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Enbridge House Care Home

Inspection report

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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

Enbridge House Care Home is a residential care home providing personal care for up to 17 people aged 65 and over. The service was supporting ten people at the time of the inspection. The care home accommodates people in one adapted building, across three floors. People are accommodated in single rooms, most of which have an en-suite. People have access to a communal lounge and dining room.

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

People and their relatives were happy with the service they received. Their comments included, "It is very clean and has a happy atmosphere and is friendly" and "I can't speak highly enough about them, they are all there to help."

The providers needed to demonstrate a consistent approach to the management of health and safety issues, to ensure they could be proactively identified and managed. Not all of the required health and safety checks for the service had been completed, until after we brought them to their attention. People had not experienced harm but the required checks had not been completed. The providers had not ensured staff had access to an up to date safeguarding policy, until we brought this to their attention. We identified some issues in relation to medicines and the providers' took the relevant action. Since the inspection, the providers have submitted notifications relating to the authorisation of applications for people made under the Deprivation of Liberty Safeguards.

The providers had made the required improvements since the last inspection, with oversight and support from external agencies. It will take further time for them to be able to demonstrate they can sustain the new processes for themselves.

Processes were in place to identify, assess and address potential risks to people. Staff had undertaken relevant training to safeguard people and understood their role. The providers had improved medicines safety overall. There were sufficient numbers of suitable staff to support people safely and to meet their needs. Staff understood their responsibility to raise any concerns and processes were in place to record and review any incidents.

People's needs had been assessed and their care was planned and delivered in accordance with legislation and guidance. The providers had ensured staff had the skills and knowledge to deliver effective care. Staff supported people to eat and drink sufficient for their needs. Staff worked both within and across organisations to ensure people's healthcare needs were met and they received effective care and support. We have made a recommendation for the providers to review current guidance on dementia friendly design for the communal areas of the service.

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.

Staff treated people with kindness and compassion. They demonstrated a good knowledge of the people whom they cared for, they knew their personal histories, backgrounds and preferences. People were supported to express their views about their care. Staff upheld people's privacy and dignity during the provision of their care.

People received personalised care which was responsive to their needs. Staff were still getting used to the new electronic planning system and were working on improving their recording of how people spent their time. People were supported appropriately at the end of their lives.

The providers had ensured since the last inspection, they had only provided their registered regulated activity of personal care and not nursing care, which they had been found to have provided at the previous inspection. Processes were in place to assess, monitor and improve the service. The culture of the service had improved and has become more open. The providers had processes in place to enable people to raise any issues or concerns and they felt able to do so. The providers have worked openly and transparently with external agencies.

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

Rating at last inspection

The last rating for this service was inadequate (published 19 August 2021) and there were breaches of regulation. The providers 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 providers were no longer in breach of regulations.

This service has been in Special Measures since 19 August 2021. During this inspection the providers 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 inspection was carried out to follow up on action we told the providers to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Follow up

We will meet with the providers following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Enbridge House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Service and service type

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

The service had a manager registered with the Care Quality Commission (CQC). 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 reviewed information we had received about the service since the last inspection, including statutory

notifications. Providers are legally required to notify CQC of certain events, via statutory notifications. We received feedback from 12 professionals who had recent, direct involvement with the service. These included professionals from health and social care, quality assurance, environmental health and the fire service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff, including both providers, one of whom is also the registered manager. We observed people and staff in communal areas of the home to help us understand the experience of people who could not talk with us.

After the inspection

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the providers had failed to robustly assess and mitigate risks relating to the health safety and welfare of people. This was a breach of regulation 12 (1) 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.

