

Bethesda Healthcare Ltd

Kinross

## Inspection report

201 Havant Road  
Drayton  
Portsmouth  
Hampshire  
PO6 1EE

Tel: 02392325806

Website: [www.kinrossresidentialcarehome.com](http://www.kinrossresidentialcarehome.com)

Date of inspection visit:

17 February 2020

18 February 2020

Date of publication:

30 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Kinross is a residential care home providing personal care for up to 29 people aged 65 and over, including people living with dementia. At the time of the inspection they were supporting 13 people. Accommodation is arranged over two floors connected by stairs and a passenger lift. There is a range of communal areas on the ground floor including a dining room and two lounges.

### People's experience of using this service and what we found

People and their relatives said the service provided safe care and we found improvements had been made since the previous inspection. The provider had introduced tools and systems to promote people's safety and these were being embedded into the service. The provider acted promptly to address any concerns we found during the inspection. Staff knew about the risks to people and acted to provide safe care. Environmental risks were assessed, monitored and acted on. Safeguarding processes were known and followed to protect people from abuse.

The provider assessed staffing levels to meet people's needs. We received some mixed feedback about staffing levels, but our observations were that people's needs were met. Checks were carried out to help ensure only suitable staff were employed. This process was improved during our inspection. We have made a recommendation about the recruitment process to check applicants have the right values and skills to support people safely.

People's medicines were managed safely, and the service was working with health and social care professionals to review people's needs and provide effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this in practice. The Mental Capacity Act (2005) had not always been consistently applied, in line with legislation and guidance.

People and their relatives spoke positively about the food provided and people's dietary needs were met. People's weights and fluids were monitored when a risk was identified, and action taken had resulted in positive outcomes for people.

People, relatives and professionals told us staff were kind and caring and our observations confirmed this. Staff completed training in a range of topics to support them to meet people's needs effectively. Care plans had been reviewed and the service was continuing to make information person centred so people's preferences were known.

Improvements had been made in the décor and furnishings of the home and further work was planned. Activities were available and people's communication needs had been assessed and were met.

A system was in place to monitor the safety and quality of the service people received. This was being embedded into the service and actions arising were monitored and checked for completion. People, staff and relatives were asked for their views and these were being acted on. Staff told us they were well supported by managers and it was evident improvements in the service had been made. This was confirmed by people, staff and other professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 23 November 2019) and there were multiple breaches of regulation. We varied the conditions of the provider's registration to require them to submit monthly audits of the service to enable CQC to monitor improvements. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made. However, the provider was still in breach of one regulation

This service has been in Special Measures since January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating. We also followed up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified a breach in relation to Regulation 11, consent to care and treatment. Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Kinross

## 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 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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The provider's operations manager had commenced the registration process to become the registered manager with the Care Quality Commission (CQC). In this report we have referred to the operations manager as 'the manager'. In addition, a newly appointed manager was in post at the time of the inspection they were in their induction period and had also started the registration process we have referred to them as the 'new manager'.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with ten members of staff including the manager, new manager, deputy manager, quality assurance manager and general manager, two senior care workers, two care workers and a housekeeper. We observed care in communal areas of the home and during lunchtime to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment and four staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We sought feedback from the local authority and professionals who work with the service. We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, training data and quality assurance records. The provider sent us information about the improvement actions they had taken since the inspection.

# 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 which increased the risk people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to operate robust systems to demonstrate safety was managed effectively. This was a continued breach of regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and relatives, we spoke with told us they received safe care. A person said, "Yes, I like the people, the staff" and a relative said, "Yes, definitely. [person] is well looked after."
- The provider had introduced a multi factorial falls assessment. This is an assessment which looks at the factors which can contribute to a person's risk of falling. Guidance on interventions and strategies were available to staff to check they understood how to support people safely.
- Records of falls showed actions had been taken to minimise these risks to people. For example; a person was referred to a physiotherapist following a fall and equipment and an exercise regime had been put in place to promote their safety and independence. For another person, an assessment of their room concluded equipment such as their walking frame and commode, needed to be placed in different locations to promote their safety. Incidents of falls were monitored by managers to check actions and to identify any trends in falls, including locations and times of falls.
- We noted that some records relating to the falls risk assessment to be completed post fall which determined why the person fell were not always completed. This information helps to analyse the possible causes of a fall. Following our inspection, the manager acted to remind all staff about the importance of completing these records following the inspection.
- People's risks from skin injuries such as pressure sores were assessed. When a skin injury was found this was reported to healthcare professionals for evaluation and treatment. The service also monitored the progress of people's wounds alongside healthcare professionals, to check for any deterioration or if further actions were needed. However, we looked at the records of a person who was being treated by the district nurses for a skin injury. We noted the treatment plan for the application of a topical cream (applied to the skin) had not been followed over a period of two days and it was not clear in the records why this had occurred. Checks had shown records of creams were incomplete, but this had not been acted on. The quality assurance manager told us checks would be more specific to identify any errors that arise.
- Whilst we found some recording errors, the systems to promote people's safety were being embedded into the service. Staff we spoke with knew people well and were aware of risks to people and the actions they should take to promote people's safety.

