

Sanctuary Care Limited

# Furzehatt Residential and Nursing Home

## Inspection report

59 Furzehatt Road  
Plymstock  
Plymouth  
Devon  
PL9 8QX

Tel: 01752484008

Website: [www.sanctuary-care.co.uk/care-homes-south-and-south-west/furzehatt-residential-and-nursing-home](http://www.sanctuary-care.co.uk/care-homes-south-and-south-west/furzehatt-residential-and-nursing-home)

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05 June 2019

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Furzehatt Residential and Nursing Home provides accommodation and support for a maximum of 62 older people. At the time of the inspection 53 people were being supported by the service. The residential and nursing unit are situated within the same building and divided by a reception area at the main entrance. The nursing unit provided nursing care for a maximum of 32 people and the residential unit supported 29 people. At the time of the inspection 28 people were being supported in the nursing unit and 24 people within the residential part of the service. One person was in hospital.

People's experience of using this service:

Since the last inspection, the provider has made improvements to the quality and safety of people's care. This has included improvements in the way risk is assessed and managed, and in the management of accidents, incidents and people's medicines. People's health needs were better understood and managed more consistently and there was improved leadership and oversight of the service.

People told us they felt safe living at Furzehatt Nursing and Residential Home. There was a relaxed atmosphere between people and staff. Staff knew people well and were kind, caring and attentive. People and relatives told us they felt listened to and their care was personalised.

People were protected from the risk of harm. People's risks associated with their health, care and lifestyle were understood by staff and managed well. People's rights and independence were respected and promoted. Management and staff understood their role with regards to the Mental Capacity Act (2005). People's consent was sought before care was provided. When people were unable to consent and make decisions for themselves appropriate processes were followed. People were protected from discrimination and abuse because staff understood how to safeguard people.

People's health needs were met, and medicines were managed safely. Improvements were required in relation to the food provided by the service. People were not all satisfied with the quality of food provided. People's meals were not always provided to them at an appropriate temperature. The manager was aware of people's concerns in relation to food and steps were being taken to address the issue. We have made a recommendation that the provider keeps the quality and temperature of food under review and ensures people know what actions are being taken to address any issues.

The provider had taken action to improve staffing levels and to ensure staff had the support and training to fulfil their role and meet people's needs. People said staff understood how they needed and wanted to be supported. Some people and other agencies felt staff often looked rushed and were not always available to provide information when needed. This was raised with the manager at the time of the inspection and we were assured they would look at this issue and the organisation of staff.

The service had carried out a number of improvements to the environment in the past year. Some areas of the service still required some decoration and improvement. The manager and maintenance staff told us plans were in place for ongoing maintenance and improvement.

Quality assurance processes had improved and further ensured people received high quality care. Additional checks had been put in place and senior staff from within the organisation had regular oversight of the service. A manager had been appointed to oversee the running of the service and had applied to register with CQC. The manager demonstrated a commitment to improve the service and was well respected by people and the staff team.

The service met the characteristics for a rating of Good in 4 of the key questions we inspected. Therefore, an overall rating for the service after this inspection was Good.

Rating at last inspection: The service was rated as Requires Improvement at the last inspection (published 9th June 2018) with breaches of the regulations. 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 and the provider was no longer in breach of the regulations.

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

Follow up: We will continue to monitor the service to ensure people receive safe, compassionate, high quality care. Further inspections will be based on the rating. If we receive concerns, we may bring the inspection forward.

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

Details are in our Safe findings below.

Good ●

### 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 well-led

Details are in our Well-Led findings below.

Good ●

# Furzehatt Residential and Nursing 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 was carried out by one adult social care inspector, a member of the medicines team, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses similar services.

#### Service and service type:

Furzehatt Residential and Nursing Home 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 care home accommodates up to 62 people. At the time of the inspection 53 people were living at the home. One of these people was in hospital.

At the time of the inspection the service had a manager in post overseeing the day to day running of the service. The manager was in the process of registering with CQC.

#### Notice of inspection:

The inspection was unannounced.

The inspection took place on the 4 and 5 June 2019.

What we did:

Before the inspection we reviewed the information we held about the service. This included correspondence we had received, and notifications submitted by the service. A notification is information about important events such as incidents, which the provider is required by law to send us. We reviewed the information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to help us plan our inspection.

