

Tuella Limited

Brookdale House Care Home

Inspection report

31 Hursley Road
Chandlers Ford
Eastleigh
Hampshire
SO53 2FS

Tel: 02380261987

Website: www.brookdalehouse.co.uk

Date of inspection visit:

09 December 2019

10 December 2019

Date of publication:

21 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Brookdale House is a care home accommodating up to 27 people. The accommodation is arranged over two floors with a stairlift available to access the upper floor. There is no passenger lift. There is a mature garden to the rear and a patio with seating areas.

People in care homes receive accommodation and their care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. Brookdale House is owned by Tuella Limited who, throughout this report, are referred to as the provider. At the time of our inspection there were 19 people using the service.

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

We identified concerns with regards to how the service was managing risks associated with people's dietary needs. Insufficient action had been taken to safely manage risks associated with legionella. There were sufficient staff available to support people. The service was visibly clean throughout. Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns.

Staff were trained, well supported and had the necessary skills and knowledge to perform their roles and meet their responsibilities. Significant improvements had been made to the internal environment which helped to ensure that it created a pleasant environment for people to live in. Further improvements were also planned. 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.

Staff had developed caring and meaningful relationships with people. People were encouraged to make decisions about their care and staff understood the importance of providing dignified care and of maintaining people's independence.

The small and stable staff team knew people well and this helped to ensure that they received person centred care that met their individual needs. People's communication needs were identified and planned for. Improvements had been made which helped to ensure that people had regular opportunities for meaningful interaction and a range of social activities tailored to their individual needs were provided.

Feedback about the registered manager was positive and demonstrated that people, their relatives and health care professionals had confidence in their ability to lead the service and drive ongoing improvements. The registered manager was open and collaborative and worked in partnership with local organisations and agencies to strengthen local relationships and improve care.

Rating at last inspection

The last rating for this service was 'Requires improvement' (November 2018). There was one breach of the

legal requirements in relation to safe recruitment. The provider completed an action plan to show what they would do and by when to improve. No new staff had been recruited since our last inspection but there was evidence that the registered manager and provider understood their responsibilities and knew how to safely recruit staff. We will continue to monitor this at future inspections.

This is the third consecutive inspection that the service has been rated as 'Requires improvement'. We will work with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 effective

Details are in our Effective findings below.

Good ●

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 ●

Brookdale House Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team on the first day included one inspector and an assistant inspector. One inspector returned on the second day to complete the inspection.

Service and service type

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

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The provider had completed a 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.

During the inspection

We spoke with eight people who used the service and with seven relatives. We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four care workers. We also spoke with a chef and a member of the housekeeping team. We reviewed the care records of five people in detail. We also looked at other records relating to the management of the service such as medicines administration records, audits and staff rotas.

After the inspection

Before and following the inspection, we obtained feedback from two health and social care professionals who worked closely with the home.

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 'Requires improvement'. At this inspection this key question has remained the same. 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

