

Phoenix Healthcare Limited

# Warren Lodge Care Centre

## Inspection report

Warren Lodge  
Warren Lane  
Finchampstead  
Berkshire  
RG40 4HR

Tel: 08444725186  
Website: [www.foresthc.com](http://www.foresthc.com)

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## 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

Warren Lodge Care Centre is a care home without nursing. The service supports people requiring care for reasons of age or frailty, some of whom are living with dementia. The service is registered to accommodate up to 55 people. During the inspection there were 19 people living at the service. The service is divided into two units known as the Main House and the Courtyard. The Courtyard is designed specifically to meet the needs of people living with dementia.

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

The registered person and the management team worked to improve and sustain the systems in place to oversee the service and ensure compliance with the fundamental standards. There had been more positive improvements made since the last inspection. We noted to the management team to review some of the audits and action plans to ensure it was fully detailed and consistently robust. Whilst we saw overall improvements, we also needed to be assured these improvements would be embedded and sustained.

We spoke with the management team about ensuring records for people who use the service reflected their care plans and what care and support was provided consistently. The service had highlighted this requirement to staff and, prior to the inspection, had enrolled all senior care staff onto a training for care planning. This training would support the staff completing care plans have training in the current best practice on writing care plans and recording appropriate prevention measures and outcomes. The mental capacity assessment needed consistency in detail when considering certain decisions. Thus, it was discussed with the management team and part of this inspection.

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; the policies and systems in the service supported this practice.

The staff supported the management team more to review and maintain systems and processes to ensure they could assess and monitor the quality of care in a more consistent way. The provider was taking proactive steps as part of the quality assurance process to ensure people were protected against the risks of receiving unsafe and inappropriate care and treatment.

Recruitment processes were in place and robust to ensure as far as possible, that people were protected from staff being employed who were not suitable. The management of medicines was safe. People with specific condition received their prescribed medicines safely and on time. Storage and handling of medicines was managed appropriately. Where risks were identified more prompt action was taken to reduce the risks where possible. Staff recognised and took appropriate action to manage risk in more timely manner.

The registered person reviewed and established a clear process to ensure they maintained clear and consistent records when people had injuries and the Duty of Candour was not applied.

The registered person reviewed and improved the environment to ensure it was more dementia friendly. They also made changes to ensure the principles of the Accessible Information Standard were met. We noted to the management team to ensure they fully completed care plans for end of life care.

People were able to access healthcare professionals such as their GP. Staff were more knowledgeable, confident and proactive to ensure people's needs and risks were addressed in a consistent and timely way. The service had improved communication and worked better with other health and social care professionals to provide effective care for people. People's nutrition and hydration needs were met. Hot beverages, cold drinks and snacks were made available between meals.

Observations and conversations with staff demonstrated they treated people with dignity and respect. Engagement and interaction over meal times were supportive, enabling and caring. We observed people enjoying and laughing with staff whilst undertaking activities in the lounges as it was more meaningful to them. The atmosphere was relaxed and welcoming.

People and relatives reported they felt safe at the service. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. These were addressed appropriately. People told us staff were available when they needed them, and staff knew how they liked things done. The manager monitored staffing numbers to ensure enough qualified and knowledgeable staff were available to meet people's needs at all times.

We observed kind, considerate and friendly interactions between staff and people. People and relatives made positive comments about the staff and the care they provided. People confirmed staff respected their privacy and dignity. People and their families were involved in the planning of their care. They encouraged feedback from people and families, which they used to make improvements to the service.

The manager had planned and booked training to ensure staff had appropriate knowledge to support people. Staff said they felt supported to do their job and could ask for help when needed. The manager held residents and relatives' meetings as well as staff meetings. The staff team had handovers and daily meetings to discuss matters relating to the service and people's care.

There were contingency plans in place to respond to emergencies. The premises and equipment were clean and well maintained. The staff team followed procedures and practices to control the spread of infection and keep the service clean.

Staff felt the management was open with them and communicated what was happening at the service and with the people living there. People and relatives felt the service continued to be managed better and that they could approach management and staff with any concerns.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 8 June 2019) and there were multiple breaches of 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 regulations.

This service has been in Special Measures since November 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating. It was carried out to follow up on action we told the provider to take at the last inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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** ●

# Warren Lodge Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out over three days by one inspector, inspection manager, head of inspections, a specialist advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. For example, in this inspection, caring for people with dementia.