- Environmental risks were managed safely. A full assessment of the risks to people from water such as legionella (a bacterium found in water) had been conducted. Checks to monitor and prevent this risk were carried out regularly. Fire safety checks were completed, and individual personal emergency evacuation plans were in place for each person living in the home. These provide guidance to staff and emergency services on people's support needs in the event of an evacuation.

#### Staffing and recruitment

At our last inspection the provider had failed to demonstrate sufficient staff were deployed at all times to meet people's assessed needs. This was a continued breach of regulation 18 (Staffing) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives had mixed views about the staffing levels their comments included, "No, they could always do with more," "One day there was a bit of a shortage, they had two people instead of three, but there's always people around" and "Yes, now there are, not before [improved since the previous inspection]."

- Staff told us there were usually enough staff although mornings could be 'hectic'.

- The provider used a tool to calculate the number of staff required to meet people's needs. Since the previous inspection the provider had sent a monthly audit to the CQC to show they had carried out an analysis of the staffing levels against their dependency tool and had not reported any concerns about staffing levels.

- We saw the staffing level usually met the provider's calculation and skill mix. The manager told us they could implement the twilight shift when this was needed. This shift provided an additional staff member until 10pm, which enabled an additional member of staff to be available for people. For example, a twilight shift had been provided for eleven days over the previous two months to provide additional support for a person staying temporarily in the home who was unsettled. In addition, managers were on call should emergency support be required. During the inspection we found people's needs were met by enough staff.

- Providers are required to follow safe recruitment practices to ensure only suitable staff are employed to support vulnerable people. Not all recruitment checks were fully completed. We identified gaps in some people's employment records without a written explanation for these. Providers are required to make these checks under Schedule 3 of The Health and Social Care Act. In addition, the application form in use, asked candidates a series of health questions that should only be asked once an employment offer has been made under section 60 of the Equality Act (2010). We discussed these concerns with the manager, and they acted immediately to amend their recruitment process.

- The recruitment interview process did not explore the knowledge, skills and values of applicants. This can be helpful to make sure the right staff are recruited. Following the inspection, the provider sent us an amended interview question format which covered these areas.

We recommend the provider seeks advice and guidance on their recruitment interview process and update their practice accordingly.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to operate effective systems to investigate and report allegations of abuse. This was a breach of regulation 13 (Safeguarding people from abuse and improper treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.



- Safeguarding incidents were acted on appropriately to promote people's safety.
- A system was in place to record and monitor incidents to ensure the appropriate actions were taken.
- Staff we spoke with understood their responsibilities to safeguard people and how to report their concerns .
- The local authority safeguarding team confirmed the home engaged with them to seek advice, made timely referrals and took prompt actions.

#### Using medicines safely

- People's medicines were managed safely.
- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely. Immediate action was taken to record medicines for disposal awaiting collection, so these could be properly accounted for prior to their disposal.
- When people were prescribed medicines to be taken 'as required' (PRN) protocols were in place to guide staff how to safely and appropriately administer these.
- Medicines storage was checked to ensure the temperature remained in an effective range.
- Some medicines have legal controls, we looked at the stock of 'Controlled drugs' and found the stock was stored appropriately, accurate and the recording requirements had been met.
- Medicine administration records (MARs) showed people received their medicines as prescribed. These records were checked to identify any errors such as missed entries. The manager told us how the records were checked daily so any errors could be investigated and acted on promptly.
- Staff completed training and had their competency checked to ensure they remained safe to do so.