- A legionella risk assessment had been undertaken in November 2018. This had recommended a number of high priority actions that were classed as high risk unless immediate remedial actions were taken. We found that a number of these actions had still not been completed. In October 2019, the providers checks had discovered the presence of legionella bacteria in some parts of the water system. This is now being addressed by the provider, but we are concerned that the presence of legionella could be linked to the failure to complete all of the required remedial actions highlighted in the risk assessment in November 2018 in a timely way. The systems in place to prevent legionella had been a concern at our last inspection too. All of these actions have now been completed. We found similar concerns with regard to the timely completion of some actions from a fire risk assessment undertaken in April 2019.
- We identified some other concerns with regards to risk management. After one meal, we observed that a person was chewing on a piece of food in their mouth. This was found to be a small lump of meat gristle. This person was meant to have a pureed diet containing no lumps. The person's nutrition care plan stated that staff should use a teaspoon when feeding this person, but we observed that they were using a dessert spoon. Eating smaller mouthfuls is important to help prevent the risk of choking. We brought this to the attention of the registered manager and provider who confirmed that this would be addressed with the kitchen staff.
- Where there were concerns about people's hydration, people had been placed on fluid charts. However, some of those viewed did not provide assurances that fluids were being offered regularly. For example, in the case of one person, their last recorded fluid intake was 2.30pm on 6 December 2019 and at 4.20pm on 4 December. On the 2 December 2019, this person fluid intake for the 24-hour period was recorded as 255mls. We found the same concerns in another two people's records. Similar concerns had been identified at our last inspection and we are not confident that sufficient action had been taken to embed improvements.
- One person did not have a specific treatment escalation plan to determine how staff should respond in the event of their blood glucose levels becoming too high or too low. Without this there is a risk that the person might not get the specific care they require. One person lived with epilepsy, but their care plan was not clear about when staff should call 999. Action is being taken to address this. Again we had found similar concerns at our last inspection.
- Personal emergency evacuation plans (PEEPs) were in place but did not reflect the occupancy of the home. This could lead to a delay in the fire service completing a safe evacuation of the service. This had been a concern at our last inspection.

The failure to assess and manage risks to people's safety was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- Other risks had been assessed and planned for. People had moving and handling and falls risk assessments. Post falls protocols and observations were completed to monitor whether the person was experiencing any symptoms that might require a review by a healthcare professional.
- People's weight was being monitored in line with recommended frequency and weight loss had been escalated to relevant healthcare professionals. A clinical risk register recorded the nature and number of a variety of clinical risks within the service allowing the registered manager and provider to have oversight of this. Where bed rails had been recommended as a safety measure, these were in place and relevant risk assessments completed.
- The registered manager understood the importance of supporting people to take some risks if, they understood the implications of this and it contributed to their quality of life.
- In-house fire checks, including testing the fire alarm and emergency lighting took place and the required gas and electrical safety certificates were in place.

Staffing and recruitment

- This inspection found that there were sufficient numbers of staff to ensure that people were cared for safely.
- Rotas showed that planned staffing levels were met and that care was provided by a small and consistent staff team which helped to ensure that people were cared for by staff who knew them and their needs well.
- People and their relatives felt there were sufficient staff available. One relative said, "There are less [Staff] at weekends, but they generally come pretty quick.
- We received mixed feedback from staff. Some staff felt that were sufficient staff, others spoke of the challenge of combining their responsibilities for care with the provision of activities, cleaning and laundry when no housekeeping staff were available.
- One staff member expressed regret that the evening twilight shift was no longer used explaining that many people chose not to retire to bed until after 7pm which was after the smaller night team coming on duty. They were concerned, this meant less flexibility and less ability to supervise communal areas whilst people were being assisted to bed.
- The registered manager told us that they were confident staff levels were safe, but they were also recruiting for an additional team leader, more care staff and for housekeeping staff which they were confident would help address staffs concerns. They also explained that staffing levels were calculated using a detailed dependency tool which was used to guide and inform decisions about staffing levels. They assured us staffing levels would continue to be reviewed in line with increased occupancy.
- Our last inspection had identified a breach of the legal requirements in relation to safe recruitment. The provider completed an action plan to show what they would do and by when to improve. No new staff had been recruited since our last inspection but there was evidence that the registered manager and provider understood their responsibilities and knew how to safely recruit staff. We will continue to monitor this at future inspections.

Using medicines safely

- People were happy with the support provided with their medicines. One relative told us, "I think they manage her meds properly, we've not had any issues".
- We observed people receiving their medicines. This was managed in a person-centred manner.
- Medicines were only administered by staff who had received training and had been assessed as competent.
- Each person's medicines administration record (MAR) contained all the information needed to support the safe administration of their medicines. Overall these provided assurances that people received their medicines as prescribed.
- The use of covert medicines (giving medicines to people without their knowledge) was taking place in the

context of existing legal and good practice frameworks including the Mental Capacity Act 2005.