#### Service and service type

Warren Lodge Care Centre is a care home without nursing. The service supports people requiring care for reasons of age or frailty, some of whom are living with dementia. 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. The service was managed by the registered manager, an interim manager and the nominated individual while enforcement action as ongoing. We will refer to the interim manager as 'the manager' throughout the report. We spoke to the registered manager on our first day of inspection as he was on leave during the rest of it.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who use the service and six relatives. In addition, we spoke with the registered manager, the manager, the deputy manager, the nominated individual and 10 members of the staff team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed lunch, planned activities and interactions between staff and people living at the service. We carried out a tour of the premises.

We looked at six care plans in detail, daily notes and other documentation relating to people who use the service. In addition, we also looked at care plans with specific conditions for three people. We reviewed the fluid charts for nine people whose fluid intake was being monitored and looked at the Deprivation of Liberty Safeguards paperwork and associated care plans for five people.

In addition, we looked at the records related to the running of the service. These included medicine management, two recruitment files, health and safety records, incidents and accidents information, compliments and complaints, and quality assurance audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, team meeting minutes and further quality assurance records. We sought feedback from the local authority and professionals who work with the service. We received response from five 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. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were safer and there was improved assurance about safety. However, some improvements were still needed to ensure people were not at risk of harm and we need to ensure that the improvements made are embedded into the service and that they are sustainable.

### Using medicines safely

At our last inspection the provider had failed to establish safe management of medicine. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to have their medicines at the right times. The provider had completely reviewed and changed the system for managing medicines.
- Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People were offered PRN medicines when they needed them.
- Medicines were stored securely and regularly audited by the manager, home manager or a senior care worker to ensure they were being managed safely.
- We observed staff were polite and patient when administering medicine, ensuring the MAR sheet was signed accordingly. The medicine trolley it was secured when not in use.
- The training records confirmed staff had received training in handling medicines.

### Assessing risk, safety monitoring and management (to people)

At our last inspection the registered person did not ensure risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a repeat breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The management and staff team had worked on improving how they assessed people's risks and action was taken to mitigate risk. However, there remained some areas for improvement. We reviewed people's care records and found at times the information around specific aspects of care or risk was not recorded consistently. For example, we looked at the electronic information for four people who required pressure relieving mattresses, pressure relieving cushions, hoists and slings.
- For one person, the staff had to check and record the setting the mattress and cushion was on as part of

the care plan. Staff were documenting that checks had been made, however they did not always indicate the settings needed for the mattress and the cushion. Furthermore, where the setting was recorded not at 85 as per care plan, it was not always clear if this has been rectified because it was not recorded in person's daily notes.

- We raised this with the management team and the deputy manager informed us they were aware the cushion check was not yet part of the system. The registered manager had been in contact with the software company who designed the electronic records to see if cushion checks could be added as a separate category in the care records entries.

- We noted some oral hygiene care plans needed more detail to ensure information was available and up to date at each review. Some people made their own appointments, and this was to be commended as their independence was being maintained and encouraged. We looked at information recorded for the completion of oral care during personal care. Although there may have been a valid reason for the gaps, however the notes showed some people did not always receive oral care and there was not much detail to explain the reason for it.

- At the feedback session we spoke to the management team about having more details in the care plans and ensure they could evidence support such as oral care was provided as per care plans.

- Although work was still in progress, there were clearer guidelines to ensure staff supported people appropriately including with personal care, emotional and behavioural support and consent. For example, at the last inspection we noted one person needed their condition monitored in a specific way and certain times of the day. The monitoring information was not recorded consistently, and it lacked clear guidance for staff to follow.

- At this inspection we found the monitoring of records had improved and were more consistent for this person. Furthermore, we noted the staff recorded information about the person's wellbeing and what they talked about during that check. We observed the person was a lot better, coming out of their room, going into the garden or engaging in activities. The care plan also included information such as breathing exercises and how staff should check their skin and what their observations could mean.

- At this inspection, we found no one had any pressure damage and only one person had a recent visit from the community nurses. The staff monitored and intervened in a timely manner to support this person, resulting in them being discharged from the community nurse's care.

- Risks were kept under review and staff reported any changes promptly.

- We checked the mattress and cushion settings for two other people and the setting was as documented in the skin integrity care plan. We also checked the hoists and slings used by the two people who require them. Both had their own hoist and sling and were in a clean and good order.