During the inspection we met and spoke with 23 people and 12 relatives. We also;

Reviewed 9 people's care records, which included, care plans, risk assessments and daily monitoring records.

Reviewed records of accidents and incidents.

Reviewed two staff files, which included recruitment checks and induction records.

Reviewed records relating to the running of the service, including, complaints, audits, policies and quality checks.

We reviewed 22 medicine administration records. We observed as people had their medicines administered.

We observed interactions between people and staff as care and support was being delivered.

We spoke with the manager, area manager and peripatetic manager supporting the service. We also spoke with fourteen care staff over the two-day inspection. This included care staff, kitchen staff, activities coordinator, maintenance staff and an administrator. During the inspection we spoke with three visiting healthcare professionals.

Following the inspection, we received feedback from the local authority quality team and two healthcare professionals.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in March 2018 we found people were not always protected by the systems for the management of medicines, which placed some people at risk of ill-health and poor care. People's risk assessments did not always reflect all the risks relating to their care or guide staff how to mitigate them, and the systems for reporting and managing incidents did not always protect people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of the regulation.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at Furzehatt Residential and Nursing Home. Comments included, "I feel very safe here, there is always someone at the end of my call bell", "I trust the staff implicitly", "I am safe and happy here" and "I am safe here because the staff look after me."
- Relatives said, "My [ person's name] is definitely safe" another said, "Staff check on [person's name] throughout the day and night and keep them safe."
- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. Information was available for staff, so they could easily refer to safeguarding processes and contact details if they needed to report a safeguarding concern. Staff attended safeguarding training, and this was regularly discussed and updated.
- Policies and procedures were in place to ensure staff understood what action to take if a person went missing from the home.

Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk, whilst allowing people to remain as independent as possible.
- Where people were at risk of falls, staff liaised with professionals to minimise the risk and considered equipment such as sensory mats, which alerted staff people were moving. This meant staff could respond and support people safely.
- When people had risks in relation to their skin, staff had clear guidance on how care needed to be delivered to prevent deterioration.
- People had safety devices, so they could call for help in an emergency, for example there were call bells in bedrooms and bathrooms. One person had a very detailed personal safety plan around going out on their

own in the community. The person used a wheelchair and had been supported to understand how to use it if the battery became flat and how to keep their money safe when they went out to local pubs.

- The services electronic recording system alerted staff to any risks associated to people's health, such as loss of weight, reduced fluid or food intake. The PIR stated, "Our care plan system (Kradle) generates care plans following the risk assessments completed. The data will highlight those residents who are at a greater risk. The care plan gives prompts to staff to offer food and drinks at least 6 times a day and alerts the manager and the provider if this has not been completed. The system will also set fluid targets and again will alert all staff if this target is not reached."
- Risk assessments relating to the environment were in place and precautions taken to minimise risks to people. For example, window restrictors and radiator covers were fitted. Key pads were in place to protect people who might wander and leave the building unsupported. Water temperatures and fire safety equipment was checked regularly, and people had individual plans in place to ensure they could be evacuated safely in the event of a fire.

### Staffing and recruitment

- Following the last inspection, the provider had introduced the use of a staffing tool to help calculate staffing levels alongside people's needs. They told us staffing levels were adjusted to ensure people's safety and were kept under regular review.
- The PIR stated; "The home uses a dependency tool to ensure that we have the correct numbers of staff to safely care for our residents. The rotas are managed by the home manager and nurse support assistants to reflect the right skill mix of staff to ensure we can provide safe care." Nurse assistants had been introduced in the residential unit to support care staff. Care staff said this had been a positive addition to the care team. Comments included, "Things are getting better, less frantic, less busy, more support."
- People, relatives and staff said they felt there was enough staff to keep them safe. However, some people and relatives said they felt staff often appeared very rushed and did not always have time to sit with them. Other agencies said it was sometimes difficult to find care staff to assist them when they visited. We fed this back to the manager at the time of the inspection and asked them to review the organisation of staff as well as numbers to help ensure people felt well supported. The manager assured us they would address this matter and would speak with people about their views.
- A robust and detailed recruitment process was followed to help ensure staff employed were suitable to work with vulnerable people. Background checks were completed before new staff started working at the service to check staff were safe to work with people and of good character.
- Nurses professional registration was checked to ensure it was up-to-date.