#### Preventing and controlling infection

- Staff completed infection control training and used personal protective equipment such as disposable gloves and aprons to protect people from the spread of infections. We saw infection controls were in place and followed by staff.
- The home was clean and free from malodour, and people and relatives told us they found the home to be well maintained. One person said "Yes, they've got two really good housekeeper ladies who really know their onions."
- The home had a five-star food hygiene rating score from the food standards agency.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and checked to make sure actions had been taken to promote people's safety and prevent a reoccurrence.
- The provider had submitted monthly reports to CQC to show they had carried out an analysis of incidents and accidents and the action taken to prevent a reoccurrence.
- Two health and social care professionals from the local authority told us the service had become 'more proactive' in acting on issues of concern. They confirmed the service had fully engaged with the support offered by the local authority, which had led to improved outcomes for people living in the home.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At our last inspection we found the processes to assess people's capacity and record best interest decisions were not robust and risked compromising people's rights. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 11.

- We found some inconsistencies in the application of the MCA which meant the requirements of the MCA were not always met. This included the assessment of people's capacity to make some decisions, which was not always clear. For example, one person used a sensor mat to alert staff to their movements because they were at risk of falls and their care plan said they were able to make this decision. However, two staff members told us the person lacked the capacity to consent to this decision. These staff members told us they used the sensor mat in the person's best interests and did not ask for the person's consent on that basis. There was no mental capacity assessment or best interest decision recorded about the use of the sensor mat, although their capacity was in doubt.
- For a second person a mental capacity assessment had been completed which concluded the person had capacity to consent to their care, support and treatment. However, care staff and senior care staff told us the person lacked the capacity to make decisions that required them to retain information. On two mental capacity assessments completed for the person, it was indicated they lacked the ability to weigh up information as part of the decision-making process. This would mean the person lacked capacity to make the decisions under the MCA. However, the assessments concluded they had capacity to make these

decisions. This meant there was a risk people's capacity had not always been assessed appropriately.

- Some people had appointed lasting powers of attorney (LPAs) who have the lawful authority to make decisions on their behalf. The service asked for evidence to ensure LPA's had this authority and for what decisions. However, we found for two people's LPA's had signed consent documents for health and welfare decisions, when they only had an LPA in place to make decisions for financial matters. Following the inspection, the provider confirmed they would address this and for one person they sent us evidence to show this had been completed.
- We found when mental capacity assessments had concluded the person lacked capacity, there was not always a recorded best interest decision to show the MCA process had been followed. The manager and quality assurance manager told us this was because when a person has an LPA for health and welfare decisions, they are the decision maker and responsible for providing the relevant information on how the decision was made. However, the MCA code of practice states when health or social care staff are involved in preparing a care plan and the person lacked capacity to consent to this, they (the health or social care professional) must consult the LPA when considering what action is in the person's best interest and keep a record of the process.

We found no evidence that people were not supported in their best interests however, the application of the MCA had not been consistently applied to demonstrate consent to care and treatment and best interest decisions had been obtained in line with legislation and guidance. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection to some of the concerns we found. However, there is a need to embed consistent practice in relation to the MCA in the service.
- During the inspection the provider implemented a system to ensure when people lacked the capacity to consent to the service managing their medicines, a mental capacity assessment and best interest decision process had been followed and recorded.
- Where necessary applications had been made to the relevant authority for people who were deprived of their liberty, authorised DoLS were in date.

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

At our last inspection we found the provider had failed to maintain accurate, complete and contemporaneous records of the care and support provided this was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- When people required healthcare support, referrals were made and records kept showing the referral date, visit date and outcome of the appointment. For example; following one person having a fall, a referral had been made to occupational therapy and a physiotherapist had visited to assess the person's needs. This had resulted in a programme of exercise and equipment to help prevent the person falling again.
- People and relatives told us they received the healthcare support they needed, and their comments included, "I've had the doctor in and the optician" and "Yes, the doctor comes and talks to us and the district nurse come.[Person's] own doctor said he wouldn't visit here, but it's all right because they've got one across the road who visits regularly."
- We observed a head of department meeting where people's healthcare needs were discussed. It was clear the service was working with district nurses and GP's to ensure people's healthcare needs were met in a timely way.