- Since the last inspection the fire service had completed an inspection and required the providers to undertake nine fire safety actions for people's safety. The providers advised and the fire service confirmed, all actions except for two, which were not yet due for completion, had been addressed, and these were planned. It will take further time to complete all the required actions.
- The providers had commissioned a fire risk assessment, which was completed on 23 November 2021. They were only sent a copy on 19 January 2022 and so had not had time to fully evaluate the content. The report made 11 fire safety recommendations with recommended timeframes for completion, some of which duplicated the fire service's requirements. The providers needed further time to determine any further actions, they needed to take in response to the assessment for people's safety. Staff had completed fire training and attended a fire drill, required fire safety checks had been completed and people had personal evacuation plans.
- The providers had not completed and recorded the weekly temperature checks for the hot and cold water systems as required for the safe management of legionella. This is a bacterium which causes legionnaires' disease. The providers had completed some checks, but these did not meet national guidance. We brought this to their attention and they immediately commenced the required checks. It will take further time for them to be able to evidence these new checks have been embedded. A legionella assessment for the service had been completed. Policies were in place for health and safety and legionella management.
- The providers had not ensured the thermostatic mixing valves (TMVs), used to control the hot water temperature in the service had been serviced annually as per guidance. We brought this to their attention and they took action to have them serviced.
- We found at the site visit the maintenance and linen cupboards were unlocked, there was a potential risk unauthorised people could have gained access. We checked later in the day and they had been locked. A light bulb on the first floor was not working. The first floor bathroom which was accessible to people was being used for storage. The providers did not have a 'competent' person to manage health and safety in the service as recommended. These safety issues were discussed with the providers, who took immediate action

to address them.

- Since the last inspection the electrical circuits and appliances had been tested. The oil boilers had been serviced. The providers had completed relevant checks to ensure other equipment was safe to use and serviced. Two people had bed rails; records showed risks associated with their use had been assessed.
- We found no evidence the identified health and safety issues had impacted negatively upon people's safety. However, the providers needed to demonstrate a more consistent approach to health and safety issues to ensure they were proactively identifying and managing them.
- Processes were in place to identify, assess and address potential risks to people related to the delivery of their care. Where risks were identified, relevant referrals had been completed and any required equipment for the person's safety obtained. There was written guidance for staff about how risks to people were to be managed. People and their relatives confirmed they felt safe. One person said, "I am safe, they take good care of me, when I want to move they accompany me and I have a lovely wheelchair."
- Staff referred any concerns about people's skin integrity to the district nurses, who assessed their risk of pressure damage. Where people had been assessed as at risk, plans were in place, including records of the equipment they needed and how this was to be used and checked, and there were details of any support people required to re-position and how often. A relative confirmed, "[Person] has a pressure relieving mattress on their bed and chair and they [staff] monitor [person's] skin condition." Staff had completed pressure relief training, and had access to the providers' up to date pressure area policy and guidance. There was a wound care protocol, which instructed staff about the first aid measures to take. People were protected from the risk of skin damage.
- People's records noted if they required a choking risk assessment. People had been referred to the speech and language therapy (SALT) service for review if required. Staff had completed training with the SLT in dysphagia awareness, in order to identify those who might experience difficulty in swallowing.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the providers had failed to protect people from the risk of neglect. This was a breach of regulation 13 (1) 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 13.

- Staff did not have access to an up to date safeguarding policy, to guide and inform their actions. The provider's policy had been reviewed annually since it was written in 2003, but had not been updated, to ensure it reflected current legislation and best practice guidance. The providers were aware this policy required review, which they did after our site visit.
- The providers and staff had completed safeguarding training since the last inspection, at a level relevant for their role. Staff spoken with understood their role in relation to safeguarding, what they should report, to whom and how. A staff member commented, "If I saw a person with a bruise for example, I would report it, put it in the handover book and do a body map. Whoever [staff] finds it, does an incident report." Senior staff then made any required safeguarding referral to external agencies. Records confirmed relevant learning had taken place following potential safeguarding incidents. For example, some care staff had been required to undertake further training to further develop their knowledge of a person's moving and handling needs following an incident.
- The providers were being supported externally to further develop their skills and understanding of what action they were required to take, when instructed to provide a written report to the local authority safeguarding team, in response to safeguarding enquiries. This will further develop their knowledge of their role in the safeguarding process.

