in the care each person needed. Staff also attended regular staff meetings to further develop their ability to work together as a team.
• Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing'

concerns about a person not receiving safe care and treatment.

Working in partnership with others
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to professional publications relating to best practice initiatives in providing people with nursing, rehabilitation and care.
• The registered manager had attended training events to keep up to date with changes being made in care provision. An example was the manager being ready to implement important changes being made to deprivation of liberty safeguards.