

Roseberry Care Centres (England) Ltd

# Hamilton House Care Home

## Inspection report

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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

Hamilton House Care Home is a nursing home providing personal and nursing care for up to 46 people. At the time of the inspection there were 23 people using the service. The service was over 3 floors all accessed by a lift. Some bedrooms were en-suite and for those that were not, there were communal bathrooms and toilets available.

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

People and their relatives were happy with the care provided. They felt people got safe care and told us the registered manager had brought positive changes to the service.

Risks to people were identified and mitigated. Accidents and incidents were managed, and action taken to prevent reoccurrence. Systems were in place to manage infection control risks.

Safe medicine practice was promoted, and people's health and nutritional needs were identified and met.

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 were suitably recruited, inducted, trained and supported in their roles. Sufficient staff were provided with less reliance on agency staff, which promoted continuity of care for people.

The service was clean and free from odours. Areas of the service had been refurbished with further improvements planned.

Staff were kind, caring and had a good knowledge of people. Staff were responsive to people's needs.

Person centred care was provided, with people and their relatives involved in their care. Communication needs were identified, and end of life wishes sought. Access to activities had improved for people with further improvements planned. Systems were in place to manage concerns.

The service was suitably audited and well managed which resulted in improvements across the service. Records were suitably maintained, and organised. Systems were in place to get feedback from people and their relatives. Communication and teamwork had improved which resulted in positive outcomes for people.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 27 April 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider follow best practice in relation to safeguarding people, meeting people's hydration and nutrition needs and to promote people's privacy, dignity, choices and ensure they are treated with respect.

At this inspection we found the provider had acted on the recommendations and improvements had been made.

This service has been in Special Measures since 27 April 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 February, 1 and 15 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, need for consent, person centred care, good governance, premises and equipment and notifications to us.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hamilton House Care Home 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 ●

# Hamilton 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 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

The inspection was carried out by 2 inspectors over 2 days and an Expert by Experience on day 2 of the inspection. A second Expert by Experience made telephone calls to relatives after 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

Hamilton House 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. Hamilton House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 3 relatives, 8 people, and had informal chats with a further 10 people about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, regional operations manager, deputy manager, care home assistant practitioner (CHAP), 3 carers, 2 activity co-ordinators, head housekeeper, chef and kitchen assistant.

We walked around the service and looked at the environment. We reviewed a range of records relating to people's care which included, multiple medicine records and 8 care plans. We reviewed 4 staff recruitment files and a further 6 staff files to review supervision and training records. A variety of records relating to the management of the service, including fire, health and safety, accident/incident reporting, safeguarding, audits, policies and procedures were reviewed, and others were requested.

Following the visit to the service we sought feedback from relatives, community professionals and continued to seek clarification from the registered manager. We received written feedback from 7 staff and spoke with 12 relatives.

# 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 good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection risks to people were not mitigated which resulted in safe care and treatment not been provided. This was a breach of regulation 12 (1), (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.

- Risk management was effective in mitigating risks. Risks associated with medical conditions, moving and handling, falls, smoking, tissue viability, choking, nutrition and hydration needs were identified. Equipment was provided such as sensor mats, bed rails and specialist diets to mitigate risks. Food and fluid charts were maintained and monitored for people who were at risk of malnutrition and/or dehydration. People at risk of skin breakdown were repositioned at the frequency required and care plans showed people with pressure damage had their wound dressings changed and monitored, with dated photos taken to show improvement or deterioration in the wound.
- Staff were aware of risks to people and knew the action to take to manage risks. Throughout the inspection we observed staff supported people in accordance with the risk management plan in place.
- Environmental risks were identified and mitigated. Staff were aware of the code for the padlock on the gate which exited from the enclosed garden area. Regular health and safety checks took place which included fire safety, window restrictors, water temperatures and call bell checks. Action was taken in a timely manner, where issues were found such as high water temperatures. Legionella testing was completed in November 2022 and equipment such as the lift, fire equipment, gas, electricity and hoists were serviced. An up to date fire risk assessment was in place.
- People had personal emergency evacuation plans (PEEPs) on file and records viewed showed regular fire drills took place, which were used as fire safety training for staff. An emergency bag was provided, with the information contained within it regularly updated.