- The service was working with the local authority care home team and multi-disciplinary team (MDT) and meetings were held at the service to review people's needs. The MDT included a GP, mental and physical health nurses, a pharmacist and the deputy manager of Kinross. People could attend their review if they chose to. This arrangement enabled people to have a holistic review of their needs with relevant health care professionals, so decisions could be actioned promptly, and outcomes monitored for their effectiveness. As a result, people had experienced improvements in their health and wellbeing.
- The service was also using a telecare system which enabled them to access healthcare professionals via a web link to support the diagnosis, treatment and onward referral of some injuries or symptoms. The deputy manager told us this system had led to people receiving a faster treatment response.

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

- The provider had introduced a new needs assessment tool which enabled them to carry out a comprehensive and holistic assessment of people's physical, mental, emotional and social needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of this assessment. These are characteristics relating to people's age, disability, gender, gender reassignment, race, religion and belief and sexual orientation.
- Nationally recognised assessment tools were used to assess people's needs in relation to malnutrition and risk of pressure sores and these were reviewed and monitored for changes.
- Each person had an oral health assessment in place in line with current best practice guidance. Staff had completed training in supporting people with their oral health. However, oral health care plans were not in place to guide staff on all the person's oral health needs. For one person we saw they had not cleaned their teeth for four days according to the record, there was no instruction or risk assessment for staff to follow in these circumstances. This meant we could not be assured that people were receiving the oral health care they required.

We recommend the provider seek advice and guidance from a reputable source about care planning for people's oral health needs and update their practice accordingly.

Staff support: induction, training, skills and experience

- People and relatives told us they were supported by staff who were trained to meet their needs. Their comments included; "Yes, especially latterly...they've [staff] had a lot more training for the last few months" and "I think so. They're [staff] excellent."
- New staff completed a 24-week induction programme. For staff new to care, this included the completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Records showed staff had completed the training required as mandatory by the provider. This included moving and handling practical and theory, safeguarding, falls, dementia and diversity and equality. Additional training to meet people's needs such as diabetes, epilepsy and challenging behaviour had also been completed by most staff.
- Staff we spoke with told us the training provided by the provider was 'useful' and they had found the additional support and guidance provided by the local authority care home team helpful.
- Staff received supervision and told us they were supported in their role. A staff member said "Yes, we can get any grievances out, request training, talk about progress and get feedback on how you have been doing. We can talk to management anytime, they have open door policy and we have a separate senior's meeting once a month we talk about things that we need."

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

- People and relatives spoke positively about the food available in the home their comments included, "Yes,

"I'm looking good on it, they tell me!" and "It's excellent and if [person] doesn't like it, [person] can ask for something else." A visiting professional told us, "The food always smells good and appears appetizing."

- People's care plans included information on their preferred foods and when people made specific requests, this was catered for. For example, one person had requested faggots, which they received and a relative told us how they had requested an omelette for their mum, which was provided. During lunch we saw people were offered an alternative if they requested this.
- When people required their food to be cut up or provided in a soft or pureed consistency due to swallowing difficulties, this was provided.
- We observed lunch in the home and saw people were assisted promptly and the meal progressed at a relaxed pace, with no one being rushed. The meal looked appetising and colourful. On eating, one person said, "This is very, very nice."
- People at risk of hydration had their fluid intake monitored. Daily totals of fluid were reviewed by the manager and when people needed encouragement to increase their intake, this was discussed at handover and recorded on handover notes. Drinks were available to people and a choice of hot and cold drinks was regularly offered.
- People's risk of malnutrition was assessed, and their weight was monitored. Following a monthly review of people's weights, weight loss was identified. Action was taken to address this; weekly weight monitoring was carried out for those identified at risk and their food intake was monitored. People were offered nutritional supplements and this targeted support had resulted in positive outcomes for people.