- We also noted other care plans contained information on signs and symptoms, which staff were required to look out for to help manage deterioration or risks to health. For example, a care plan for a person with type 2 diabetes clearly stated the signs of both hypoglycaemic and hyperglycaemic attacks and action to take. The care plan for maintaining a safe environment for the same person stated how to observe the skin and signs to be aware of deterioration. A medical care plan for another person indicated to staff when they needed to inform the GP of any decline in the medical condition. We saw evidence in two of the care files the staff responded appropriately to ensure the risks of health deterioration were managed well.

- We noted the inconsistencies with some records to the manager, the deputy manager and the nominated individual. They took immediate action to review and update the care plans we identified.

- The management team had booked training already to support and guide staff on completing care plans in the current best practice, determining and recording prevention measures and outcomes, care and support needs.

- Professionals agreed the service had improved how it managed risks. One professional said, "Yes, I feel that the service has come a long way in managing its risks. The home and carers are always very quick to request help from myself for any concerns around...support for clients and take advice and suggestions on board."

## Recruitment and selection

At our last inspection the provider had not followed their established recruitment procedures or obtained the information required by the regulations to ensure the suitability of all staff employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider recruited new administration staff who reviewed all the staff files to ensure any outstanding information has been acquired and filed.
- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. We found minor queries and we discussed it with the management team who addressed it promptly.

## Learning lessons when things go wrong

At our last inspection the registered person did not consistently assess the risk to health and safety of service users or mitigate such risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- When people had accidents, incidents or near misses these were recorded in detail with a root cause analysis attached. Any actions taken were clearly documented. For example, where a person was noted to have a small bruise, a body map was completed, and the actions were to monitor and report any further bruising. The registered manager had reviewed and signed all the records.
- We spoke with the manager about disseminating learning if any themes or patterns did occur. They stated that it would be at staff meetings and staff supervision to ensure people were provided with the correct and timely support and to look at ways to prevent recurrences. The senior management team also accessed and reviewed the reports to ensure all the actions were taken to address any concerns and to support people to stay safe.
- We also looked at the service's falls audits in the last six months. The staff recorded all falls and logged each month with some analysis of where the fall had happened and some assessment to mitigate it. The number of falls were low so there were no specific themes and trends occurring yet. We discussed with the management team to think about any further support they may need when numbers of people start increasing to ensure they maintained a proactive approach to falls prevention.
- The management team acknowledged that communication and reporting had improved vastly. Daily staff and management communication supported continuous overview of the service and any issues to pick up quickly. The registered manager added there was no blame culture but rather finding out reasons incidents or accidents happened, learn from it and support each other.
- Community professionals also agreed there was a change in staff attitudes and culture within the service. One professional said, "Now I believe that they recognise when they need support and they ask for it. I now also find that they are open about a problem and keen to learn how a situation can be better managed."

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

- People told us they felt safe living in the service and they knew who to ask for help if they felt unsafe.

Relatives said they felt their family members were safe with the staff. A relative said, "[My relative] felt absolutely safe, they looked after her well, she stays very independent and "staff are very good at responding to her needs". Another relative added, "[Relative] has settled in really well and quickly. I have been greatly impressed by how easy it has been. There has been a great improvement in her physical health although the dementia has got worse." One person using the service added, "[I feel] safe because I have the freedom to choose. I have my own space, I can speak up for myself, and I do - if I don't want to do something."

- When there had been safeguarding concerns raised, the manager dealt with them appropriately. Staff were confident the management team would act on any concerns reported to ensure people's safety.
- Staff members received refresher training for safeguarding people. Staff knew how to deal with and report any issues relating to people's safety.

### Staffing

- We observed where people needed support, it was provided in a timely manner. There was an extra staff member to ensure people received support during lunchtime.
- There were enough staff to support people's needs and the manager regularly reviewed the numbers needed. Staff felt there were enough staff to do their jobs safely. The manager and the deputy manager were always helpful ensuring the service operated at safe staffing levels.
- We observed care staff answered call bells promptly. People felt staff were available when they needed them. We saw staff responded to people's request for support during the day.

### Assessing risk, safety monitoring and management (premises)

- The environment and equipment were safe and well maintained. Staff monitored other general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. The registered manager and the manager had action plans in place working through it to ensure safety in the service such as fire and legionella.
- Business contingency and emergency planning was in place to ensure people were supported in unplanned events and equipment were available to help staff.

### Preventing and controlling infection

- Appropriate measures were in place regarding infection control. We saw dedicated staff ensured the service was kept clean, tidy and odour free. Staff followed a cleaning schedule and used appropriate personal protective equipment to help protect people from the risks relating to cross infection.
- Staff were trained in infection control and followed the provider's policies and procedures. The manager or the senior staff carried out audits to ensure standards of cleanliness were good.

