

## Benridge Care Homes Limited

# Asmall Hall

### Inspection report

Asmall Lane  
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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Asmall Hall is a care home providing personal and nursing care for up to 56 people. At the time of the inspection 50 people were living in the service. The service has 2 units one of which supports people living with a dementia.

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

Environment and individual risks had been assessed, incident and accidents were investigated and good evidence of lessons learnt were seen. People told us they felt safe and systems were in place to act on allegations of abuse. Staff were recruited safely. We saw plenty of staff during the inspection. Where agency was being used we were told they were regular staff. Staff told us, and records confirmed, training had been undertaken. Medicines were managed safely in the service.

MCA and DoLS assessments had been completed, staff were observed asking permission before undertaking any activity. 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. Admission assessments had been undertaken, and we saw evidence of the involvement of professionals in people's care.

People received good care, their choices and likes were considered. Staff understood how to meet people's needs. Policies and guidance was available to support good care delivery. The registered manager told us about the actions taken to investigate and address comments made in relation to people's choice of staff member and the care provided.

Care plans had been developed recording people's individual needs, including their communication needs. The registered manager took immediate action to ensure all records were up to date and reviewed. People's end of life care needs were considered, where appropriate. Evidence of activities provided were recorded however, not all people were noted to have access to activities during the inspection. A system was in place to manage complaints, positive feedback was seen. Wi-Fi was available in the service.

We received very positive feedback about the registered manager and all of the staff team. We saw evidence of meetings taking place and surveys from people and professionals. Information was available on the actions taken from 'you said we did'. A range of audits and monitoring was taking place. This included the findings and actions taken as a result. The provider had developed a detailed electronic system which supported the monitoring and oversight of the service.

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 requires improvement (published 24 January 2020). 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.

At our last inspection we made recommendations about the management and oversight of safe staff recruitment as well as the management and oversight of the service. At this inspection we found the provider had made improvements.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Asmall Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Asmall Hall

## 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 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

2 inspectors, 1 medicines inspector and 1 Expert by Experience undertook the inspection. 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

Asmall Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Asmall Hall is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included feedback and statutory notifications, which the provider is required to send to us by law. We also asked for feedback from professionals about their views of the service. We checked whether Healthwatch had undertaken an inspection of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people who used the service and 3 relatives and we received feedback from 4 professionals. We toured the building and undertook observations in the communal areas. We spoke with 14 staff members. These included, housekeeping, maintenance, the chef, care staff, nurse associates and nurses. We also spoke with the registered manager. We reviewed a wide range of records. These included; 5 care files, 3 staff files, medicines records and associated documents, training and supervision records, audits and monitoring in relation to the operation and management of 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 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.

- Risks were assessed and well managed.
- Environmental and individual risk assessments had been developed. Records included, the individual risks and how to manage these to support keeping people safe. The registered manager told us where one person was supported in making decisions in relation to their care and their medications.
- There was evidence of servicing, audits and checks taking place on the environment and equipment. The registered manager told us that they had a health and safety consultant, that oversaw their practice. This would support the safe management of risks.
- Fire safety checks, fire drills and servicing was undertaken. Personal emergency evacuation plans (PEEPs) were in place. These provided information about how to support people in the event of an evacuation. The registered manager told us their system enabled PEEPs to be sent to the fire service immediately in the event of an emergency, and they were also in the service for staff to access if required. Emergency grab bags were on both units for staff to use in the event of an emergency.

### Using medicines safely

At the last inspection we found medicines were not always managed safely as records did not reflect people's current needs. 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.

- There were sufficient numbers of trained staff to manage and administer medicines safely and staff were supported to complete additional clinical training.
- Generally, medicines were managed well across the service. Records were up to date and there were no

gaps in administration.

- Person-centred information regarding how people liked to take their medicines was detailed. However, two people did not have guides to help staff administer 'when required' medicines.
- The service completed medicines audits and took action to ensure any risks were mitigated. Issues found at this inspection were actioned straight away by the registered manager.