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

- The service provided a homely environment with social areas and a dining area. There was a choice of lounges with one providing a quiet area. A relative said, "I think it's become even nicer than when we first came, the management and the décor and I like the way the chairs aren't all in a straight line it looks homely."
- There had been some consideration to the environment for people living with dementia. The floor coverings were being improved and replaced and doors had signs with pictures on. However, walls, doors and door frames were all a light colour. Although bathroom doors were a different colour, the decoration and fittings in bathroom were all white. It can be helpful for people living with dementia or a sight impairment, to have contrasting colours to assist people to identify their rooms or key features.
- The provider told us they were using evidence-based guidance to make improvements to the home so that it was 'dementia friendly' further improvements to the environment were planned.
- Memory boxes had been fitted outside people's rooms. These boxes can contain pictures and objects of significance to the person to enable people to personalise or identify their bedroom. In one area it was difficult to distinguish which room the boxes related to. One person told us they knew why one object was in their box, but they didn't relate to the other. These were being completed at the time of our inspection.

# Is the service caring?

## Our findings

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

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

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

- People and relatives told us staff were caring their comments included; "Yes, I wouldn't be without them. I've got [an illness]... I couldn't think of a better place to be," "Yes, we have a laugh and a joke. I'm cheeky with them," "The general communication between [person] and the [staff], is a lovely relationship I know how difficult this is for [person], they were very independent, but the girls are lovely. [person] smiles and they are very tactile with her and I would know if she were ill at ease with anybody."
- A visiting professional said, "I have only ever found the staff happy, pleasant and accommodating. [deputy manager] appears to have transformed the home into a much warmer welcoming caring place. The atmosphere has been lifted, staff appear better trained supported and happy. The residents always appear clean well cared for and happy."
- We observed positive interactions between staff and people. For example; we saw staff provide a compassionate response to people who became distressed. Staff were very patient with people and let them move at their own pace. A member of staff stood beside a person they were encouraging to leave the dining room after their meal. They stayed until the person was ready to stand, chatting to them. There was no attempt to rush them. Another person who was walking and said they didn't know where they were going, was invited to by a member of staff, who was supporting another person, to 'come along with us.' Which the person did.
- Staff knew about the people they supported, for example one person helped staff with folding laundry. A staff member told us about the persons previous work and how they used to do this and enjoyed working with them. A relative said, "Yes, she likes to help, to keep busy. They get her to do the tables and fold the napkins." Another relative told us how staff knew to reassure and comfort their relative to make them smile again.
- A health professional told us, "The way they [staff] approach the residents is caring and I've never thought 'oh I wouldn't do it like that', it's very homely and they are lovely to the residents and its very person centred."
- Staff completed training in equality and diversity and those we spoke with demonstrated an understanding of people's diverse needs and how they preferred to be supported. An example of how they met a person's diverse needs was, the use of signs and information in their chosen language.

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

- People and relatives told us they felt staff and managers listened to their views.
- For one person we saw an independent mental capacity advocate (IMCA) had been appointed. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions

for themselves and do not have family or friends who are able to speak for them. Records showed a person had been supported to make a decision by using pictures and words in their chosen language.

- A staff member told us people and relatives were, "Encouraged" to be included in reviews of their care plan when the care plan was updated. Records of a relative meeting showed relatives were invited to attend reviews.
- People were invited to attend meetings with external health and social care professionals. These meetings were to review and make changes, where necessary to their care and treatment.
- People and relatives confirmed visitors could come when they chose. Relatives told us they were kept informed about important information relating to their relative's care. A relative said I have a good rapport [with staff] I know what's going on and we have a big family, so we all come at different times. If there had ever been a cause for concern, we would have picked it up."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff spoke respectfully to people and supported people at a pace that was comfortable for them. When people were distressed or in discomfort staff took prompt action to provide care and support.
- Staff understood how to support people with their personal care needs whilst promoting their dignity and independence and could tell us how they achieved this. A staff member said, "I make sure curtains are closed and doors are shut, I ensure no one comes in and ask questions, and I ask for consent if they need help to wash."
- Staff described how they supported people to do what they could for themselves such as using their walking aids to keep independently mobile and doing as much of their personal care as possible. A relative said, "They [staff] always give [person] time to wash and dress. They don't take over to hurry it up." People's comments included, "I go out when I want to. I tell staff when I'm going out, not where I'm going" and "They say, 'We can help you, but we want you to do things for yourself.'"

