

Anchor Hanover Group

Linwood

Inspection report

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Date of inspection visit:
16 July 2019

Date of publication:
01 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Linwood is a residential care home that was providing personal care to 41 people aged 65 and over at the time of the inspection. The service can support up to 67 people. Linwood accommodates 41 people in one adapted building across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

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

People were happy and cared for by a friendly and supportive care team. The home had a warm atmosphere which enabled people to enjoy the gardens and socialise. The first floor was in the process of being developed and adapted to meet the needs of people with dementia, but the improvements had not impacted positively upon people yet. The registered manager's plan to improve this area was being implemented at the time of the inspection.

People told us they felt there were enough staff to support them. Staff were knowledgeable about risks and how to support people safely. People's medicines were managed and administered safely and people's healthcare needs were met. Staff had received training and supervision for their roles and staff spoke positively about the support they got from management.

People and staff said they got on well with the management team and had confidence that any issues they raised would be addressed. There were systems to involve people in their care as well as in the running of the service. People were consulted on food and activities and we received positive feedback on these aspects of their care. There were a variety of activities at the service as well as outings, events and regular fundraising initiatives the provider was involved with.

The management team had successfully implemented the majority of the action plan for improvement since the last inspection.

Rating at last inspection

The last rating for this service was Inadequate (25 Jan 2019).

Since this rating 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 regulations.

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.

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.

Requires Improvement 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Linwood

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

The inspection was carried out by two inspectors, two assistant inspectors and one 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

Linwood 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

This inspection was unannounced.

What we did before the 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 also reviewed the action plan created as a result of the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care

provided. We spoke with seven members of staff including regional directors, the registered manager, assistant manager, senior care workers, care workers and the chef.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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. Since the last inspection the home has reviewed and updated risk assessments, changed the staffing dependency tool and increased staff numbers. At this inspection this key question has now improved to Good and all of the breaches of regulation were met. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of staff were deployed was a breach of regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People told us they did not have to wait for their care. One person told us, "They (staff) respond very quickly when I press my bell; they are very good." Call bells were answered quickly and rotas showed the correct number of staff members were working each day. This was clear from the dependency tool which calculated staffing numbers based on the needs of the people living at the home.
- Staff told us that there were enough staff to provide safe care and support. One staff member told us, "We get supported; the team leaders are more supportive now and there is always a team leader on the floor."
- There was a new, accurate staff dependency tool in place which was reviewed weekly with updates from the registered manager. People and staff told us there were enough staff now throughout the home. The staff rotas showed staffing levels were sustained consistently to ensure there were enough staff to provide for peoples' needs.
- Following the previous inspection, the registered manager made some substantial changes to the staff teams. This has led to huge positive changes by ensuring that staff are dedicated, punctual and good at their jobs. The registered manager initiated these changes immediately following the last inspection and the results were that people were now safe.
- People who needed to be repositioned were now being regularly repositioned as their risk assessments required. One person now had a constant 1:1 member of staff present with them throughout the day.
- Call bell audits showed staff responded to calls within five minutes. Staff were seen to respond to call bells within two minutes by inspectors. This matched the service target and standard which had been driven by the registered manager following the last inspection.
- Robust recruitment systems were in place. Staff files showed that recruitment checks such as obtaining references and Disclosure and Barring Service (DBS) checks were completed prior to staff starting their employment.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks were managed, medicine practice was safe and the environment was clean and safe. These failures were a breach of regulation 12 (Safe care and treatment)