Using medicines safely

At our last inspection the providers had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (1) 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's medicines including controlled drugs (CDs), were stored securely and at appropriate temperatures. At our last inspection we noted, there was not a dedicated refrigerator to store medicines. The kitchen refrigerator designated to store medicines did not have a specific shelf or box to store medicines. This was brought to the attention of the providers who took immediate action to address this for people.
- Since the last inspection, the providers have introduced electronic care plans. The care plans related to medicines were person centred. However, the person's currently prescribed medicines were not always accurately recorded in their care plans. This was brought to the attention of the providers who immediately addressed this. It will take further time for them to be able to evidence these newly amended records have been maintained accurately.
- The providers had a policy for medicines management. Staff received training for handling medicines and their competency was assessed. The providers had printed medicine administration (MAR) records for people from the pharmacy. The MARs accurately recorded the prescribed medicines and drug related allergies for people. We observed staff administer medicines to people safely. Staff were polite, gained people's permission before giving the medicine and signed for each medicine after giving the medicine on the MAR. Relatives confirmed "Yes, I have observed them [staff] being very careful with medicine" and "Staff apply creams." Some people were prescribed medicines to be given on as required (PRN) basis for their conditions. Staff had guidance in the form of PRN protocols or information was available in people's care plans to help them give these medicines consistently.
- The providers' CD record keeping had improved and CDs were recorded appropriately. There was a process in place to record and return waste medicines to the pharmacy for disposal. There was now a process in place to ensure staff received and act on medicine alerts.

Preventing and controlling infection

At our last inspection the providers had failed to assess and mitigate the risk of infections. This was a breach of regulation 12 (1) 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 actions required by the environmental health department following their food hygiene inspection of 20 July 2021 had been completed by 3 October 2021. We saw the kitchen was clean and required food safety records were in place. The providers had taken action in relation to repairs. Maintenance had taken place throughout the service, since the last inspection. This included: painting, re-tiling, repairs, fitting radiator covers and the replacement of fittings.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. One person's relatives wore their own face masks rather than the providers'. This was raised with the providers, who took relevant action.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

- The providers were facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Staffing and recruitment

At our last inspection the providers had failed to ensure they completed appropriate pre-employment checks. This was a breach of regulation 19 (1) 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 providers had completed relevant pre-employment checks for new staff. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The providers had taken up references for new staff, checked their right to work and employment history.
- There were sufficient suitably qualified staff rostered to support people. Relatives said, "Call bells are responded to fast" and "Yes, there seem to be [sufficient staff]." We observed at lunchtime there were enough staff to support people with their meal. The providers told us although they did not use a staffing dependency tool to assess staffing needs, they monitored people's dependency levels as part of their monthly monitoring of the service and listened to staff's feedback.
- Staff had completed training in areas such as moving and handling and health and safety for care staff to ensure they understood the safety systems, processes and practices. The providers, one of whom was also the registered manager, had the time to focus on their role and the care manager and senior care staff were rostered to work on the floor.

Learning lessons when things go wrong

- Following the last inspection, the providers had reviewed processes for reporting and recording safety concerns both internally and externally and made them more robust. There were now clear processes in place which staff understood.

- When incidents occurred, these were recorded, logged and reviewed to identify if any further actions were required. Records showed the actions taken in relation to each incident. The providers ensured any learning or required actions were shared at staff shift handovers. The shift handover sheet was used to demonstrate the immediate actions staff had taken and who concerns had been escalated to.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the providers had failed to ensure staff received appropriate training, this was a breach of Regulation 18 (1) 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 18.