- However, we continued to find some areas where best practice frameworks in relation to the management of medicines needed to be further embedded.
- One person's medicines had arrived in the service on the 4 December 2019, but had not yet been booked in.
- All controlled drugs (CDs), including those that are awaiting return, must be stored in the CD cupboard. This was not happening. One of the CDs found in the returns box had not been logged in either the CD register or the returns book and so was not accounted for in any of the services records.
- Three sets of eye drops in the fridge were past their 'use by' date. Two opened, and in use, liquid medicines had no date of opening on them.
- Some people were taking 'PRN' or as required medicines but did not have specific guidance in place to support their administration. The registered manager told us this was in the process of being addressed.

Learning lessons when things go wrong

- There were systems in place to learn from safety events.
- Records were kept of incident and accidents that had occurred within the service. These were reviewed by the manager to ensure that appropriate action had been taken. Following falls, actions taken had included checking for urine infections, requesting referrals to the fall's prevention teams, putting alarm mats and extra lighting in place.
- The registered manager attended forums with the provider's other registered managers to share learning.
- A lessons learnt folder was maintained and shared with staff during handover or at team meetings. For example, it had been identified that one person's falls was due to them trying to carry jugs, possibly because they used to work as a waitress. To address this, arrangements had been put in place to remove jugs from the communal area and replace them with dispensers which also looked attractive.

Preventing and controlling infection

- There continued to be no cleaning staff employed to cover weekends or Mondays. However, planned cleaning tasks usually took place and during our inspection we observed that the service was mostly visibly clean, and no malodours were noted. People and their relatives confirmed this was usually the case.
- Staff attended infection control training and had access to personal protective equipment, such as gloves and aprons, and used these when necessary.
- The kitchen was noted to be clean, relevant food hygiene records had been completed and the service had been awarded a food hygiene rating of five, or 'Very good', in August 2019.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Brookdale House. One person told us, "Oh yes I feel much safer here than I did at home". A relative told us, "I think the biggest benefit is that she does feel safe now".
- The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.
- Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns and about not tolerating poor care. One staff member told us that if they had any concerns, they would "Talk to my manager and document it, if I felt it wasn't going anywhere, I would contact CQC".
- Staff were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety. One staff member said, "[Registered manager] would act, they would do the right thing in a professional way".

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 improved to 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of seeking people's consent before providing care. For example, we saw a staff member ask a person, "Would you like to wear something to protect your clothes?"
- Mental capacity assessments had been undertaken to ascertain whether people could consent to aspects of their care and support such as the use of covert medicines. Best interests' consultations had been recorded but did not fully reflect the views of all of those involved in the person's care and could be more comprehensive.
- Applications for DoLS had been submitted where appropriate and there was a clear tracking system in place to monitor the dates these were authorised or needed to be reapplied for. None of the authorised DoLS included conditions.
- Staff supporting people in the least restrictive way possible and upheld their right to be involved in decisions. One staff member talked to us about how it was important that people subject to a DoLS were supported to go out into the community as long as they were properly supervised.

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

- People told us they received effective care. One person said, "Before here, I couldn't walk, talk, eat, now look at me". A relative told us, "Its never been better, we're happy with everything... [Family member] has improved".
- Before providing a service, assessments were completed to establish if people's needs could be fully met.

- The assessments explored whether people had needs in relation to any of the seven protected characteristics of the Equalities Act 2010 so that these might be planned for.
- Overall, care plans contained an appropriate level of detail to support staff to deliver effective care and covered a range of needs, including, communication, mobility, nutrition, personal care, continence and sleeping care plans. Care plans were reviewed monthly as part of the 'Resident of the Day' system.
- Nationally recognised tools were being used to assess people's risk of skin deterioration.
- The International Dysphagia Diet Standardised Initiative (IDDSI) was embedded within the service. This is a framework that supports staff to meet the needs of people who require modified diets.
- In line with guidance from the National Institute for Health and Care Excellence (NICE), people had oral health assessments.
- Staff had worked with a local pharmacy to undertake 'Medicines use reviews' to ensure people were getting the most from their prescribed medicines.