### Using medicines safely

At the last inspection we found safe medicine practices were not always promoted. This was a breach of Regulation 12(1), (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.

- Safe medicine practices were promoted. The provider had a medicines management policy in place and staff were trained and had their competencies assessed to administer medicines.
- Systems were in place to record medicines received, administered and disposed of. Stock checks of medicines took place and temperature checks were maintained of the fridge and the room medicines were stored in. Controlled drugs stocks were checked weekly in line with the provider's policy.
- Protocols were in place for "as required medicine" and 'over the counter' homely remedies such as paracetamol, senna and simple linctus had been approved for administration by the GP. Topical administration records were in use to provide guidance on where topical creams were to be applied.
- Some people were prescribed Transdermal patches. This is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medicine through the skin and into the bloodstream. Transdermal patch records were not in place. However, this was immediately acted on and we saw these were in place on day 2 of the inspection.
- The medicine administration records showed medicines were given as prescribed, with medicine audits taking place to ensure safe medicine practices were promoted. We observed medicine being administered. This was carried out safely.

Learning lessons when things go wrong

At the last inspection systems were not established and effective to promote learning from incidents to prevent reoccurrence and promote safe care and treatment. This was a breach of regulation 12(1), (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.

- Accident, incidents, safeguarding concerns and complaints were reported. These were reviewed by management, which enabled trends in reoccurrence of accidents such as falls to be identified and consider what other measures could be taken to reduce risks. Following on from an accident, which resulted in an injury to a person, where no staff were on the unit during a meeting, measures were put in place to ensure that a staff member was always on the units during future meetings.
- Where an accident or incident was as a result of poor staff practice or a staff member not following procedures, the staff member had to complete a reflective practice of the incident and they were retrained.
- Daily meetings took place with heads of departments to update those staff members on key issues and risks within the service. This was used to agree actions and mitigate the risks of reoccurrence of an incident, accident, safeguarding, complaint and any untoward situation.

Staffing and recruitment

At our last inspection sufficient numbers of staff were not provided. This was a breach of regulation 18(1), (Staffing) 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.

- Sufficient staff were provided, based on the current occupancy levels. The registered manager confirmed a registered nurse, care home assistant practitioner (CHAP) and 5 care staff were provided on the day shifts,



with a registered nurse and 3 care staff on the night shift. The rotas viewed showed these staffing levels were maintained. The deputy manager who is a registered nurse is the clinical lead for the service and supported staff with clinical decisions, as well as covering on shift and liaising with professionals involved in people's care.

- Alongside this, the service had a maintenance staff member, an administrator, 2 activities staff, catering and housekeeping staff members. Recruitment was on going and the staffing vacancies within the service had reduced with less reliance on agency staff. Where agency staff were used the service aimed to use regular agency staff members to promote continuity of care.
- Shifts were well organised with staff breaks scheduled to ensure sufficient staff were available to support people at all times. During the inspection we observed call bells were responded to without delay and staff were available to support people at mealtimes.
- People's dependency levels were kept under review and the registered manager confirmed these were used to determine the staffing levels. Staff felt the staffing levels were sufficient based on current occupancy. They commented, "Staffing levels are good, if short they will get agency." Staff and relatives told us the use of agency staff had reduced which had a positive impact. They commented, "Less use of agency staff and a core team of staff who know dad well," and "Staff attitude is better and there is more consistency with staff, due to less agency used."
- Systems were in place to promote safe recruitment practices. Staff had 2 references on file and Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. A photo and health questionnaire were on file, candidates attended for interview and gaps in work histories were explored. Regular checks on nurses registered status with the Nursing and Midwifery Council were carried out to ensure those staff remained fit to practice.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we made a recommendation that the provider follow best practice in relation to safeguarding people.