of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People told us they felt safe living at this home. One person said, "I feel safe in here, I have a key for my room, and I close my room whenever I want to." People had assessments in place which had been created to manage the risks they faced. For example, one person was at risk of pressure sores and so frequent monitoring and assessments were in place completed by staff to manage this. Staff were seen repositioning this person and following the guidance in their assessment.
- At the last inspection people at risk of falling were not managed safely. At this inspection we found all risk assessments had been updated. Where a person had suffered a fall, their risk assessment had been reviewed and adapted based on the information or facts from the incident.
- Where people needed to be repositioned throughout the night, there were clear records this was being done. Staff were consistent and regular in carrying out repositioning tasks during the day with the people who required it.
- There were some behaviour care plans in place to safely manage and de-escalate people who lived at the home. Staff were aware of the people's behavioural guidance. One person could be violent with staff members. When this person struck out at a staff member, the staff member followed the behavioural guidance and left the situation to another member of staff who distracted the person and calmed them down. The person then apologised for their actions.
- Risks to people's safety had been assessed and action was taken to minimise these risks. Care records contained risk assessments in areas including mobility, moving and handling, skin integrity nutrition and hydration. One person had a catheter which required detailed checking and guidance to be followed by staff. The records clearly showed that this person's input and output were being recorded and managed safely.
- People lived in a safe environment. Health and safety checks were completed regularly and a maintenance programme was in place. Following the last inspection the registered manager had ensured that all living areas and spaces were cleaned by the cleaning staff each day. This had improved by
- The provider had a contingency plan which outlined the action staff should take in the event of an emergency arising. Personal emergency evacuations plans had been developed to inform staff and the emergency services of the support people would require to move to a place of safety

Using medicines safely

- At the last inspection medicine records were not always accurate and best practice was not always followed by staff. At this inspection we found these issues had been addressed.
- People received their medicines in line with prescription guidelines and they told us staff supported them with their medicines safely. Staff were observed to follow best practice when carrying out medicine rounds and supporting people to take their medicines. This meant staff observed people taking their medicines and then signed a record to show they had been taken once the person had swallowed them.
- There were 'as and when' protocols in place so that staff knew how much medicine people could have depending on when they needed it. There were no gaps in medicine records.
- Detailed records of people's medicines were maintained which guided staff on when and how people preferred to take their medicines. Where people preferred to take their own medicines a risk assessment was completed with them and protocols agreed.

Preventing and controlling infection

- At this inspection we found sluice room doors were locked and the home was clean. The furniture in the

lounge and open areas was clean and well kept. These two points were concerns at the last inspection that the registered manager had addressed at this inspection. Staff had been trained and told that all sluice rooms needed to be kept locked. Cleaning staff were active and successful in ensuring that all furniture was consistently cleaned throughout the day.

- Safe infection control processes were followed and recorded by cleaning staff. All areas of the service were observed to be clean and hygienic with no unpleasant smells. One person said, "Staff wear apron and gloves when they wash me."
- Staff had access to personal protective equipment such as gloves and aprons. Posters showing safe hand-washing techniques were displayed in bathrooms. Staff were observed wearing aprons, changing gloves and washing their hands before and after personal care or when necessary.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. Action was taken to minimise the risk of reoccurrence and reviews completed to identify any trends. One person told us, "The staff respond when I need help. For example, I once had a fall; but it's long time ago, they came quickly."
- When one person had sustained an injury following a fall, their care plan and risk assessment had been updated immediately. That person now had a lot more 1:1 staff assistance and were monitored to ensure they were safe.
- There had not been many incidents or accidents since the last inspection but where people had suffered a fall or injury, correct action had been taken by staff as a result. When one person fell and injured themselves, staff had called an ambulance and updated the person's risk assessments and care plan as a result.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had received safeguarding training and were aware of the different types of potential abuse, signs of concerns to look for and reporting procedures.
- One staff member said, "I would report it to the team leader. I think I would also go to CQC or local authority."
- Information regarding how to report safeguarding concerns and whistle-blowing procedures were displayed throughout the service. Since the last inspection, the registered manager had shared information with the local authority and notified CQC when necessary.

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. The registered manager had ensured staff were well trained and supported by supervision. At this inspection this key question has now remained the same, but for different reasons. At this inspection we found the home was not always adapted to suit peoples' needs.