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found the provider had failed to maintain accurate, complete and contemporaneous records of the care and support provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and relatives told us people's needs were met by the service. People's care plans had been reviewed since our previous inspection and included guidance for staff on how people preferred to be supported. However, the level of person-centred detail was variable, and we found some care plans could be improved to include further person-centred information on people's needs, preferences and choices. The manager told us this was being completed, and during the inspection they acted to address some of the shortfalls we found.
- Health and social care professionals we spoke with told us about the progress made since the last inspection at the service and this included improvements in record keeping and care delivery. A healthcare professional said, "There has been a massive turnaround, people are happier and calmer, and the staff feel much more supported. They are admitting the people they can manage and are not expecting staff to manage needs they can't meet." They confirmed they were able to access the records they needed to evidence their recommendations had been followed.
- We saw people's care records included information on people's health related conditions, which provided information and guidance for staff. People had been supported through a multi-disciplinary approach to achieve positive outcomes in their health and wellbeing. The deputy manager told us, "It's about improving the care we provide from all angles." This was confirmed by a healthcare professional who told us people's holistic needs were discussed to ensure they received person centred and responsive care.
- At our previous inspection we found daily records did not always reflect people had been offered a bath in line with their preferences and as stated in their care plan. At this inspection, we found bath charts had improved and showed people were being offered baths more frequently, once or twice per week. However, they did not demonstrate people's preferences for a daily bath were being offered. The manager has acted to address this with staff, so the recording is accurate and has told us they, "Aim to provide at a minimum two baths per week."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to



follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and people were provided information in a format that was accessible to them. Pictures of food were used as well as large print if people needed it and information about activities, was displayed and given to people individually to meet their communication needs. We saw people were supported to choose lunch using pictures and to express their feelings using a mood board.
- Information was provided in a person's preferred language to enable them to understand information, including decision making and signage.
- During the inspection, large notice boards were being placed in a communal area to support people's access to information and points of interest.

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

- The service did not have a specific activities staff member. The manager told us they used external activity providers and entertainers as, "Different faces engage our residents more." A visiting professional said, "The residents always seem to be doing something when I have attended the home, there appear to be lots of in-house activity and stimulation."
- A daily programme of activities was on offer and people and relatives told us these were enjoyed by those who participated. People and relatives told us about activities such as visiting singers and a choir, visiting school children and exercise sessions.
- During our inspection we saw people were enjoying a music activity with a visiting entertainer. Care staff also supported people with activities such as group games and quizzes. A relative said, "What she [person] does like, and they do a lot of here, is music and they do a lot of singing."
- Care staff also provided activities such as a 'pampering day,' when people could have hand massages and other treatments.
- Some people were able to leave the service independently and a person said, "I'm lucky because I've got my TV and the newspapers and I can go out whenever I like, I'm quite contented." The new manager told us they were planning to introduce more outings for people and told us they understood the value of activities for people, which they planned to extend.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and accessible to people and relatives. Complaints received had been responded to and actions were taken to prevent a reoccurrence and make improvements. For example, regular checks of sensor mats had been put in place after one was found to be disconnected.
- People and relatives, we spoke with told us they would feel confident to raise any complaints with the managers. People gave us examples of when they had raised concerns, and these had been responded to and resolved.

End of life care and support

- No one living at the home was receiving end of life support at the time of the inspection.
- Following our previous inspection, the provider had made improvements in their approach to end of life care. Records showed people and their relatives had been consulted about the person's end of life care needs and wishes and some staff had completed training in end of life care.
- Care plans were in place, where agreed, to guide staff on people's preferences at wishes at the end of their life.

# 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. The service was embedding leadership, systems and a culture to support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the provider had failed to operate effective systems to assess, monitor and improve the service and this was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A registered manager was not in post at the time of the inspection. However, the provider's operations manager, who had been managing the service for over three months, had begun the application process to register with CQC. In addition, a new manager had been recruited who had started their induction four weeks prior to the inspection. They had also begun the application process for registration. A deputy manager was in post and this team; operations manager, new manager and deputy manager, were responsible for the day to day running of the service.
- The provider's nominated individual and senior managers including the business manager and quality assurance manager, regularly attended the home to check progress against the improvement plans and to audit aspects of the service and provide support to staff.
- Staff spoke positively about the leadership in the home a staff member said, "I feel confident in the leadership of the home I feel it is going in the right direction and the right people are involved. Going from the last inspection there is so much we have put in place, it shocks me how quickly we are picking things up, its impressed me, I have to say. They [managers] are nice people to work for."
- Since the last inspection the provider had conducted a comprehensive review to assess the service against the fundamental standards of quality and safety. The review showed actions for improvements had been identified and these were being progressed and monitored and checked for completion.
- A system of audits were carried out and included; medication, infection control, fire safety and water temperatures, staff training and supervision. Care plan audits were also being completed and senior staff audited aspects of people's care such as weights, infections, wounds and falls. While we noted audits had taken place, we found they had not identified all the concerns we found during the inspection. Where we found issues relating to records, prompt action was taken to address these. Following the inspection, the manager met with staff to reiterate the importance of completing records fully and accurately. The new systems were being embedded into the service and the provider required more time to evidence they were fully effective.
- The provider had submitted to CQC monthly reports of audits, as required following the previous inspection.