Staff support: induction, training, skills and experience

- No new staff had been employed since our last inspection and so we did not review any induction records.
- People and their relatives generally felt that staff were well trained.
- Staff completed a range of training. This was a combination of online and face to face training and included health and safety, infection control, fire safety, nutrition, safeguarding, first aid at work emergency first aid, the Mental Capacity Act 2005 and moving and handling. This training was mostly up to date or had been booked to take place shortly.
- The provider offered additional training to staff in areas relevant to the needs of people using the service. For example, staff had training in end of life care, wound care, dementia and diabetes. Training in managing behaviour which might challenge others was being arranged and there were plans to introduce 'Champions' or experts in a range of areas such as continence care and preventing falls.
- Staff felt the training helped them to perform their role. One staff member said, "I really enjoyed the mental health one, it gave me insight into all the different forms of depression and it has helped me to deal with their mood changes".
- Staff received periodic supervision and an appraisal. Staff told us they felt well supported and were able to seek additional advice from the registered manager at any time.

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

- People were able to exercise choice and had access to sufficient food and drink. This was confirmed by a relative who told us, "[Person] is eating much better that she did at home. They're offered a range of food, and if she doesn't touch it, they try and find an alternative. Her weight's been maintained".
- There was a drinks and snacks station in the main dining area and we saw that people freely helped themselves to fruit, chocolate and crisps throughout the day.
- Meal preparation was currently being managed by chefs from the provider's other homes.
- People commented positively on the food provided and told us their dietary needs were met. One person told us, "I had a very nice breakfast, toast and marmalade, I do like marmalade". Another person said, "The food is fabulous.... Its always beautifully laid out".
- We observed the lunch time meal during our inspection. The food looked and smelled appetising. One person told us their meal was, "Lovely, the gravy was particularly nice". Another person declined their meal and were offered a number of different options. One person commented that their portion size was too large and so staff changed this for them.
- Overall, the mealtime experience was positive. We did note that the support offered to one person with eating their lunch needed to be more person centred and we have discussed this with the registered manager who had already identified this and raised it with staff.

- People's dietary needs and preferences were communicated by the care team to catering staff

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

- Brookdale House is an extended older style house set within a residential area close to local amenities.
- Rooms varied in size and two of these were shared rooms.
- Rooms were furnished with people's personal items to help create a homely feel.
- At our last inspection we had found that improvements were needed to ensure that the premises were decorated and adapted to a consistent standard throughout. Since then, the provider has undertaken and completed a five bedded extension to the home. This includes a new, large bathroom with adapted bath and a comfortable small dining / lounge.
- A significant amount of improvements had also been undertaken to the existing house including the replacement of flooring and new décor and fittings. This had made the environment a more pleasant place to live and had provided people with choices about where they spent their time.
- There was still more to be done. For example, in one person's room, they were using towels to block the draft from their windows. We have since been advised that approval has been given to renovate this room. Some relatives also expressed a view that a better ramp was needed to support access to the front door which we have shared with the registered manager for their consideration.
- Our last inspection had commented on the need to make the environment more suitable for people living with dementia. Some signage was available to support people living with dementia to recognise and access toilets, for example, but there continued to be scope to develop this further in line with recognised best practice.

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

- People had access to a range of health care professionals such as GP's, community nurses, tissue viability nurses, speech and language therapists, opticians and community mental health teams.
- The care provided helped to ensure that people received positive health outcomes. For example, a relative told us, "Earlier in the year [Person] had an episode where they completely blanked out, [Registered manager] noticed immediately and phoned for an ambulance. Same with falls, they always call the doctor".
- A healthcare professional told us, "Yes we have a good relationship, the patients are well looked after... They have good equipment and know their limits".