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

At our last inspection the provider failed to monitor healthcare appointments and health related needs. The shortfalls in responses to changes in nutritional needs were a breach of regulation 9 (Person centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People and their relatives told us people were supported to access healthcare in a timely manner. One person told us, "The doctor came last week to see me; to see how I am. The surgery is just across the road." Another person said, "Whenever I want to see the doctor; it's just around the corner."
- People had clear records of recent health appointments they had attended. When a person needed to see the doctor for anti-biotics, they were taken to an appointment swiftly. The anti-biotics were then administered and recorded well.
- The registered manager had driven improvements in this area by refreshing staff training and communicating with the teams. Staff were now aware of how, when and why they needed to ensure people had consistent and easy access to the doctor and other health care professionals.
- Where one person needed a catheter, there was clear guidance for staff on how to support this person with it. Staff followed this guidance when giving this person personal care and kept detailed records of their work.
- A district nurse told us the home had improved vastly since the last inspection. She told us, "Staff know what they're doing, they used to hide last time, but now there's much better communication." The district nurse also showed us how charts and records had improved and were now accurate.
- Staff worked quickly and effectively with other agencies and each other to ensure people's needs were met. We saw clear records being sustained and communicated across the service to provide continuous, consistent care. Daily notes were detailed and enabled staff to know what had happened throughout the day or night in relation to a person's care.
- Care records evidenced people had access to a range of professionals including GP, district nurses, physiotherapy, chiropody and dental care. One relative told us, "I am informed of dad's appointments; he has a pacemaker and gets many appointments."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to support staff and complete training which was a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People told us staff knew what they were doing. One person said, "I think staff know what they are doing." There was a clear improvement since the last inspection as people viewed staff as skilled carers. Staff told us they now had enough relevant training to ensure they were good at their jobs.
- Staff followed best practice when moving and handling people throughout the day. This was clear as the best practice was stated and set out in guidance in people's care plans and staff followed this. When repositioning one person, staff used a sliding sheet and ensured that two of them were present throughout the use of the hoist. The correct sling was used and the person was happy with their care.
- Staff were provided with training appropriate to their roles and to people's needs. Staff confirmed in addition to mandatory training they had received training in supporting people living with dementia. Staff were also encouraged to work towards relevant qualifications. One staff member told us, "I think the training is good. I have done moving and handling, laundry, food hygiene, fire safety and activities."
- When starting work at the service staff completed an induction programme which included shadowing more experienced staff. In addition, new staff were expected to complete the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives.
- Records showed all staff had received supervision to support them in their roles and staff confirmed this was the case. This was an improvement since the last inspection where some staff were lacking supervision.

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

- Peoples needs were not always met by the decoration, design and layout of the home. The first floor was an area for people living with dementia. This meant the people on this floor had higher needs. However, this floor was not yet adapted to suit these needs.
- There were no signs for toilets, dining rooms or lounges to assist people in walking around the first floor. This would help prevent people from becoming lost or disorientated. The impact of this was limited as we did not see anyone who was lost throughout the day. Following the inspection, signs were immediately installed on this floor by the registered manager. We will check this at the next inspection.
- There were limited items and areas that were dementia friendly. For example, one corridor had a chest of drawers with a mirror and jewellery. We observed people interacting with this and spending time around the area. However, there were not enough dementia friendly items for all of the people living on this floor.
- Following the inspection, the registered manager created an area of items for people to engage with. They moved an old sewing machine with reels of threads, a hat collection and an old type writer to a dedicated space in response to our feedback.
- The registered manager explained she had a plan to install further interactive areas on the first floor. For example, there will be an area for pretend laundrettes, a garden shed, sports and further signage. We will review these planned improvements at the next inspection.
- The rest of the home was spacious, clean, open and light. There was a pub for people on the top floor, an open and inviting garden that could be easily accessed. There was also a hairdressers salon for people to use when they wanted to.

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

- Staff completed a detailed assessment tool to consider whether they could meet a person's needs before they moved into the service. Although the pre-admission assessments contained a lot of detail and

information, this wasn't always then clear in peoples' care plans. For example, one person needed assistance getting in and out of wheelchairs. There wasn't sufficient information for staff about equipment to use and how to support the person to move safely. This was only evident in one of the care plans we reviewed. Following the inspection, the registered manager reviewed this care plan and ensured that it was sufficiently detailed and useful for staff.

- The service used recognised tools to assess people's needs in areas such as malnutrition screening and risks to skin integrity. One person's skin integrity assessment identified a need for repositioning. This was being maintained and monitored correctly by staff.
- National guidance was adhered to in order to ensure people received effective care. Oral health care assessments and care plans for people had recently been completed in line with NICE guidance.