- Staff had the required skills and knowledge to meet the needs of the people accommodated. A relative commented, "I think they have a lot of experience as well as having been taught." Staff had completed a range of required and one off training since the last inspection, to enhance their skills and understanding, which reflected the needs of the people supported. The providers had arranged for staff to complete their online food hygiene training in January 2022. Staff were due to attend training for RESTORE2. This is a tool designed to enable staff to recognise the signs a person is deteriorating and to escalate this information to relevant health care professionals for action.
- New staff told us they had received an induction and felt well supported in their role. Staff new to social care were required to complete the Care Certificate, which a staff member confirmed. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. There was evidence staff had received supervision of their work and five staff had received an annual appraisal of their work. Staff told us they were being supported if they wished to undertake professional qualifications in social care.

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

At our last inspection the providers had failed to meet people's nutritional needs. This was a breach of regulation 14 (1) 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 14.

- The providers had implemented processes to regularly monitor people's weight and to ensure any associated risks were identified, responded to appropriately and referred externally as required. Since the last inspection, people had received input from a dietician where needed, no-one currently required this

input. People's relatives confirmed they had no concerns about their loved ones' weight.

- Staff had completed training in nutrition, fluids and swallowing difficulties. They had access to the provider's nutrition policy, which highlighted the need to respect people's religious and cultural preferences. The risks of malnutrition in relation to the development of pressure ulcers, were also reflected in the providers' policy on maintaining people's skin integrity. This ensured staff were aware of the associated risk.
- Kitchen staff had clear guidance about people's nutritional needs, preferences and their International Dysphagia Diet Standardisation Initiative (IDDSI) level where applicable. The IDDSI describes the thickness of the food and drink people have been assessed as requiring. Records showed people at risk of weight loss were provided with foods to supplement their diet.
- People had care plans which identified and addressed their nutritional and fluid needs and preferences. People experienced a pleasant mealtime and were appropriately supported. They had a meal which reflected their preference and a glass of sherry if they wished. A relative said, "[Person] loves the food. It is good and homemade. They provide meals [person] is used to."

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 providers had failed to make referrals to appropriate healthcare professionals and do all that is practicable to mitigate risks to people. This was a breach of regulation 12 (1) 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 providers now had clear systems and processes in place to identify both when people needed to see external professionals and when to refer them. People had been seen by a variety of wide range of health care professionals since the last inspection. Staff had worked collaboratively with external professionals to understand and meet people's needs.
- People's physical and mental health needs had been assessed. People with diabetes, had guidance about how to manage low or high blood sugars and details of how any risks associated with their footcare were managed. People had oral health care plans and had seen a dentist as required. People were supported by the mental health team if required.
- The GP held a virtual multi-disciplinary meeting with the service which was attended by the district nursing and care home support team to share information across services. Professionals reported staff informed them if people fell or if there were any concerns related to their health.

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

At our last inspection the providers had failed to ensure people were not deprived of their liberty for the purpose of receiving care without lawful authority. This was a breach of regulation 13 (5) 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 13.

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 MCA 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.

- People's consent for their care had been sought. Since the last inspection, staff had received training in both the MCA and Deprivation of Liberty Safeguards and had access to the providers' guidance. Where people lacked the capacity to consent to a decision about their care, this had been assessed and recorded. Relevant people had been involved in determining what was in the person's best interests. For example, a person's advocate had been consulted about a specific decision.
- The providers had applied for Deprivation of Liberty authorisations when necessary.

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

- People had access to both indoor spaces and extensive gardens. Although maintenance and re-decoration of the service was underway and where required, people living with dementia had signage in their bedrooms to orientate them. The communal environment was not designed to meet the needs of people living with dementia. Changes to the environment could be of benefit to those accommodated who have since developed a secondary diagnosis of dementia, to enable them to move around the communal areas more independently. For example, we spoke with the providers about increasing the amount of signage in the communal areas, to assist people when mobilising.

We recommend the providers' review current guidance on dementia friendly design and decor. A greater focus on the use of contrasting colours, lighting and fittings would enhance people's experience and use of their environment.