# 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 the effectiveness of people's care, treatment and support was improved to achieve good outcomes.

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

At our last inspection the provider failed to ensure people's care and treatment was appropriate and met their needs. The registered person did not ensure it was designed with service users' views and with competent professionals balancing risks and benefits of particular treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs. We found care planning had improved however some areas required further development. We noted this to the management team. We saw examples of very detailed care plans which gave the staff the information they needed to care for the people safely and effectively.
- At the last inspection we were concerned a decision had been made in a best interest meeting, which appeared to be in a conflict with the expressed wishes of the person when supporting them with an aspect of personal care. At this inspection, we reviewed the care plan again and spoke with staff. The care plan stated clearly female staff should support the person with personal care. If they presented with behaviour which challenged, then there was guidance what staff should do. We asked one senior staff member about the support with personal care. Their response reflected the guidance within the care plan.
- Many of the care plans reviewed contained detailed information about the people's likes, dislikes, preferences and how people would like the staff to support them in certain situations. For example, the continence care plan for one person indicated that they may get anxious and present with behaviour which challenged during personal care. This care plan advised staff to engage in conversation with the person at least 10 to 15 minutes before suggesting going to the toilet.
- There were detailed communication care plans, which included guidance on how staff should communicate with the person as well as signs to look out for. For example, "[Name] can become quite panicky if they are unfamiliar with something and will need reassurance during these times. [Name] may become breathless when panicking. Approach [person] with a calm and caring attitude, listen to [person's] concerns and reassure her."

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

At the last inspection we recommend the service explored all relevant guidance on how to ensure they make environments used by people with dementia more dementia friendly. The provider had made

improvements.

- The décor of the premises had been improved to suit the needs of people living with dementia.
- In the courtyard side, elements of the interior helped people living with dementia. For example, the doors to people's rooms were depicted as their front door, brightly painted and furnished with door handles and knockers. There was dementia signage indicating what other doors were, for example toilet or dining room door.
- People were able to walk around the corridors and there were separate areas to sit down for quiet time. There was more signage to guide people where to go when coming out of their bedroom, for example to the lounge or garden.
- People were assisted to locate their rooms using these colours and photographs. The décor had points of interest such as artwork dedicated to being at the beach and sensory decorations in the relevant corridors.
- Toilet seats had been changed to contrasting colours making sanitary fittings as toilets easier to find and see, helping people to maintain continence.
- We observed aids such as crockery had been changed to a different colour and used to support some individuals when eating.
- The service used colours to highlight light switches in people's bedrooms. This helps people to find and use light switches independently.
- The main house presented a light, bright environment where people moved around freely.
- There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors.
- The outside areas were well designed and provided a pleasant place for people to sit outside or enjoy outdoor activities.

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.

- We found the service was working within the principles of the MCA, restrictions on people's liberty had been authorised and any conditions on such authorisations were being met. We only noted to the management team to ensure all care plans with any conditions reflected that information.
- We looked at MCA and Best Interest decisions documentation and found some inconsistencies within the standard of documentation. We saw some very detailed MCA documents such as when a person used a sensor mat, this included a detailed account of the information given to the person. The second MCA record was also relating to a sensor mat but contained far less detail and the third one was relating to an accommodation assessment contained very little information. We noted this to the management team to include as part of the care planning training.
- People's rights to make their own decisions, where possible, was protected. Staff understood the importance of seeking consent before supporting people and helping them make decisions. Throughout our inspection we saw staff consistently asking consent and permission from people before providing any care

or assistance.

Staff support: induction, training, skills and experience

- Staff had undertaken a variety of training and demonstrated an understanding of mental capacity. We noted they could benefit from some further training around helping people make complex decisions to ensure they were not at risk of harm. The provider had a system for monitoring staff training to ensure training was up to date. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff demonstrated a good knowledge of how to work with people who challenge. Some staff felt they would benefit from more training including dementia, end of life, and mental health. However, staff felt the training and support they received equipped them to carry out their role. Some of the training mentioned was already booked for the staff during our inspection. The staff team were very enthusiastic about a six-week e-learning package due to start in August.
- Staff were supported through the provider's performance and appraisal system. They received feedback about their performance and discussed training needs during one-to-one supervisions.
- Staff said they felt valued, respected and were more aware of their role and part to play in the running of the service. Staff said, "I feel very supported by my manager and he listens to you. We have regular supervision. I talk to my senior about the residents and any training needs I have" and "'I love everything about my job. The environment is good; the team work is good. We help each other."
- All staff felt the communication had improved dramatically and as a result everyone knew what they needed to do and how to work together to deliver a service that met people's needs. The staff were really proud of the improvements they had been part of and how that impacted on people positively. There was a genuine feeling of happiness that they were working together and being listened to by the management team.
- A professional added, "I feel that the staff have the relevant knowledge and skills to carry out their role in the residential environment. Staff are very happy to contact the support team for any advice where they are unsure and are always comfortable to ask questions should they not understand something."