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

- Drinks were available to people at all times and staff supported people to stay hydrated. One person told us, "Most of the time, the food is good. If not; I ask what I want. The cook would find something for you."
- People told us they liked the food at the home. People's nutritional needs and food preferences were known to staff. The catering team confirmed they were informed of any changes to people's needs. People's weights were monitored regularly and any significant changes discussed with healthcare professionals.
- Where people required support to eat this was provided in a caring way at the persons own pace. Staff sat beside people whilst supporting them and shared conversation.

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.

- Staff received training in the principles of the MCA and were able to describe how this impacted on their work. Supervision notes contained evidence the MCA was discussed with staff to check their knowledge. One staff member told us, "You assume that everybody has capacity unless you have reasons to believe they wouldn't. Somebody might have capacity for a small duration of time. When it comes decisions we have to do it in their best interests."
- Where required, capacity assessments were completed for specific decisions and these had been recorded accurately. Staff documented best interest decisions and applied for DoLS approvals when required. Where one person required a sensor mat, there had been a capacity assessment, best interest decision tool and DoLS completed. Each of these documents were sufficiently detailed and correctly completed.

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 Inadequate. 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

At our last inspection the provider had failed to ensure there was a caring culture, a dignified manner of providing care and to encourage people to maintain skills and independence. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People told us that they were supported by kind and caring staff. One person told us, "Staff treat me well; they are very kind. I can't see any of them not treating me well; they are kind to me. You couldn't fault staff; not really." A second person told us, "The general atmosphere (in the home) is good and I have kind people looking after me."
- At the last inspection we did not see staff being caring or respectful towards people. At this inspection, staff culture and engagement had massively improved and we received no negative feedback from people about staff. People were happy, chatting and smiling throughout the day.
- The improvements in care were due to a culture change led by the manager. This was known and mentioned by people. One person told us, "The manager has made a tremendous change in the house culture" It is difficult to specifically state or evidence what changes had caused this improvement because caring is demonstrated through attitudes. What was clear was that there were now enough staff to enable them to spend time with people talking or having fun. The manager herself was also a caring leader who was active throughout the home along with the deputy throughout the day of the inspection.
- Peoples' clothing appeared clean and tidy. When one person's clothing was out of place, staff were quick to assist them to re-position it to maintain their dignity. One relative told us, "This is now a peaceful environment, everything is new. The place is changing."
- At this inspection there was a lot of positive interaction between staff and people throughout the day. Staff gave people privacy when they needed it, ensured their dignity was maintained and chatted to people throughout care or support. Staff had time to dance, sing and reminisce with people. This was because of the increase in staffing levels and the change in culture. One of the professionals who visited the home told us, "My positive observations are that staff are caring, sociable and everybody is happy now."
- Care records included information about people's sexual, religious or cultural wishes. For example, every person was asked about their sexuality so staff could ensure that people with protected characteristics could be supported. This meant that people were free to express themselves and could be supported by staff. Although there were no members of the lesbian, gay, bisexual or transgender community at the home,

there was an information board for people to appreciate and understand.

- People interacted with staff throughout the day in a friendly manner that created a family home atmosphere. When people became disorientated or confused, staff were quick to chat to them and offer them something to distract them or cheer them up. When one person was wondering the corridors with an unhappy look on their face, staff were at their side within minutes to chat to them. This person was then engaged with staff in the lounge upon their return.

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

- People were involved in their care and supported to express their views. One person told us, "Staff ask if I want them to do something, what want to do things for me." Where people had specific views in how they wanted to tidy their rooms or make their own drinks, this had been included in their care plans. For example, one person liked to be able to make their own bed and clean their own room. Their care plan made this clear to staff so that they could be involved in their own care.

- Staff consistently asked people if they wanted to go somewhere or do something. People were given options and choices. Staff had involved people and relatives in improvements at the service and we saw evidence of compliments being shared with staff about the communication and involvement during this process. This was done via meetings, consultations and newsletters.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected throughout the day. One person told us, "Yes, I make my own decisions about my care. For example, they ask me what I want to be done." A second person told us, "What I would say about my privacy and dignity is that it is really good. They knock on the door; for example, and ask if it is alright to come in."