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

- People's physical, mental health and social needs had been holistically re-assessed since the last inspection. The providers had declined to admit a person, when they assessed they could not meet their needs. People's care plans documented their planned outcomes from the delivery of their care. Their care, treatment and support was planned and delivered in line with legislation and best practice guidance. The providers' policies were being updated and those that had been, reflected current legislation.
- People's protected characteristics and any associated needs were identified within their care plans. For example, people's religious beliefs were noted and how these were to be met.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- We observed staff treated people with kindness and compassion as they provided their care, which people and relatives confirmed. A person commented, "They [staff] are nice and kind and understanding." A relative said, "They [staff] are wonderful, very kind and they are very nice to us relatives as well." People's relatives told us, staff were patient and their loved ones and enjoyed a good relationship with them. People appeared calm and relaxed in the company of staff. They valued the staff and the care they provided. One person had written an article about the warmth and kindness they experienced from staff and another person's relative had written a poem about staff's kindness.

- Staff had a good understanding of the people they cared for, including their preferences and backgrounds. A relative told us, "[Loved one] is always very well dressed and [their] hair and nails are done. Also [they] love to watch the birds, and the cat and staff sit them downstairs where they have a good view of them." Another relative said, "Sometimes they [staff] understand what [loved one] wants, when I don't." Staff told us, the way to get to know people was to, "Chat to people, support them, help with them with the little things."

- Staff showed concern for people's well-being in a caring manner, and reacted to their needs promptly. A member of staff was observed to gently persuade a person to stop their activity so they could eat their lunch with everyone else. A person told us, "I don't get depressed often and when I do, the staff come and chat with me." A relative also commented, "[Loved one] does get low at times, the staff spend time with them and try to divert them."

- Staff sought accessible ways to communicate with people when required. Staff had access to pictorial communication cards to use with people, if needed, for example, a picture of a cup of tea.

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

- People told us they and those they wished to be involved, were consulted about their care. A person said, "I am able to consent to care and I always talk to my [family] as well." A relative confirmed, "We were consulted about the care, which was discussed with [loved one]. People's records noted who had been involved in their care planning.

- People had an advocate where they wished and staff noted the circumstances people might need to access advocacy, for example, if they needed support to make a complaint. The providers made a point of having a cup of tea with each person in private to chat about their care.

- There were sufficient staff rostered to enable staff to provide people's care compassionately and in an unrushed manner. A relative said, "On [loved one's] birthday a lovely cake was made." Staff were observed to provide people's care in an unrushed manner and had time to spend with people.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and dignity during the provision of their care and described the measures they took. We saw people's care was provided in private and staff ensured they were positioned on people's eye level when they spoke with them, this maintained eye contact and aided communication. Relatives told us, "[Staff] always call [loved one] by name and understand their wishes" and "[Staff] are very good about treating [loved one] as she wants to be treated."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the providers had failed to maintain accurate, complete and contemporaneous records. This was a breach of regulation 17 (2) 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.

- Since our last inspection, the providers had re-assessed people's care needs and their care plans had been re-written with input from people and their representatives. The providers had installed a new electronic care planning system, to support staff to document people's care.
- Where people were living with dementia, their care plans documented the support they required from staff. A person's records documented strategies for staff to support them effectively and how to support the person to have a good experience when seeing their visitors.
- People's care plans were detailed, personalised and up to date. Some minor points in people's care records we noted required amendment, for accuracy and the providers were informed so they could take action.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The providers had implemented an Accessible Information Standard policy. Staff documented people's communication needs and preferences within their care plan.

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

- The providers did not have a structured activity programme. However, they did offer people a weekly exercise class, visits from the hairdresser and volunteers and Holy Communion monthly.
- People were supported by staff to partake in activities of individual interest to them. One person with a

wide range of interests, had exhibited their art in the service, written a newspaper article and used their iPad to maintain contact with friends. Staff were observed to support a person living with dementia, with their hobby in a personalised manner, which met their needs. Staff supported people to maintain relationships with those who were important to them and people had regular visitors.