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

- People were supported to receive meals which met their dietary requirements, this included the consistency of food to minimise the risk of choking. Staff made sure foods were available to meet people's diverse and cultural needs and preferences.
- People liked the cooked food and choices were offered to them. Snacks and drinks were available at any time and we observed staff encouraging hydration. Relatives agreed people received good diet to maintain their wellbeing and health.
- People were supported to have their meals and they ate at their own pace. Some people chose to eat their meals in their bedrooms and they were served promptly.
- Staff regularly monitored food and drink intake to ensure people received enough nutrients during the day.
- We observed meal times were a pleasant experience with tables beautifully laid out and relaxed interactions between staff and people. We observed staff always asked permission before supporting people. They knelt to speak with people on their level. People were shown small taster plates of the menu choices so that they could see them to help them choose what they wanted.
- At the last inspection the information about fluid intake, targets and input and output was not always clear. During this inspection, care plans had minimum and recommended targets noted. These were set with the help of the dietitian who supported the service.
- The chef told us the dietitian had facilitated some training for all the staff in the service on hydration and how to recognise the signs and symptoms of dehydration, which he said that he and the team had found

invaluable. Information was made available to staff throughout the service,

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

- People's changing needs were monitored to ensure their health needs were responded to promptly. The deputy manager told us people had medicine and topical creams reviews carried out by the GP to ensure they were on the right and effective prescribed treatment.

- Staff understood the importance of timely referrals to address any health or changing needs issues. The staff were more knowledgeable, better informed about people's health and wellbeing and referred people to various health professionals when needed.

- A community professional said, "The service has developed good relationships with its various sources of support. It has a regular weekly visit from the GP surgery and will shortly be entering into a pilot with the Care Home Support Team, supported by the GP, to have additional clinics for the more long-term and complex conditions. The manager and staff are fully engaged with this." Another professional added, "The staff appeared to be ensuring the appropriate access to the appropriate services for the residents I engaged them regarding."

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the last inspection, we acknowledged the improvements made in this domain. However, we found a number of occasions when staff did not show care and compassion to ensure people were looked after in a caring and consistent way.
- At the last inspection we found that the service had still to make improvements to ensure the staff consistently treated people individually and responded appropriately to their changing needs.
- During this inspection, we observed more consistent and considerate support and care. People felt respected and valued, and the relatives agreed. People and relatives told us staff were caring and kind. They said, "Oh they are very kind here - there is one thing I really like about the staff is that they come up and talk to me about [various topics] and ask me for advice. That makes me feel valued", "I haven't had any problems and have found the staff to be very caring" and "The staff have worked very hard to overcome [issues with care] and to not upset [my relative] with laundry details. This I feel shows they care and respect her differences."
- We observed some very genuine, kind, compassionate and caring interactions between the staff and people. The impact that these kind interactions had on the people could be seen on their faces. We spent time in the courtyard and it was very clear the staff within all departments, knew people very well, including their likes, dislikes and preferences. The staff were able to anticipate the needs of the people to ensure timely and effective interventions.

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

- We heard staff being polite, considerate and asking what people wanted during the day such as to join in an activity, come for a meal or just have a drink and they offered people a choice of drinks and snacks. It was very evident the staff knew people's individual preferences and ensured these were included in the choices they could make. For example, one person liked to drink a specific drink, and this was detailed in his care plan. Staff ensured when speaking with this person that they asked if he would like to have that drink.
- We observed a member of the kitchen staff asking one person about having a drink and a snack and offering them choice. After selecting what they wanted, the person asked, "How much?" The member of staff touched their hand and replied, "It is all taken care of my lovely!"
- On the first day of this inspection we observed a member of staff speaking to a person who said they wanted to go home. The member of staff said in a very kind and gentle way, "You live here my lovely. Do you remember your room? It is number [xx], just down this corridor."
- On the second day of the inspection the hairdresser was in the service. Several people had their hair done. When they returned to the lounge afterwards, the staff made a point of telling them how lovely they looked and how nice their hair was. The smiles on the faces of the people coupled with their replies demonstrated the positive effects that these remarks had on the people's wellbeing. They would often reply with humour

and a smile.