### . Using medicines safely

- People received their medicines as prescribed, including when required (PRN) medicines and controlled drugs.
- Staff were trained and competent.
- Medicines were stored securely, and records were completed following best practice.
- Medicines audit and reflection following errors, meant that systems and processes were updated to keep people safe.
- Staff understood how people liked their medicines to be given and these guidelines and preferences were followed.
- People's medicines were reviewed in the home by a GP and a pharmacist every two weeks. This ensured people only received medicines they needed, at the right dose and time.

## Preventing and controlling infection

- The home was clean and hygienic throughout.
- People and relatives said people's bedrooms were kept clean and tidy. One person said, "My room is nice and clean." A relative said, "[person's name] room is always clean and tidy as is their laundry."
- Cleaning staff were employed, and cleaning schedules were in place to ensure standards were maintained. Personal protective equipment, such as aprons and gloves were available for use when supporting

## Learning lessons when things go wrong

- The provider had reviewed and improved the incident reporting process so that incidents would be escalated and dealt with promptly. An incident helpline was in place, which ensured all staff were able to report and be supported in the event of any serious and untoward incident.
- When a medicine error occurred, the service investigated and followed it up with the staff member concerned. Additional training and observation was provided to minimise the risk of re-occurrence.
- Staff said they felt the culture of the service had improved. They said they had reflected on concerns raised at the previous inspection and made changes to improve people's experiences and quality of care.

# 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.

RI:  The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection in March 2018 we found information about people's health needs and systems to monitor people's health were not in all cases up to date, accurate and sufficient in detail. Appropriate action had not always been taken to ensure people had timely access to health services when their health needs changed and/or deteriorated. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of the regulation. We found some improvements were required in relation to people's diet.

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

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met. The manager met with the person and their family to find out as much as they could about people before they moved in.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.
- Equipment was available to support people's needs, and to promote people's safety and independence. For example, people had access to an assisted bath and other equipment such as slings and hoists to support with safe transfers and personal care.

Staff support: induction, training, skills and experience

- People said staff were well trained. One person said, "The staff are very well trained, new staff are introduced to us and they pick up the ropes really quickly." Another said, "I have noticed how sensitively staff work with people who have dementia."
- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate during the induction period. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff said the induction prepared them for their role and they shadowed more experienced staff before working unsupervised.
- Staff training covered areas identified by the provider as essential and included safeguarding, infection

control, moving and handling and fire safety.

- □ Staff also had opportunities to attend external training and received support from healthcare professionals regarding particular health conditions. One staff member said they had recent training to recognise and respond to signs of Sepsis.
- □ All staff said support had improved. Comments included, "We have had masses of support, from the manager, head office, learning academy. There is a better recognition of skill mix."
- □ Staff said there was time to discuss their role and reflect on practice.
- □ The PIR stated; "The home manager has attended external seminars run by the local authority, and CCG. CQC, the Health and Safety executive and external training providers, in order to keep abreast of new research, guidance and developments. These are disseminated through the workplace via our newsletter, daily meetings, supervision and staff training."

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

- □ We received mixed comments regarding the quality of food. Some people said the food was good and they were offered choices and good portion sizes. However, some other people and relatives were less positive and said the quality of the food was inconsistent. Comments included, "Sometimes the food and drinks are tepid" and, "The pureed food is sometimes good, other times not." A relative said, "I visit most days and have noticed that [person's name] doesn't eat much because they don't enjoy the food very much."
- □ We saw that some people's meals on the nursing unit were not delivered in a timely way or at an acceptable temperature. We raised this concern with the manager at the time of the inspection who told us a heated trolley had been ordered for this part of the service. A temporary trolley was put in place at the time of the inspection.
- □ We spoke with the manager about these comments during the inspection. We were told the provider was aware of these concerns and a full review was being undertaken into meals provided at the home. This included additional training and support for kitchen staff. People's views were being gathered on a regular basis to ensure concerns and action could be monitored.
- □ We observed people being supported to eat their meals in an unhurried patient way.
- □ Consideration had been given to the environment to ensure people could eat their meals in comfortable surroundings. The dining room tables had been prepared attractively with tablecloths, and condiments people could help themselves to. It was noted that due to the layout of the room staff and visitors walked through the residential dining area while people were eating their meals. This was discussed with the manager at the time of the inspection who said they would give consideration to improving this part of the environment and people's dining experience.
- □ People were provided with specialist cutlery, plates and drinking cups to help them eat independently and safely.
- □ People's nutritional risk was regularly assessed. Risks in relation to people's diet were understood and managed well.