## Staffing and recruitment

At our last inspection we made a recommendation about the management and oversight of safe staff recruitment. The provider had made improvements.

- Staff were recruited safely. Staffing numbers were sufficient. However, not all people and relatives confirmed sufficient staff were in place. They told us, "Not always (enough staff)" and, "They are also short staffed."
- Staff consistently confirmed sufficient staff were in place to meet the needs of people. Comments included, "(There is) always enough staff, permanent or agency. They (the managers) are always on the ball if someone calls in sick, [they] always make sure we are properly staffed. There is always staff to spend time with people", "There is enough staff. There is a bit of agency, but these are regular. We get the same people" and "(We) have agency staff, we always have enough staff for the day. Everything is organised so this makes the day go well. Everyone is always happy to help, never short of a person to help out. We all work so well together, it's a lovely place to work."
- We observed plenty of staff on duty during the inspection. Where agency staff were used they told us they had worked in the service regularly. One agency staff member told us they had received an induction on their first day.
- Duty rotas were completed. These demonstrated the staffing for each shift including their job role. The registered manager told us staff had access to this electronically and they were able to add their availability and pick up extra shifts if required. A dependency tool was in use and demonstrated the staffing requirements to meet the needs of people.
- The registered manager told us there was ongoing recruitment in place. Relevant recruitment checks had been completed. Where agency staff were being used the service had access to agency profiles to confirm their suitability for their role.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risks of abuse, lessons were learnt. None of the people or relatives we spoke with told us they ever felt unsafe. Staff raised no concerns in relation to safeguarding. They understood the actions to take if abuse was suspected. They told us, "I would let [registered] manager know straight away", "We have safeguarding champions, we can always discuss issues. Would discuss (concerns) with champion" and "I have no safeguarding concerns. I would report any concerns to the Local Authority and send a notification to the Care Quality Commission if needed." Staff told us and records confirmed safeguarding training had been undertaken.
- Systems had been developed to ensure people were protected from the risks of abuse and that safeguarding concerns were investigated and acted upon appropriately. Records included the concern, the actions taken and outcome, including detailed information in relation to lessons learned. Policies and guidance was in place to support staff in acting on allegations and investigations.
- Records had been completed in relation to incidents and accidents. These included audits of records and the analysis of themes, trends and lessons learned. Where incidents and accidents had occurred there was good evidence of the actions taken including, meetings with staff and further training to reduce future risks.



### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

### Visiting in care homes

- We observed visitors to the service throughout the day. Systems were in place to ensure visitors were able to visit the service.

# 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 requires improvement. At this inspection the rating has changed to good.

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

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

At our last inspection the provider had failed to ensure systems were either in place or robust enough to demonstrate risks associated with nutrition were effectively managed. 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 eat and drink. We received positive feedback about the food on offer. They said, "The food is very good, chef is very skilled" and "[Person] eats everything put in front of them." We observed it was a positive dining experience for people. Choices were provided including a wide range of breakfast items. The mealtime experience was positive on both units. Staff were observed interacting positively with people in a kind and caring manner. The registered manager discussed the arrangements in place for one person with their individual needs in relation to meal support.
- We checked the kitchen. There was plenty of supplies of food, and relevant checks were being undertaken. The service had received level five in its most recent food hygiene inspection. Where people required a special diet this was recorded in the kitchen and menus, with choices had been developed. These were displayed in the communal areas. Regular themed menus and celebratory meals were seen being provided in the service. We saw photographs of people enjoying these themed days. Food provided to people looked appetising and tables had been nicely set. People were offered condiments of their choosing with their meals. Adapted crockery and cutlery was available where people required and staff had received training in ensuring people with a specialised diet received appropriate and appetizing meals.
- We saw evidence of weights being recorded regularly with actions for follow up when required. Staff told us, "Everyday staff are weighing people on a rota so everyone is weighed regularly" and "I am the weighing champion. They tell me in handover which people to weigh. We keep everything consistent. We try to keep the staff weighing people. I've been shown how to enter results on the system, check Waterlow and must score. Any concerns I discuss them with the nurse." Care records included information in relation to referrals to professionals where required. Good information was in the care records in relation to supporting people with their individual needs, including guidance to reduce risks. For example, we saw records in relation to choking risks and screening assessments, where relevant. The registered manager told us they had purchased a dechoking device and provided staff training on its use. This would ensure that choking risks

were managed safely.