- People's bedrooms were personalised and decorated to their taste including pictures of friends and family, paintings and other items important to the person. We observed people and their appearance. They looked well cared for with clean clothes and appropriate footwear.

Respecting and promoting people's privacy, dignity and independence

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted.
- One relative spoke of how their loved one received care and attention in a thoughtful and caring way. They reflected on how they had observed and listened to staff talking with respect and offering choice at every opportunity whilst supporting with personal care. Visitors were very keen to express how caring the staff were to ensure people were cared for with dignity and respect. One relative added, "They treat [relative] with dignity because [relative] didn't mind male or female staff taking for personal care."
- Staff recognised and understood when people needed care or support. For example, one person appeared to be wandering. A staff member approached them and quietly asked, "What can I help you with? Would you like a drink or a yoghurt from your fridge?" The person was then assisted to choose a yogurt from her fridge. Later we also observed another staff member interacting with the same person. As this person was walking with their head down, the member of staff asked them in a gentle way to "lift your head so that I can see your beautiful face." The person did do so, and they engaged in a conversation about one of the activity boxes.
- Throughout the inspection it was very evident the staff and residents had good relationships with each other, based on mutual respect and a genuine fondness for each other. During our inspection we only saw happy people and happy staff. There was an element of fun within all of the activities provided and it was delightful to hear people laughing, sharing stories and genuinely having fun.
- By reviewing care plans, speaking with and observing staff, we saw staff supported people to maintain their independence by encouraging them to complete tasks that they were still able to do. These tasks ranged from washing their face, cleaning their teeth, brushing their hair, to making their own dental appointments and helping to fold towels, set tables and wash up. Staff understood people needed to feel valued, to have a purpose and that the little things made a difference.
- All of the interactions we observed between staff members of the team were polite and respectful. We observed senior staff member asking another staff to do something and they spoke quietly, respectfully and asked the member of staff if they would mind carrying out the task. It was evident staff worked well as a team and they were very supportive of each other which consequently had positive effects on the way people were cared for and supported.
- By speaking with the staff, it was clear they had been actively involved in implementing change and improving the experience of the people within the service.
- They were able to explain to us the changes and improvements they had made, and they understood why the changes had to be made and why they were doing the things they were asked to do. The staff really care about their residents and want to provide them with the best possible care.
- People's right to confidentiality was protected. All personal records were stored on the computer with password protection and kept locked away and were not left in public areas of the service.

## 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 improved to good. This meant people's needs were met through an improved way because the services were organised and delivered better.

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

At our last inspection the registered person did not ensure care and treatment was appropriate, met people's needs and reflected their preferences in a consistent way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and relatives felt the staff provided care and support that was individualised to people's personal needs. People had care, support and treatment plans in place that were more detailed and described daily routines specific to each person most of the time. Although improvement work was still in progress, we noted the standards of the care plans had improved significantly.
- We discussed the records in the care plans with the management team to ensure it had the most up to date information that would enable staff to respond to people's needs in an effective and timely way.
- We noted some information in the care plans we looked at, regarding how people's care, treatment and support should be provided was not always clearly explained. For example, relating to skin integrity, specific conditions or managing oral care. When we pointed out these gaps to the management team, they were able to give an explanation or description of care or support provided or needed.
- The service worked well with external professionals to ensure people received timely support. One professional added, "I am very aware that the staff know the residents very well when questioned about them. This isn't always reflected in the care plans, but I believe this is something they are working on." Another professional added, "Yes, I have supported the care staff with updating some of the care plans in relation to mental health. Carers have moved away from the generalised care planning and have made them more person centred, taking account of residents' individual needs and wishes."
- One relative added, "The staff respond well to her and her to them. They know how to keep her things well and that she likes her clothes, her personal dress code and laundry requirements - like which separates she likes to wear with which, they make sure there are ready to wear together."
- Staff worked on improving the practice to ensure people received support individual to them. We observed staff addressing people by their preferred name, offering their favourite food and engaging them in conversations based on their interests as detailed in their care plans. For example, a care plan for one person explained, "[Name] may find activities hard to follow. Please support her to join in and understand the activities. Reassure her as it upsets [name] when she does not understand something." We saw staff sitting with this person during group activities and helping them engage when they wished to do so.