- Overall people and their relatives reported there was enough to do. Relatives feedback included, "[Loved one] likes to be active and likes, 'Keep Fit' and the garden, I have just got [loved one] talking books from the library and that is getting set up for [loved one] to use." Another relative said, "People do their own activity like gardening, craft, reading. People do what they want. [Loved one] always has things to do which [loved one] wants." Two relatives commented they would have liked to see more activities. Their feedback included, "[Loved one] has a TV but doesn't really do anything." The providers had appointed an activities champion since the last inspection, to take a lead and further develop the activities provided for people.
- We attended an afternoon staff shift handover and heard about the activities people had taken part in during the morning. However, people's electronic daily notes lacked sufficiently detailed information about how people had spent their time each day, to show what they had done for their mental health and well-being. The registered manager told us they were already aware of this issue and as staff were getting used to the new system, they were working with them. To enable them to understand the need to document thoroughly how people had actually spent their time. This will enable staff to better evidence what people have done.
- Staff had just started using a feature on the new electronic records system, to capture people's mood daily, to enable them to monitor people's well-being over time. This enabled staff to monitor people's well-being and to identify and address any deterioration.

Improving care quality in response to complaints or concerns

- The providers had a complaints policy, which detailed who to contact and the process and time frames for investigating any complaints received. People and their relatives told us although they had not needed to complain they felt confident about doing so and understood the process. They also felt confident about escalating any concerns externally if they were not satisfied with the outcome.
- The providers maintained a written log of events at the service, including complaints and their monthly home review checklist noted any complaints received and the actions taken. The providers had not received any complaints.

End of life care and support

- People's records documented their wishes and choices about their end of life care. Their records noted where they wished to receive their end of life care, whether they had a do not attempt cardiopulmonary resuscitation (DNACPR) plan in place or an advance decision about any treatment they did not want.
- The providers had an end of life care policy and checklist for staff's guidance, which they were aware required review, which was in hand. Most staff had completed end of life care training and were supported by the local nursing team to support people at the end of their lives. People had anticipatory medicines in place if required for use at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the providers had failed to notify CQC of all relevant incidents that affect the health, safety and welfare of people who use services. This was a breach of Regulation 18 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.

- The providers had submitted statutory notifications as required to CQC since the last inspection, about safeguarding incidents and people's deaths. However, they were unaware of their legal duty to notify CQC as soon as the outcome was known of any application to a supervisory body made under the Deprivation of Liberty Safeguards. This was discussed with them at the site visit, following which four notifications of Deprivation of Liberty Safeguards applications were submitted. There was no evidence of any impact upon people and the providers now understood their duty.
- Since the last inspection, the local authority has required the providers to inform them of any incidents involving people within the service, which they have done. Once this requirement ends, the providers will need to be able to demonstrate they themselves can identify which incidents need to be reported externally and to which agencies and their ability to apply the relevant legislation and reporting guidance, this will take further time.

At our last inspection the providers had carried out an activity they were not registered to provide. This was a breach of regulation 10 of the Health and Social Care Act 2008.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- The providers understood the regulated activity they were registered to provide and had ensured no treatment for disease, disorder and injury had been provided by staff since the last inspection. They had implemented processes, to ensure staff identified people's need for treatment and made the appropriate external referral.

At our last inspection the providers had failed to have systems and processes in place to assess, monitor and improve the quality of the service provided. This was a breach of regulation 17 (1) 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.

- Processes were now in place to assess, monitor and improve the service and as a result there had been significant improvements across the service. The providers had introduced both daily and monthly audits. This ensured any issues which required immediate attention such as the environment or staffing, could be identified and addressed quickly. Any trends and issues over time could be identified, such as the cause of incidents. The providers had improved the robustness of both medicines and health and safety audits since the previous inspection and carried these out regularly.
- Staff documented information in the incident log and the professionals contact book, these were then reviewed as part of the monthly review process. This ensured there was a clear audit trail to demonstrate what had occurred, what immediate action staff took and any trends or learning. Professionals reported they had seen improvements for people, such as weight gain.
- The providers had following the last inspection written and implemented a comprehensive action plan which addressed the issues identified at the last inspection.
- The providers had with external support, implemented a process to evaluate and risk assess all aspects of people's care on a monthly basis. This enabled them to monitor each person and to assess them using an agreed set of criteria. They could identify and evidence any individual concerns for people and the actions taken. It also enabled them to monitor people's progression over time, to ensure they could evidence how frail or independent people were.