We recommend the provider keeps the quality and temperature of food under review and ensures people know what actions are being taken to address any issues.

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

- The manager and staff worked across other agencies to ensure people received effective care. Regular reviews with health and social care professionals were arranged.
- Other agencies were mainly positive about the care provided in relation to people's health. Comments included, "They provide quality care, I can't fault the care staff." We received feedback from healthcare professionals regarding the difficulty they sometimes had finding staff to provide them with information when they visited. This was fed back to the manager at the time of the inspection, and we were assured they would follow up these specific concerns.
- People had routine health checks and were supported to attend hospital and other healthcare appointments. One person had a catheter care passport, which detailed important information about their catheter should they require an admission to hospital.
- The manager and staff worked closely with hospital staff and supported some people with a period of reablement with a view to them returning home. The PIR stated, "We are proud to say that since the start of this year four residents have been able to return home due to rehabilitation."

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

- People told us they liked the environment.
- The environment was bright and spacious, which supported people to move around easily. There were plenty of seating areas and different communal rooms where people could relax either with company or on their own. The reception area was bright and welcoming for people and visitors.
- People's bedrooms and bathrooms were well maintained, personalised and contained equipment to meet individual needs.
- A lift and ramps were available for people with mobility difficulties to access the home and gardens. The gardens were well maintained, with level access, seating and raised flower beds.
- In the past year the dining areas had been updated and fourteen bedrooms decorated. The call-bell system had been upgraded to be compatible with sensor mats and other electronic safety devices. Some parts of the home were in need of redecoration, such as some communal hallways. The manager told us they had plans to continue with ongoing maintenance which included these parts of the home. Further improvement was planned including the installation of a platform lift in the nursing unit, which would allow for people to be moved on a stretcher.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- We saw people were supported to make choices and day to day decisions about their care and lifestyle.

Staff understood people's rights and checked people understood and were happy before care and support was provided.

- ☐ People's capacity was taken into account when planning and delivering care. The PIR stated, "Our observations show that staff consider people capacity to make decisions and know what they need to do to make sure decisions are taken in people's best interests and involve professionals if required."
- ☐ When people had been assessed by the service as lacking the capacity to make decisions about their care and support applications had been made to the local authority as required. Any restrictions had been regularly reviewed, and any conditions on authorised applications were understood and followed.

# 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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection in March 2018 we found some of the systems, processes, and overall running of the service did not always ensure the quality of care was consistent across the service. At this inspection we found improvements had been made.

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

- People were provided with sensitive and compassionate support by a kind, committed and caring staff team. The PIR stated, "We want to employ staff who really understand the meaning of keeping kindness at the heart of our care; staff who are committed to enriching and enhancing our residents' lives and staff who are passionate about making a difference and are committed to making changes."
- People said, "The staff are always kind, never a cross word" and "The carers are brilliant and so caring."
- Relatives said the staff were caring. One relative said, "The staff are absolutely excellent", another said, "The staff here are lovely, caring and very attentive."
- We observed staff treated people with patience and kindness. For example, one person was calling out from their bedroom. A carer went promptly to see them and reassured them with gentle kind words. They used their skills and knowledge of the person to share conversation about familiar events and things the person enjoyed. The smiles and laughter from the person confirmed these interactions had a positive impact.
- Staff told us they enjoyed supporting people and spoke about them with affection. Staff were very passionate about ensuring the recent improvements in the home continued. Comments included, "The service has significantly improved, staff are happier and this has definitely improved people's care and well-being."
- There was a relaxed atmosphere between people and staff. Staff showed an interest in what people were doing and there was friendly conversation. Visitors were welcomed into the home. We saw people, staff and relatives sat chatting together enjoying a cup of tea. A relative said, "Its lovely how all the staff know my name."
- Staff undertook training in equality and diversity and the manager said everyone was welcome and respected at Furzehatt Residential and Nursing Home.
- People's religious needs were understood and met. Religious clergy from different denominations visited the home to deliver mass and communion, and people were supported to attend different churches in the local community.
- Monthly kindness awards were awarded to staff to demonstrate their care and kindness was valued. The manager said people and staff could nominate an individual for the award and a certificate was presented and displayed in the reception area.