- We spoke with the chef who attended both the morning handovers and daily senior morning meetings. They explained at these meetings the day was organised to fit in around the individual requirements and appointments of the people. The chef gave the example of a person who on the first day of the inspection had an appointment at the local hospital. At the morning handover it was discussed how to ensure the person's nutritional needs were met to fit in around the transport arrangements and the hospital appointment. This demonstrated a timely response to ensuring person's nutritional and hydration needs were not compromised because of a hospital appointment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we noted the activities were not always meaningful and often people did not want to get involved. During this inspection, we found the staff took over the responsibility for providing activities. This resulted in more activities being provided throughout the day.
- We observed on two days a group activity being held by an external facilitator. On the first day of the inspection she facilitated a reminiscence group, focussing on old toys and games. On the second day she facilitated a music group, with songs from around the world based on a selection of props such as chocolate from Switzerland. On both days the facilitator engaged with every person in the group by going up to them with a prop and asking them a question or their opinion. On the second day the facilitator also came into the conservatory to speak with a resident who was sitting in there with a relative. If people did not wish to engage, this was respected, and staff provided one-to-one activities or sat together chatting.
- There was a programme to engage people in activities, maintain their social skills and achieve emotional wellbeing. Activities were listed and available to people, visitors and staff throughout the service.
- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. Relatives were visiting people throughout our inspection. Relatives could stay and spend as much time as they wanted with their family members in their rooms, lounge or dining room or out in the garden.
- Relatives spoke positively of the service and the staff. It was very clear all the staff knew the relatives very well. Relatives were spoken to politely and treated with respect. They were encouraged to join in with activities and to have meals with their relatives. We observed staff being polite, approachable and willing to help and support in any way they could.

Meeting people's communication needs

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

At the last inspection we recommend the service sought advice and guidance from a reputable source about meeting all five steps of AIS.

- There was guidance in communicating with people in a manner they could understand. We reviewed if AIS was applied to ensure all information presented was in a format people would be able to receive and understand. We noted for those people where AIS applied, it was not always highlighted in their records. The deputy manager rectified it promptly.
- Staff were aware of different ways of communicating with people, for example, using visual aids, pen and paper, simple questions, observing body language and giving time to respond.

Improving care quality in response to complaints or concerns

- The management team took complaints and concerns seriously and used them as an opportunity to

improve the service. There had been three complaints since the last inspection. These were investigated and responded to appropriately.

- We saw the service had received some compliments regarding the care and support provided to people. The management team thanked the staff and appreciated their work in bringing improvements to the service.

- The people and relatives could approach the manager or one of the staff members in the team if they had any issues to report. The staff felt they could approach the manager with any concerns should they need to.

#### End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone living at the service. We did not always see the staff explore people's preferences and choices in relation to end of life care because a sudden death may occur and reviews of forms for 'Do Not Attempt Cardiopulmonary Resuscitation'. We spoke about this with the management team and they promptly got in touch with professionals to review this in response to our comments.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was better at being more consistent. Leaders and the culture they improved supported the delivery of care. However, the registered person had to ensure the service was consistently well-managed and improvements were sustained and embedded.

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

At our last inspection the provider had failed to record and keep a copy of actions taken as required in the Duty of Candour regulation when a notifiable safety incident occurred. This was a breach of regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- We discussed the regulation and its requirements with the registered manager and the nominated individual. They were clear on the process to be followed and reviewed their previous practice to ensure errors in following the regulation and policy did not recur.
- There were no serious injuries reported as notifiable incidents since the last inspection. We were not able to judge fully the process would be sustained. However, the nominated individual explained as part of the improvement process, they have followed the procedure relating to one notifiable incident. This was done in a respectful manner and the relatives were pleased about the contact and information provided.

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

At our last inspection the registered person had failed to notify the Commission of notifiable events, 'without delay'. This was a repeated breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered person ensured CQC was consistently notified of reportable events within a reasonable time frame. This meant we were able to check and monitor that appropriate action had been taken to ensure people were safe at that time.