At our last inspection the providers had failed to display their previous rating. This was a breach of regulation 20A 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 20A.

- The providers had ensured their previous report was displayed both on their website and prominently within the service as required.

Continuous learning and improving care

- The providers had received considerable levels of additional professional support and monitoring from external agencies between July to December 2021, to enable them to make the required improvements. This enhanced level of external oversight had only recently reduced. Although the providers had greatly developed their understanding of their legal responsibilities and have implemented quality assurance processes, further time is required for them to be able to demonstrate the improvements made have been fully embedded and sustained.
- The providers had implemented an electronic care planning system to record and aid the effective delivery of people's care. Overall this was working very well. We noted people's weights had not always pulled through to update people's Malnutrition Universal Screening Tool (MUST) score. The providers were unaware of this issue and advised they would follow it up with the software provider. We also noted minor errors in people's care plans, which should have been identified by their audits. Although these issues did not have a negative impact on people's care, they were the type of issue the providers should have identified themselves through their governance processes.

- We found there were still gaps in their knowledge as registered providers and the registered manager of their full range of legal responsibilities. For example, we identified issues in relation to water safety management, health and safety, environmental safety, medicines and notifications. Although the providers responded promptly when we brought issues to their attention, they should have already identified and addressed them prior to the inspection. They need to be able to demonstrate they understand and can meet all legal requirements and have the knowledge and skills to be proactive in identifying areas for future improvement.

- The providers have commenced the process of reviewing and updating all of their policies and a number have been re-written. However, safeguarding is a key policy, which should have been prioritised for updating. Further work is required to ensure all policies have been reviewed.

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

- The providers had made significant improvements to the governance and culture of the service. The culture was now outward looking, open and transparent. The providers recognised and appreciated the improvements they had made with the support of external professionals and understood the positive impact changes had made to people's safety and care. People and their relatives provided positive feedback about the service, which they said was, "friendly and homely." Staff provided positive feedback about working at the service and worked well as a team.

- The providers worked with external professionals to regularly assess people's dependency levels and to enable them to monitor if people were deteriorating and the ongoing suitability of the placement to meet their needs.

- In addition to accessing relevant professional support, the providers were members of a social care network for registered managers, to keep their knowledge up to date.

- The providers were in the process of appointing staff champions to act as leads on different aspects of the service. This will enable staff to take greater responsibility and for new information to be gathered and shared amongst the team.

- There were clearer processes in place to ensure staff understood what was expected of them. For example, schedules set out the expected standards and frequency of cleaning, for all aspects of the home.

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 providers understood their duty to inform people's families of safety incidents. They had processes in place which demonstrated people's families had been informed.

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

- The providers had processes in place to seek people's feedback on the service. These included proformas the providers advised they planned to send to people, relatives and professionals shortly. One relative spoken with recalled completing a questionnaire. Providers also met with people individually and there had been a chance to for them to provide feedback at a 'residents get together' and via a comments box. The providers had received positive written testimony about people's care from their relatives. Staff told us felt they had the opportunity to provide their feedback and there were staff meetings for them to do so.

- The providers encouraged links with the local community. For example, at Christmas a local choir had visited. A relative also told us at Christmas, "One of the stables brought horses up which [loved one] enjoyed."

Working in partnership with others

- The providers had worked collaboratively with a wide range of professionals from different agencies since the last inspection to make the required improvements. Professionals who had been involved with the service provided positive feedback about how the providers had worked with them and of the positive impact for people.