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 'Good'. At this inspection this key question has remained the same. 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 consistently told us that staff were kind, caring and compassionate. One person said, "They [Staff] are all very friendly, very laid back". Another person said, "Staff are all very nice, they're nice to me". We observed one person talking with a care worker, they said, "Oh you are kind aren't you". A third person said, "Oh yes, they [Staff] are very kind, very understanding, if you have a worry, they will sort it".
- A relative told us, "All the staff are lovely" and another said, "They [Staff] re all very caring of [Family member] ...None of them make it seem just like a job, they are genuinely interested".
- Relatives told us how staff conveyed their care and concern for people. For example, a relative said, "I am more than pleased we found this home, [Person] is very well cared for, her physical needs but her emotional needs too".
- A health care professional told us, "Yes when I have observed interactions with staff they appear caring and kind".
- Staff understood how their actions contributed to people's sense of wellbeing, for example we observed that staff were attentive to people's needs, frequently checking with them that they were comfortable or whether they wanted a drink. If people became anxious, staff were quick to reassure them. We observed a staff member spend time with a person who needed extra reassurance and support when taking their medicines.
- During the inspection, staff were arranging a celebration for one person's birthday. Balloons had been put up and the person was being pampered. One staff member was observed to be stroking the person's hair and saying happy birthday to them. A staff member said, "I think we treat people like family".

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

- There was evidence that people were involved in making choices about their care and the importance of this was also reflected in people's care plans. For example, staff were reminded of the importance of showing one person, with limited communication, two or three garments and then gauging their reaction to help decide which might be their preference to wear that day.
- One person had moved into the home on the first day of our inspection. Staff were observed asking them about their food and drink preferences and how they would like to be addressed. One staff member said, "Communication is key, asking them what they want".
- Relatives felt that communication with the home was good. One said, "They very much keep me informed".

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their dignity. Staff understood the importance of ensuring doors were closed and people covered when delivering personal care and screens were used in the shared rooms. We did note that one person's glasses were dirty as were their slippers and this is an area where staff could be more attentive.
- People told us they could have privacy when they wanted it and were able to spend time in their rooms if this was their wish.
- Care plans did now include information about people's religious beliefs. However, there continued to be some difficulties in organising visits to the service by representatives of local churches to ensure that people were supported to follow their faith in practice. The registered manager told us they were still working hard to try and facilitate this.
- There was no evidence of any discrimination in the service.
- Staff understood the importance of supporting people to maintain their independence and knew the level of support each person needed and what aspects of their care they could complete themselves. For example, staff encouraged one person to walk half way to the dining room to help maintain their mobility. Another person had expressed a wish to go out despite being physically quite frail. Staff initially went with the person, then as the person got more and more confident, he was given his own key to the home and started visiting the local pub and taking part in the quiz.

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 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

- Care plans contained person-centred information about people's preferred routines such as when they liked to get up, their preferred food and whether they preferred a duvet or blankets.
- Staff had started to complete life history story books with people and their families to support their understanding of the person and the things that were important to them.
- Our observations and feedback received during the inspection indicated that staff used this information effectively to provide individualised care and support. For example, we observed staff engaging people in discussions during which it was evident that staff knew how many grandchildren a person had and their previous jobs. It was evident that people were enjoying these conversations. One staff member told us, "They're all individual characters you get to know them and what they like to do".
- This approach of staff was commented on by a family member who told us, "They [Staff] are genuinely interested in [Person], they know about her life, they are best friends to her".
- Whilst daily notes were recorded these were largely task orientated and lacked detail and would benefit from reflecting further on people's experience of their care.