#### 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection systems were not robust enough to ensure compliance with the principles of the MCA and associated DoLS. This was a breach of regulation 11 (Consent to 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 11.

- People were protected from unlawful restrictions and consent had been considered.
- Capacity assessments and Deprivation of Liberty assessments had been considered. Relevant applications to the assessing authority had been made. Records confirmed when these had been authorised. The service had developed a system to monitor the progress of the applications.
- There was some evidence of consent recorded in people's care files and staff understood the principles of MCA and DoLS. Staff told us, "Gaining consent is so important it can be distressing if we don't ask people, this is so important", "MCA is residents (people's) capacity to make decisions. Their mental capacity is assessed and recorded on people's files" and "Making sure everyone is able to have full choice, we have MCA assessments for everything, it is so important." We observed staff asking permission before undertaking any activity.

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

- People's needs had been assessed. Care records contained information about people's needs and how to support them. We saw some evidence of pre-admission assessments which had been completed.
- Care records included information in relation to relevant guidance and how to ensure people received effective care. Evidence of specific training for people's individual needs was seen. Information in relation to oral health care, oral health audits and relevant guidance was noted.

#### Staff support: induction, training, skills and experience

- People were supported by a skilled and monitored staff team. Most people raised no concerns about the skills of the staff team. However, one person told us they felt staff needed better training. Comments included, "She's (staff member) is very good to all of us", "We'd be lost without [staff member], every one of the staff is nice to us" and, "They have come all this way to look after us." A professional told us, "It's still good to see that there are care homes out there that deliver a decent standard of care for such a vulnerable group in society. Even after going through the struggles of the COVID-19 pandemic."

- Staff told us they had received training relevant to their role and were up to date. They said, "I've done absolutely hundreds of training courses. I did training online then the manager asked if I had understood the training. I was also given a work booklet, then we discussed answers. I have had face to face training using a mannequin to practice personal care. I really enjoyed this training" and "I have done lots of training. I am due to do training all week. I have covered all aspects of care, paperwork, safeguarding, MCA. We do training with [registered manager] she's very good."
- We saw evidence of induction records. Staff told us they received a detailed induction on commencement to their role. One said, "I have done online training. Training covers absolutely everything. I have completed the care certificate and was then offered NVQ 3. They, (the service) will add specific training according to needs for example, pressure sores so we are all aware of pressure sore management. There are so many courses and they are refreshed annually. (They are) Definitely very thorough on training. The administrator monitors training and will chase staff if its incomplete."
- Electronic records confirmed the training undertaken by the staff. The system enabled management to monitor training to ensure the staff had completed it. Where staff were employed and their first language was not English, we saw records to confirm an occupational English test had been undertaken. Staff told us and records confirmed supervisions were provided. Evidence of completed competency checks on a range of areas were noted. This demonstrated staff were monitored and checked in their roles.

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

- People were mostly provided with appropriate support with their individual health needs. Records included information about their assessed needs and how to manage these and included information to guide staff on care delivery. We saw evidence of health professionals involved in people's care.
- One person who used the service said, "They do everything for you here, doctors, dentists and everything." A professional told us, "I primarily work with the 2 nurses and find them very good to deal with. They know the residents and their requirements, illnesses, treatments and have a good rapport with them. Staff in the care home are listened too and listen when asked to do something."