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

- People were encouraged to make decisions about their day to day routines and express their personal preferences.
- Questionnaires, newsletters and meetings with people and relatives were used to gather people's views.
- People and relatives where possible were involved in the planning and review of their care arrangements.

## Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, for example, choosing what to wear, and how to occupy their day. People who were able to eat independently or able to manage their medicines were supported to do so.
- Staff were mindful of people's privacy and dignity. We saw staff knocking on people's doors and waiting before entering and closing doors or speaking quietly when sharing private, sensitive information.
- People said their privacy and dignity was respected. Comments included, "Staff always knock before entering the room" and, "Staff are always respectful and always say, can I give you your tablets."

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

At the last inspection in March 2018 we found people's care plans were not always personalised and did not always provide staff with sufficient information to meet people's needs consistently and in a way people chose and preferred. Care plans were not in all cases updated to reflect people's changing needs. We made a recommendation that the provider should seek guidance from a reputable source about personalised care planning. At this inspection we found improvements had been made. People had personalised care plans, which provided staff with up to date information about how people needed and preferred to be supported.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support that was flexible and responsive to their needs. Staff knew people well and were able to tell us about their preferences and how they liked care to be delivered.
- Staff supported people who were staying for a period of assessment to achieve their goals. This meant people were able to return to their own homes.
- Care plans gave staff information on how they should provide care and support in line with people's preferences. Care plans were regularly reviewed and updated.
- People said they thought staff had a good understanding of their needs and how they liked to be supported. Comments included, "The staff are good as gold, they know me and what makes me tick."
- Relatives said staff spent time getting to know people. One relative said, "They do a great job with [person's name] because they really understand their preferences." Another said, "The staff make special days, special for people here."
- The service had introduced an electronic recording system, which the manager said would continue to improve the information documented about people.
- The service identified and documented people's information and communication needs. Some people were unable to communicate verbally, and staff either understood them through familiarity or used photographs and symbols to aid communication and choice making.
- People said they enjoyed the activities available to them. One person said, "The activities organiser does a great job, we sing songs, have singers, musicians in, do armchair exercises", another said, "We had a brilliant tea dance and I joined in dancing in my wheelchair."
- Relatives were positive about the activities. Comments included, "The activities coordinator has been brilliant with [person's name] they now join in activities and were reluctant to do so before" and "The activities coordinator does one to one sessions with [person's name] in their room and she's excellent". Relatives said their loved ones had enjoyed visits from a local school choir and children's Rainbows group.

- Staff helped people celebrate special occasions and showed enthusiasm for people's particular interests and wishes. For example, one person wanted to do eight things now they were eighty. The person had a bucket list of activities and wishes, which the staff were fully involved in. Other people had expressed a wish to partake in a local 'Race for Life' in aid of cancer research. The organisation was fully supporting this event and had purchased tee shirts for staff and people to wear during the event.
- There were comfortable areas around the home for people to sit quietly on their own or with family and friends. People said they were able to have regular visits from family and friends. Comments included, "My family and friends visit me and are always made to feel welcome" and "It's the lovely way the staff know the names of my family".

#### Improving care quality in response to complaints or concerns.

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. One person said, "I would talk to the manager." Another said, "I haven't had to complain but would know what to do if I did."
- There was a complaints policy and process in place. This was visible to people who used or visited the service.
- The manager responded positively to all concerns raised to ensure people felt listened to in relation to their care and the service. The manager had written to people in relation to minor concerns, apologising for the person's experience and reassuring them about the action taken.