At our last inspection the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided consistently. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the time of our inspection the service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered Persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager oversaw the service and kept in regular contact with the manager and the nominated individual. The manager was providing day to day support in the service.
- At the last inspection we saw the manager had introduced a new quality assurance system that identified issues but had failed to identify all the issues we found.
- During this inspection, the quality assurance system was more established and working better. Senior staff were responsible for key areas to audit with a view to producing a monthly action plan that was visible to all staff. This action plan was displayed for all staff to see and follow up and the accountability was clear. The staff team had monthly meetings to discuss the actions and progress. We spoke to the management team on the day of inspection about audits and the next steps for it such as to review any themes or trends coming up from the quality assurance audits and their analysis to inform future learning for staff and areas for service development.
- The audits covered a range of areas such as health and safety, care plans, medication, skin integrity, dining, staff training, infection control, and equipment used. We noted to the management team some audits were not always regarding what issues had been identified where areas were scored lower or 'partially met' and what action was taken as a result. We also noted to the management team that they needed to ensure their audits monitored that care plans and related documents for people were clear and accurate while being reviewed. The management team agreed these were areas to flag up with staff to ensure audits and records were completed in full for each area.
- Nevertheless, the provider was able to demonstrate a more systematic approach to quality monitoring whereby they could be assured that staff were responsible for identifying and addressing any shortfalls. Staff set out clear actions to address these each month. We felt this was very much a 'team approach' and staff reported they felt part of this process which made them feel proud of the achievements.

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

- The manager and the staff team demonstrated a shared responsibility for promoting people's wellbeing, safety, and security. The manager established a 'whole team approach' and culture in the service and worked with staff to ensure it continued to develop and grow. People and relatives agreed the service continued to be managed well.
- Staff felt listened to and the management team was approachable. Staff spoke positively about them and felt they were supportive. Staff said they felt part of the change to improve the service and recognised the importance of being part of the change. Staff said they felt valued and had a clear understanding of the role they had to play to achieve this. All staff said the provider, the management team and the manager were very approachable, open and honest. Staff felt the manager was very clear of what was expected of them which helped them drive the improvements.
- The registered manager praised the staff team saying, "The staff always have been committed. They are

more knowledgeable now, more communicative with each other and better at reporting. The staff team is happier now because of the knowledge and ability they have, and because they feel more confident. Staff have been more united under [manager's] management. It is very reassuring for us the staff feel so much better at what they do".

- The registered manager added he felt supported by the seniors and the provider; keeping in regular contact with them. The management team and staff at the service also felt supported and appreciated.

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

- The management team continued to work on promoting a positive, caring, transparent and inclusive culture within the service. There were improvements ongoing and the staff team were very motivated to continue providing better care and support to people.

- One staff said, "Communication has improved. We work well as a team and help each other. We have made improvements but there are more we want to do, and we will achieve this by working as a team". Another member of staff said, "I love my job. I love every one of the residents. I was in tears when I thought I would have to leave." When we asked a senior staff about the staff team and what the service did well, they said, "I know we are doing it right! We communicate and by working together we have achieved so much." Another staff added, "[Staff] take care of the residents well and they consider the families here."

- The management team and provider continued to hold meetings for people who use the service and their relatives to listen and gather any views or concerns they had. They also discussed the last inspection results and what improvements were planned.

- The manager held regular staff team meetings to ensure any items arising from audits, reviews or relatives and people's meetings were shared with the staff team. This was to ensure all team members were aware of any issues, actions to take and to pass on positive feedback.

- We also attended one of the morning meetings held daily to review people's care and support and any actions to follow up from previous day. The service also continued with the initiative called 'Resident of the day' review where each person was reviewed with family and people who were important to them. It enabled a full review and check on support needs of person to ensure they were met and continued to be met.

Working in partnership with others; Continuous learning and improving care

- There was a team approach to understanding individual needs and changes in support and care. The staff were confident and clear about where and when to access medical assistance and treatment from health professionals when required.

- The service continued working with external professionals such as GPs, community nurses, mental health team, dietitians and the local authority. Although some of them felt there could be further improvements made in certain areas, most professionals were complimentary of the service and the way they collaborated. They said, "Overall – from what I have observed, I cannot fault [management] and the team. They were so open for me to come on board and help them with nutrition and hydration with the home. They were very welcoming and engaged in the training sessions and anything I suggested they put in place, particularly the chef and catering team who accommodated resident's needs and came up with other ways to improve nutrition – milkshakes, frozen lollies, hydration stations etc." and "There is a good basic level of care, but not for the most complex patients where understanding is sometimes lacking...the management is improving". Another professional said, "Yes, the care home is very proactive in engaging with external agencies. They will often call the care home support team for advice or support and are very responsive in seeking support from external professionals when required."