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

- The service design and decoration supported people's individual needs. The registered manager told us about their commitment to ensure the environment supported people living with a dementia according to their needs and safety. They told us they had, 'spent many years researching and working alongside dementia specialists, Alzheimers society and The University of Sterling. All areas were clean and tidy. There was an ongoing refurbishment programme in place, and we saw upgrades taking place. Where work was required in the service for example, one windowpane was cracked, the registered manager told us they were waiting for Local Authority planning consent to address this. We saw evidence of the plans to cover this with Perspex in the interim.
- Communal areas were nicely decorated. People had access to safe outside space and we saw them making use of these areas, with the support of staff. There was some evidence of personalisation in the bedrooms. Where room numbers identified bedroom doors the registered manager told us they would look at ways for personalising people's doors. Directional signage for the communal areas and to advise staff to rooms included braille were noted. This would support people where they required alternative ways to orientate them to their surroundings.

# 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 good. The rating for this key question has remained 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

- People received good care and their diverse needs were considered. People and relatives told us, "It's very homely here, the service is smashing" and, "Within days of [person] being here they had their hair done and her nails done." However, one person told us, "They (staff) are caring and do not treat [person] badly. There is just lack of awareness with the carers [staff]. They are well meaning." We discussed this with the registered manager who provided feedback as a response. The registered manager provided feedback from a family member who said, "Each time I have been absolutely 'awe-struck' at their depth of compassion and kindness; their knowledge of my [relatives] personality." Professionals said, "The residents generally appear happy and do not report anything to me about being unhappy in Asmall (Hall)." We observed very kind and caring interactions and care support taking place.
- Staff were positive about the care provided. Comments included, "People get good care", "Care is really good. [Registered manager] is making so much effort into people's care. It is a lot better than anywhere else I've worked, everyone is valued. Staff are valued" and "I think the care is very very good, and I have seen a lot of changes whilst working here. A lot more staff have been employed." The registered manager told us about examples of the care provided to one person and the improvements in their confidence and independence in the service.
- There was a range of policies, guidance and training available to staff to ensure people's equal and diverse needs were considered. People received good person-centred care. Care files contained information about people's individual needs and choices.

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

- People were involved in decisions about their care. We observed staff responding kindly to people, ensuring they were engaged and involved in decisions during the inspection. The registered manager told us about the positive changes for one person in relation to the management of their risks and their sense of control.
- Relatives told us, "The staff are very pleasant and genuinely interested in [person who lived at the service]", "I've no complaints about [persons] care, [person] is always clean" and "So far for me [I am happy with the care] and [family] are very pleased with the care here." We observed one person and a relative told us that their gender choice of staff member was not always provided. Another person told us about their choices in relation to living in the service. We discussed these with the registered manager who immediately investigated and provided an outcome, including the actions taken to address the feedback.
- Information in relation to advocacy services was available to support and guide people on making

important decisions. We saw evidence of the involvement of advocates with some people living in the service. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and they were supported to be independent. Relatives said, "We moved [person] here from another home and it's a much better environment, [person is] always pleased to see the staff here" and "Each time I visit they tell me how [person] has been on that day."
- Staff clearly understood people's needs, likes and dislikes and were treated with dignity and respect. People said, "They take the time to talk to me and they listen to me" and, "We always ask for people's consent before we do anything, it's really important." Staff received training in person centred care, and they told us how they ensured people received individualised care. One said "Each person has a care plan. This is developed gradually by the nurse. We are all encouraged to read care plans. We have a care plan of the day which we look at in detail as part of resident of the day. We talk to the person about their plan. We always have conversations with the residents and carry out MCA assessments. I always see staff asking the residents things."
- The service had developed a system to monitor and observe the care provided. The registered manager told us that following observations they would meet with staff to discuss their findings and take action to ensure improvements were embedded in the service.
- Policies and guidance was available in relation to General Data Protection Regulation (GDPR) to ensure personal information was stored safely. Training records confirmed staff had completed GDPR training. GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

# 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; End of life care and support

At our last inspection the provider did not always make sure people's risk assessments were in date or accurate. This meant the related care plans were not always a correct guide for staff to follow and this placed people at risk of avoidable harm. This was a breach of regulation 9 (Person-centred care) 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.