- It was evident the provider had acted to make improvements to the service. Health and social care professionals we spoke with confirmed improvements had been made and their comments included; "They [service] have really engaged with us there is open communication. It takes time to turn around and embed the changes, we are placing [people] there, they have been very honest and open "and "From what I know of the home as was and what I know now, there has been a massive turnaround."

At our last inspection we found the provider had failed to submit notifications when required was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Notifications about incidents had been submitted to CQC as required.

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

- The manager told us how staff morale had been affected by the previous inspection outcome and resulting press coverage and said they, along with the deputy manager and new manager, had focused on providing a reliable, dependable and positive presence in the service. A social care professional from the local authority safeguarding team said, "[Operations manager] has turned things around and created a positive culture."

- Staff we spoke with were positive about the culture in the home and their comments included, "I have worked in a lot of care homes with a lot of bickering, here we are all a family," "I love it the atmosphere is lovely, all staff do get on well, I think it is a happy place, I don't feel like I am coming to work it feels nice" and "We all have the same goal we all want the best for this home, the same aim. For the whole [time] I've been here this is the first time I feel like I'm making a difference and am there for the residents. We have more help with it now and it really helps."

- People and their relatives, we spoke with told us they would recommend the home to others. Their comments about the leadership in the home included; "Yes, [it's well led] because there was a workman here and [manager] said something had to be done today or no later than the day after. They get things done," "Yes, they [management team] all speak to us. They're all pleasant, the management. We've had no issues. It's improved, there's more staff; there's always someone around" and "Yes, I've come at different times and at the weekends and there's always people around and someone in charge."

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 provider displayed their rating from the previous inspection in the home and on their website. They had been open and honest with people and their relatives about the outcome of the inspection and had held a meeting to discuss this and the way forward.

- The provider understood their responsibilities under the duty of candour and had acted on this when required.

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

- The provider had carried out quality assurance satisfaction questionnaires in January 2020 for people and staff. They had not analysed the feedback from the surveys at the time of the inspection but following the inspection we received confirmation this had been completed. The analysis showed the provider had planned actions in response to feedback such as; improving people's access to their care records, planning outside activities, creating a suggestion box for staff and including suggestions and feedback from staff on team meeting agendas.

- The service was using pictures to enable some people to express their views and following our feedback,

included information about how people who had difficulty expressing themselves verbally, were supported to give their views and by whom.

- Meetings were held with people's relatives and we looked at the minutes of the meeting held on 17 February 2020. The minutes showed relatives had been consulted on their views about the service and encouraged to contribute to their relative's care. Relatives were asked to complete life histories to enable staff to provide person centred care as well as end of life preferences and invited to attend care plan reviews. Relatives spoke positively about their experience of the home and any concerns were addressed.
- The service was also hosting coffee mornings at the home, this was for the public and local community. The manager told us this was in response to the negative press coverage about the home and the aim was to publicise and reassure people.

#### Working in partnership with others

- The service was working in partnership with the local authority care home team. A healthcare professional from this team spoke positively about their working relationship with the service. In particular the contribution of the deputy manager whom they said was doing, 'an exceptional job' in taking forward recommendations and learning.
- The service worked alongside GP's, district nurses and other community health professionals to promote positive outcomes for people.
- The manager attending the local authority forum for care providers to share information and learning.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  How the regulation was not being met: Consent to care and treatment had not always been obtained by the relevant person or accordance with the Mental Capacity Act. Regulation 11 (1)(2)(3)