- People's independence was supported and promoted by staff. One person told us, "Yes, I am helped to stay independent. They help me to do exercise. Ladies come down to do exercise, or we play scrabble and I have my hair done twice a week. There were kitchenettes which enabled people to make their own drinks or snacks. We saw people using these occasionally with the assistance of staff when needed.

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. Since the last inspection the registered manager had improved all care plans and recorded/responded to all complaints. At this inspection this key question has remained the same but with no breaches of regulation. This is because dementia care was still being improved and end of life care plans were lacking in some details.

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

At our last inspection the shortfalls in activities and lack of information within care plans were a breach of Regulation 9 (Person centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- At this inspection no one told us they were bored. People told us they were entertained, busy and happy. We could see that the home had become a busy hub of activity.
- The service had introduced 'Active 15' where twice a day staff engaged with people for 15 minutes. We observed increased interactions with people living with dementia, but found personalised activities to provide stimulation to them were limited.
- People had access to a range of interesting and fun activities each day of the week. One person told us, "I do exercise and play scrabble." A relative told us, "They (people) go on day trips; for example; my dad has visited the Brooklands Museum and I take him to the nearby park for a bike ride." One staff member described some of the activities as, "We play with balloons, dance, sing, have music, we go to peoples' rooms for chats, we can take some people to the garden. Sometimes we try some movements with feet and hands."
- If people were unable to leave their room or the home generally then there were activities for them to take part in with staff anyway. One person told us, "They play cards, they play bingo, they play Who Wants to be a Millionaire, they do exercises with their hands and things."
- People were sitting in the garden socialising with staff during the inspection. A second relative told us, "She (person) enjoys her time and she can do things she likes. She likes gardening and they are developing that at the moment. She also enjoys cooking, drawing and painting. And she does all of this here."
- People were involved in making their care plans person-centred. One person said, "I think I have been involved in my care plan because I discussed my needs." Staff also told us that care plans had improved and the amount of information in them had increased. Most care plans now set out what time people wanted to get up or go to bed. Daily notes reflected these times and preferences as being adhered to and followed.
- One person had depression and their care plan included details as to how staff should treat them. This included personal details about their personality and life which could be used to engage them and divert their moods.
- One person liked cricket and used to play with a local team. The registered manager contacted the team

for that person and set up communication so that the person can go each week to watch them play cricket matches.

- One person sometimes demonstrated difficult behaviour with people and staff when they were upset. Their care plan discussed this issue and gave guidance as to what things cheered them up or distracted them. The best thing for them was interaction with animals or cuddly toys. There were photos and records of all the animals which had visited this person showing them enjoying their company. For example, ponies, dogs and cats had visited them.
- The amount of person-centred information in care plans had improved since the last inspection. People's care plans now included details about how they liked to have their personal care completed. One person had details of their life history with information about their children, jobs, family and their daily routines.

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 access to policies, information packs and care plans which were understandable and easy to read. Staff knew how to communicate with different people to match their abilities and had been trained in this area.

Improving care quality in response to complaints or concerns

At our last inspection the lack of response to complaints was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 16.

- People were content about how to complain if they wanted to. One person said, "If I were unhappy about the service received; I will go to the boss. I haven't made any complaint so far."
- Peoples' complaints were now recorded and responded to. There was a clear complaints policy displayed in reception at the home and people told us they were aware of how to raise a complaint if they had any concerns.
- We looked at the complaints log and observed these were being recorded and responded to appropriately. There had not been many complaints since the last inspection due to the short period of time. One example was, people had complained about the kind of onions used for burgers at the summer party. As a result of this, a discussion had been held about which onions to use and these had been changed to suit people's preferences.

End of life care and support

- People received appropriate and sensitive end of life care. A couple of care plans did not contain a lot of person-centred information about how people would like to be cared for at the end of their lives. This was sometimes because people had refused to discuss their end of life care. However, the majority of care plans were sufficiently detailed about what care people wanted at the end of their lives. Following the inspection the registered manager ensured that all end of life care plans were completed with sufficient detail where people were happy to discuss it.
- There were compliments from relatives about the care people had received from staff at the end of their lives. Staff also knew people well and how they wanted their care. The registered manager explained that end of life care was still be developed and detailed in care plans. We saw the majority of people had

sufficient information about their preferences and advanced wishes in their care plans.