- Assessments of people's current needs had been completed. Care records were in place and contained information about the individual needs of people. The registered manager told us they were working through all people's records to ensure they were all up to date. One person's care file required completion. We discussed this with the registered manager who provided information as to the reason for the delay in completing. They took immediate action to ensure this was completed, this would ensure staff had access to up to date information about people's needs. Daily records were being completed and included information about the care provided, as well as monitoring checks. Records included information relating to discussions with family.
- Staff told us care plans were developed, supported the delivery of care to people and were discussed with people or their relatives. They said, "The care plans are in the office, we can access them at any time. We are encouraged to read care plans. They are easy to follow and have sections for everything. They are always kept up to date. There is sufficient information to guide staff and risk assessments are carried out" and "They [people] should always have a say for their person-centred care, you have to go through the person first. I always ask the person before I do anything, this is so important it makes them feel involved. It's dignified, it makes them feel comfortable. There is a section in the care plan on meals, likes and dislikes. This is good if people are not able to express a choice."
- People's end of life care and support was considered. Care plans included information in relation to people's end of life wishes. We saw positive comments in relation to end of life care from relatives. The registered manager provided good examples of the support they provided to people at the end of their lives. The service demonstrated their in commitment to ensure peoples choice's as to where they wanted to die was respected and supported. We saw records confirming where one persons condition had been supported and were no longer requiring end of life care.'

- Policies, guidance and training was in place to support staff in care planning and end of life care. Training included, death, dying and bereavement and syringe driver training with the local Hospice.

#### 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.

- People's communication needs were supported. We observed people making use of aids such as glasses and hearing aids to support them. One person feedback that their relative's glasses were often missing. We saw staff mostly speaking with people at eye level and a pace that supported their individual needs.
- Information about how to communicate with people was recorded in their care files, as well as on communication boards in some people's bedrooms. Staff told us, "It's so important to communicate with people properly" and "Many things are in place like care communication boards. We write things down for deaf people. Any residents who are blind I usually knock on the chair so they know we are there we also have communication board."

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 service supported people to maintain relationships and take part in activities. We saw a range of records relating to the activities provided to people, including evaluations of the activities undertaken, the type of activities provided and whether people had engaged in them. A staff member told us, "One member of staff is designated as activity coordinator for the day. I love doing this I arrange activities to people's preferences."
- There was some evidence of basic activities and activity equipment seen on the day of the inspection. For example, jigsaw puzzles, walking out in the garden and a ball game in one of the lounges. Not all people were noted to be undertaking activities during the inspection. The registered manager provided a wide range of photographs of both individual and group activities undertaken as well as engaging with the local community and professionals. We saw people were responding very positively to the activities they had been supported with. We saw an example where one person's special day was celebrated with a bagpiper and their family.

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

- Concerns or complaints were being managed. A relative told us, "I've no complaints about the care, but it does take a while to get into the house (service)." A relative told us about ongoing concerns that have been raised with the service and external professionals. We discussed this with the registered manager who told us they were aware of the concerns, provided information of the actions taken and confirmed they would investigate the feedback from the inspection and take appropriate action as required.
- A system had been developed to record complaints and included the actions taken as a response. Policy and guidance was available to support complaints to be dealt with effectively, as well as providing information about how to raise a concern. A copy of this was in the care service directory in people's bedrooms.
- We saw a wide range of positive feedback received by the service.



# 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 requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 we recommendation about the management oversight at the service. The provider had made improvements.