#### End of life care and support

- Staff had undertaken training in end of life care.
- The manager and staff worked closely with the local hospice to ensure people received appropriate and dignified end of life care and support. Comments from hospice staff included, "I really can't fault the quality of care provided."
- Following the previous inspection the service had lost their end of life accreditation. Staff said they had worked hard to improve practices and were passionate about re-establishing their accreditation to reflect their good working practices.

## 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

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in March 2018 we found systems in place to monitor the safety and quality of the service were not always effective. Systems to ensure the quality and safety of people were not consistent across the service. This was a breach of Regulation 17 of the Health Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of the regulation.

The provider had taken action to address concerns raised at the last inspection. Monitoring systems had improved, and the service was being more consistently managed and well-led.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager was committed to providing high quality care for people in an environment where people could feel at home. People and relatives were positive about the management of the service. One person said, "The manager certainly puts in the hours and does a good job." Comments from relatives included, "The new manager is around a lot and easy to talk to" and "The manager has an open-door policy which is reassuring."
- People and relatives were positive about the running and atmosphere of the service. One person said, "I like the family atmosphere."
- Staff said, "The service has improved significantly since the last inspection, staff are positive, happy, and well supported".
- The culture and atmosphere of the service was warm, welcoming and inclusive. Staff were happy to speak with the inspection team and were open and honest with their views.
- All staff were positive, smiling and exchanging positive interactions with people as they worked.
- The manager, deputy manager and senior management from within the organisation were visible and known to people, professionals and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Roles and responsibilities were clearly defined and understood. The manager was supported on a day-to-day basis by nursing staff, senior carers and care staff. In addition, they also received support from the

area manager and a peripatetic manager, who supported them in their new role.

- Staff had particular responsibilities to help ensure important aspects of the home were organised effectively, such as medicines and health and safety of the environment.
- Following the last inspection action had been taken to improve the support available to staff within the residential part of the service. Staff said, "The support is a lot better, more people we can speak to, more people to approach", "It is so much better than it was, so many more checks of everything."
- The provider, manager and staff had worked hard to address the concerns raised at the last inspection and to sustain high quality care for people. An action plan had been completed and progress on this had been overseen by senior management within the organisation. This had included improvements to the way accidents and incidents were managed, improved supervision and oversight of staff and improvements to medicines management.
- Systems had been developed to ensure performance remained good and continued to improve. For example, there were regular audits of the environment, medicines, accidents and incidents and care records. Training and supervision of staff was also monitored and overseen by the manager. The area manager and other senior staff within the organisation met regularly with the manager to discuss people, the running of the home and improvements required.
- The manager, area manager and quality leads for the provider completed regular audits with action plans and timescales for any action needed.
- The manager was continuously thinking of ways to improve the quality of the service. For example, they had recently requested the provider undertake an analysis of hospital admissions so they could improve practices and be more proactive in relation to managing people's health needs.
- The provider was aware of their regulatory responsibilities. For example, notifications were submitted promptly, and the Provider Information Return had been sent on time. The provider had recruited a new manager to oversee the day to day running of the service and at the time of the inspection they were in the process of registering with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others.

- People's, relatives and staff's views were sought. This helped ensure on-going improvement of the service.
- Meetings were held with people and relatives to discuss issues such as the environment, menus and activities. Changes had been made as a result of these meetings.
- People and relatives said they felt involved in issues relating to the service. One person said, "Residents meetings are held regularly now and it's good to meet and have the opportunity to raise issues and ideas." A relative said, "We are asked for feedback, we can make suggestions and we get minutes." One person said they had been asked if they would like to be on interview panels for new staff and that they were looking forward to being involved.
- The service had good working relationships with local primary care services and older person's mental health team.

Continuous learning and improving care

- Since our last inspection the provider had put further systems and checks in place to ensure the safety and quality of the service. They had worked with healthcare professionals to ensure medicines were managed safely, improved systems for reporting and managing incidents and accidents and introduced

nursing assistants to support care staff on the residential unit.

- The manager had attended local authority 'Wraparound support workshops'. These workshops are available to services when they have a requires improvement rating, and provide advice, guidance and support on meeting the regulations.
- The management team kept up to date with best practice by attending training and local care forums. This included attendance at the Plymouth Health and well-being programme, which had focussed on health and social care regulations.
- Learning was shared with the staff team during meetings.