- One relative had emailed the service to say, "I cannot praise your staff high enough for the job they do, at all times they were diligent and caring yet professional. It was nice to see the care home represented at the funeral."
- The home had a project for end of life care which was halfway completed. This included providing accommodation for relatives, creating two end of life champions from staff and case review of people who had received care. This project was being recorded and monitored at the time of the inspection.

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. Since the last inspection the management team had engaged people and staff to drive improvements throughout the service. Quality assurance had been completed and actioned to ensure consistent quality and person-centred care. At this inspection this key question has now improved to Good. Leaders and the culture they created were supporting the delivery of high-quality, person-centred care.

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

At our last inspection shortfalls in the governance of the service were a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People and relatives spoke positively about the registered manager. There had been a clear improvement in the culture of the home between the staff and the people living there. One person said, "The manager is doing well; many things are changing in here." A second person said, "I see (Manager) most of the day, she comes to see us on the floor; during meal time mostly, and you can go down and see her every time." One relative said, "The manager has been very good."
- Since our last inspection, there was a positive atmosphere amongst staff. Staff interacted positively with the registered manager and deputy and we observed them supporting staff with care tasks. One staff member told us, "I think the managers are good. The manager knows all the staff and residents. She worries about us all and checks with us all the time." A second staff member said, "(Manager) is very approachable and (Deputy Manager) is brilliant."
- The registered manager had been integral in improving this service and promoting an optimistic culture which encouraged person-centred care. The registered manager had successfully implemented the action plan following the last inspection. This is clear and evident from the other sections of this report above.
- In contrast to the last inspection there have been considerable improvements made to the service. At the last inspection the manager had just started in her position. The changes and improvements she had made since then were clear indications of the dedication and hard work that had gone into this service.
- There was a clear and pragmatic plan to drive improvements at the service going forward. As reported in Effective, the registered manager's plans for adapting the dementia care floor were ongoing and developing. Since the last inspection there had been the creation of a sensory room, garden lounge and further activities for people.
- The registered manager had used and referred to many different articles, reports and updates in order to ensure the home can improve. She has attended many internal and external conferences to assist her in developing her leadership and management.

- People now attend staff interviews to help the management team spot good potential carers and meal times were now more interactive to encourage feedback.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of her responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.

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

- There was a robust system of checks and audits carried out and these had prompted improvements when required. Alongside the daily and weekly checks, the district manager carried out a comprehensive monthly audit. These took place over a series of days and covered all areas of care. The June 2019 visit picked up need for more detail in care plans and record of what staff had done with people where they record 'one to one' activities. We saw some improvement in care plans as a result of these audits. These audits had taken place consistently each month since our last inspection.
- The provider had responded to previous issues raised by CQC. As can be seen throughout this report, the provider and the registered manager had ensured that the home was no longer in breach of any regulations, with audits and checks to ensure the improvements were sustained.
- Records were accurate and up to date. This demonstrated the affect and robust aspects of the audits being completed.

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

- People and relatives were regularly consulted for feedback or to provide suggestions. One relative said, "I attend residents' meetings and become aware of different things happening."
- The provider encouraged communication between staff. There were regular meetings which took place each month where staff could make suggestions to improve the service. Overall, the summary for the meetings and staff questionnaires was that 'morale has improved, communication has improved, and the level of care has improved'.

Working in partnership with others

- The home now had connections with a range of other agencies and organisations to give people access and opportunities to more activities. There was a nursery which visited the home for annual events and celebrations with children. A local school attended the home for fairs, readings and arts or crafts.
- People were given access to a local day centre where they could take part in activities and choirs. The registered manager planned to get a mini-bus for the home so that easy travel and access was possible. A local priest attended the home to provide communion for people who could not attend church.
- Links had been established with the local scouts and rainbow groups to enable people to see more young people.