- The registered manager and the staff team understood their roles and responsibilities, quality performance and regulatory requirements.
- The provider had developed a detailed, excellent electronic system to monitor and support the management and oversight of the service. Systems enabled the management team to analyse their results, and recorded actions going forward to make improvements. A wide range of audits were being completed regularly. Records included the findings from the audits as well as the actions taken as a result, including relevant referrals where required. These included, accidents, pressure relieving cushions, dignity in care, falls, decontamination of equipment, dementia quality audit, DNACPR, and senior manager quality.
- We received positive feedback about the registered manager and the management team. People and relatives told us, "She's a very nice lady" and "She's amazing, she'll do anything for you." Staff told us, "It is very different now in a positive way, staff really work well together, a good rapport. I have a good relationship with the [registered] manager she is visible and supportive", "I think the care is very very good and have seen a lot of changes whilst working here. A lot more staff have been employed. The management team are so good. Lead nurse will do absolutely anything to help, everyone is eager to help everyone" and "Registered manager is approachable and supportive."
- Statutory notifications had been submitted to the Care Quality Commission in line with current legal requirements.

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

- A person centred, and open culture which supported good outcomes for people had been developed.
- All of the staff team, the management team and the registered manager was very supportive of the inspection process. A wide range of information was provided to support the inspection.
- Certificates of registration and the ratings from the last inspection were on display as well as their employers liability insurance certificate and fire and COVID-19 guidance.

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 provider acted when things went wrong and understood their responsibilities. Records of complaints, including investigations were in place. These included the actions taken as a result. A range of records including, audits and monitoring which confirmed the actions taken, including lessons learned and sharing with the staff team when things went wrong.
- We discussed with the registered manager the actions they had taken as a response to a concern raised during the inspection.

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

- People and staff were mostly engaged and involved. People and relatives told us they had been asked for feedback. One said that this had not been for some time. Another said they had been, "Given a survey with a tick list to fill in."
- We saw records of completed surveys from people and professionals. Topics covered included, the home [service] and environment, visitors, personal care, staff, the manager. As a result of these the service completed a 'you said we did' demonstrating the action they took. Records included the use of pictorial information which would support people who required alternative ways to communicate. There was a service user guide and up to date statement of purpose. These provided information on the service and the facilities available for people and visitors. Regular newsletters were produced for people and relatives. These contained information including important dates, staffing and celebrations.
- We saw a range of meetings undertaken. These included daily huddle, department and management meetings. Records included links to guidance for staff to follow. We also saw meetings undertaken as a response to investigations or audits. This supported improvements to be embedded into the service. Staff told us, "Everything is going well, and staff and people are well cared for. Employee of the month is also done [name of staff member], was the previous winner for escorting a person to hospital. Each month a member of staff is awarded the employee of the month, they really recognise our contribution", "Had a few staff meetings. [Registered manager] observed breakfast and we had a meeting to talk about feedback. Had a few fire meetings and other aspects of the home. Staff can say what they want to say. [Registered manager] and all other managers are so nice. I can approach them with anything they would always have time. [Registered manager] is round the home a lot to make sure everything is tip top" and "We have meetings, appraisals and supervisions very regularly."
- The registered manager told us regular resident meetings took place to support and engage them in the service and discuss any feedback or concerns. They also told us about how they supported and engaged staff recognising their contribution to the service. They said, "Recognition of our staff is key and very important to us. We have our own trained counsellor, that covers all of our 3 homes (service), should anyone need help or support."

Continuous learning and improving care

- The service ensured improvements in care and learning was promoted. There was a range of information and guidance on display. Policies and guidance was up to date. The registered manager told us all staff had electronic access to these as well as information to support the delivery of care to people.

Working in partnership with others

- The service worked in partnership with others. Good working relationships had been developed with professionals in a number of areas. These included, the local authority, care forums, disability confidence, well-being and champion forums. The service had close links to all services within the providers portfolio. Regular meetings and sharing of good practice took place with the staff team and management in a range of

formats, including electronically and through social media.

- Positive feedback from professionals was received, and we saw evidence of the involvement of professionals in people's care. The service had the support of an advanced practitioner linked to the local GP to undertake assessments and reviews of people's health needs.