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

- Relatives told us they were welcomed at the service and were encouraged to continue to take an active role in caring for their family member. This helped to ensure that people maintained relationships that were important to them.
- Our last inspection report recommended that action be taken to review the activities programme to ensure that it was designed to promote the physical, mental, social and creative wellbeing of people living with dementia. Since then a staff member had undertaken specialist activities training and the service had until recently received regular visits from the provider's 'Lifestyle' coordinator to support staff with planning a range of activities based on people's needs and known likes and dislikes.
- A monthly activities plan was displayed and included activities such as candle making, sensory activities, flower pressing and knitting. Activities aimed at people with memory problems such as reminiscence and memory lane sessions also took place. A staff member told us, "[Person likes a nice soak in the bath, and [Person] a walk in the garden. We do smoothie making, cake baking, hand painting, there is something every day".
- Special events were celebrated. For example, people, their relatives and staff had celebrated an Italian themed day by making their own pasta. There had been a Chinese themed night with a special menu and

decorations and a 'London knees up' which had included a cardboard cut-out of the queen and a street party meal which we were told people had really enjoyed. Other activities included chair exercises and visits from pets.

- Alongside these planned activities, staff were developing a 'Wishing tree project' and were inviting people to make a wish about something they would really like to do. We saw that one person had wished to have a visit from a dog. This had been achieved.
- Throughout the day, we observed staff playing games and undertaking arts and crafts with people in the communal areas which they appeared to be enjoying. Staff were chatting with people about how they had got involved in decorating the Christmas tree.
- Overall, people and their relatives felt the activities provided were adequate. One person told us, "There's quite a lot to do here. A lady came around and did my nails last week and we do exercises". A relative said, "I've seen some painting, looking at photographs, [Family member] was mainly outside gardening when the weather was nice".
- We did note that where people were cared for in their rooms that, records did not always provide assurances that they were supported to take part in a range of meaningful activities. This was confirmed by one person who told us, it was rare for staff to spend time with them in their room. This therefore remains an area which still needs to be developed further.
- Technology was used to support the provision of responsive and timely care. For example, sensor mats were used to alert staff that people at high risk of falling were mobilising

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 had a communication plan. This described how the person communicated and how information might best be presented to them to help them understand this.
- We saw some evidence that the identified information and communication needs were met for individuals. For example, people were supported to access large print books from the local library and magnifying lights and glasses were used to help others read. Staff showed people the meal options to help them express their choices. One person had a whiteboard that was used by staff and their family to provide answers to the questions they frequently asked. This helped to reassure the person.
- Local opticians visited regularly to help ensure that people's visual needs were assessed.

Improving care quality in response to complaints or concerns

- Information about how to complain was readily available within the service.
- People and their relatives expressed confidence that they could raise any issues or concerns with any member of staff or the registered manager and that these would be addressed. For example, one relative said, "[Registered manager] is very responsive".
- The registered manager maintained a record of the complaints raised and the actions taken in response.

End of life care and support

- Three staff had undertaken specialist training in end of life care.
- End of life care plans were in place but would benefit from being more detailed and reflecting more fully people's wishes about how their care in their final days should be provided.
- There was nobody receiving end of life care during our inspection however, staff told us how they worked with local healthcare professionals to make sure people were as comfortable as they could be in their final

days. Staff told us how they took on extra shifts to ensure that there was someone available to be with people so that they did not die alone.

- The registered manager had welcomed relatives and friends to hold wakes or celebrations following a death and had provided food and drink for this.
- The service had received compliments from relatives thanking staff for the end of life care their family member had received. Comments included, 'Thank you so much for kindness shown to [Person], you all made his last few days so comfortable and looked after him so well'.

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 'Requires improvement'. At this inspection this key question remained the same. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on their duty of candour responsibility

- The registered manager was supported by the provider who visited the service regularly to monitor the quality and safety of care being provided.
- The provider, registered manager and other senior staff also undertook a range of daily checks and audits in areas such as infection control, medicines and care planning. Monthly themed audits took place on areas such as tissue viability. A monthly tracker of issues such as the prevalence of pressure ulcers and complaints or safeguarding concerns had been introduced and was shared with the provider on a monthly basis allowing them to stay abreast of emerging risks within the home. These quality assurance systems were good and there was evidence that they were driving improvements in a range of areas.
- However, we were not yet assured that these systems were fully effective at ensuring compliance with the fundamental standards, or in identifying and addressing areas where safety had been compromised such as with the concerns we found regarding legionella and fire management. Further improvements are therefore needed.
- The feedback about the registered manager was positive and demonstrated that people, their relatives and health care professionals had confidence in their ability to provide good leadership. One person pointed out the registered manager to us and said, "She's lovely that one, very lovely". Another person said, "Oh yes, it is well run, they [Staff] all know what to do". A relative said, "[Registered manager] is very much on the ball, any troubles, she acts on it straight away". A healthcare professional told us, "[Registered manager] knows it all, they are always willing to help".
- Staff also had confidence in the registered manager to lead the home. A daily allocation system was in place to ensure that staff were clear about their role and responsibilities.

Planning and promoting person-centred, high-quality care and support with openness

- People and their relatives told us there was a warm and friendly culture within the home. For example, one relative told us, "I like that they [Staff] interact with residents but also with each other, there isn't that sense of pressure and they seem to work well together". Another relative said, "The staff are very good, they're always willing to help, nothing is too much trouble".
- Staff strived to ensure care was delivered in the way people needed and wanted. They were often seen to be smiling, positive and friendly in their approach to people.
- Staff spoke of a positive culture and of mostly feeling valued and supported in their role. One staff member told us, "I love my job and I love working in this home" and another said, "[Registered manager] has been brilliant, I feel supported". A third staff member said, "I adore the residents, I love my colleagues, we

are all one family".

- Throughout the inspection, the registered manager and provider were transparent and collaborative and demonstrated a commitment to improve the service and to support organisational learning. Where our inspection noted areas which could be developed, they were responsive to our feedback and took action to address these.

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

- People and their relatives were consulted and involved on an ongoing basis about their care and wider issues within the home, but this was mainly in an informal manner via one to one chats or as part of the 'Resident of the Day' system.
- A 'You said, we did' board was displayed and demonstrated that staff had acted on people's feedback by, for example, improving the food choices available at lunch and providing a quiet sitting area.
- 'Residents and relatives' meetings were scheduled but no-one had attended these and surveys had been sent out to relatives and staff on October 2019 but there had been no response. However, the people and relatives we spoke with were generally happy with the care provided and felt able to approach the registered manager if this was not the case.
- Staff meetings were held and used to reflect on issues such as staffing, safeguarding concerns, incidents and accidents that had occurred. Staff were encouraged to share their ideas for how the service and care provided could be improved.
- People were supported to access their local community, for example, to visit the local pub or bank. Family also often took people out. For those less able to get out and about, 'Pop up' shops had been invited into the service selling shoes for example.

Continuous learning and improving care

- The registered manager completed monthly reports for the provider in which they shared information about the number of pressure ulcers being cared for within the service and other areas such as weight loss. This helped to improve care and ensured that the provider had oversight of emerging risks within the service.
- There was a focus on continuous learning across the organisation and learning from incidents or from the findings of inspections was shared across the organisation.
- The provider was committed to the continual professional development of the registered manager and supported them to access further leadership and management training.
- The registered manager told us that they were very proud of their staff team and of all the improvements that had been made and their professional approach to people's care and support.

Working in partnership with others

- The registered manager was open and collaborative and worked in partnership with local organisations and agencies to strengthen local relationships and improve care. This included the infection control lead, pharmacists and nurse facilitator from the local clinical commissioning group. One healthcare professional told us, "[Registered manager] is a good manager, who is open to new suggestions, she contacts me to assist her to resolve concerns and has been open to trying new ways of working".

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety had not been adequately managed. This was a breach of Regulation 12 (1) (2) (a)(b) & (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.