At this inspection we found improvements had been made.

- Systems were in place to safeguard people. The provider had a safeguarding policy in place which indicated it was to be used in conjunction with the Buckinghamshire multi-agency safeguarding policy.
- People and staff had access to information on how to alert external agencies to concerns about their safety. We saw posters on safeguarding and whistleblowing displayed on notice boards in the service.
- Staff were trained in safeguarding and were aware of their responsibilities to report any safeguarding concerns. Staff outlined types of abuse. They commented, "I would report concerns to the nurse and manager," and "I would report and escalate any concerns of abuse to higher management if required."
- People told us they felt safe. People commented, "Yes, I feel safe. I cannot think of any reason why it is not safe living here. I have never not felt safe, I feel really lucky in that respect," and "I feel safe. I have a call button, there by my bed and I have my pendant on. I don't use it very often but on the odd occasion I do, someone always comes along."
- Relatives felt confident safe care was provided. They gave us examples where equipment such as hoists, rota stand, and wheelchairs were used to promote their family members safety.

Preventing and controlling infection

At the previous inspection we signposted the provider to resources to develop their approach to infection

prevention and control.

At this inspection we found improvements had been made.

- 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

Visiting was taking place with regular visitors to the service throughout the inspection. Relatives confirmed they were able to visit at any time of the day. They told us they were made to feel welcome and whilst there was sometimes delay with the front door being answered to them, this had improved.

# 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 the last inspection staff were not suitably trained, supported and supervised. This was a breach of regulation 18(1), (Staffing)

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

- Staff were suitably inducted, trained and supervised. The registered manager was committed to developing and upskilling staff. As a result, a number of staff had been put forward to commence National Vocational Qualifications and the registered manager had implemented 2 weeks shadowing shifts for new staff, prior to them working on their own. New staff completed an induction and staff new to care completed the company's equivalent of the Care Certificate Training. 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.
- A training matrix was in place which showed a high percentage of staff had the training required for their role. Staff were trained in topics such as infection control, health and safety, fire safety, moving and handling and end of life care. Specialist training relevant to the needs of the service such as training in dementia, diabetes, stoma care (an opening from the colon or large intestine), person centred care, nutrition and hydration training was also provided.
- The registered nurses were trained in venepuncture (obtaining a blood sample), wound management and syringe drivers. The service used care home assistant practitioners (CHAPs). CHAPs bridge the gap between the role of a care assistant and a nurse, allowing them to provide additional support to care home nurses. While they are not registered practitioners like nurses, their high level of training allows them to carry out a lot of the same tasks. At the time of the inspection the service had one CHAP. Since the previous inspection competency assessments in relation to their role had been completed and the CHAP was signed off as competent in the role.
- Systems were in place to support staff through regular one to one supervisions, annual appraisals and team meetings. Staff new in post completed probationary reviews which enabled the registered manager to address any issues during the probation period.
- Staff told us they felt suitably trained and better supported. Staff commented, "Absolutely, I am well supported. Since [registered manager's name] came, she has really, really supported all of us." Relatives felt staff were better trained. They commented, "Staff have the correct knowledge and skills to look after my loved one well," "It's brilliant, there are a lot of residents with dementia and the staff do well to look after

them all," and "The care is very good, I couldn't ask for more. They encourage [family member's name] to get up and be taken to the lounge. The personal care is good, I think they are all trained well."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support, Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At the last inspection safe care and treatment was not always provided. This was a breach of regulation 12 (1),(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 had access to health professionals including the GP, dietician, speech and language therapist, tissue viability nurse and mental health teams. The paramedic working with the GP surgery facilitated weekly telephone reviews of people with records maintained of issues discussed and actions agreed.
- People had a hospital passport in place which people took with them on admission to hospital to promote continuity of their care.
- Staff had a good knowledge of people, with daily monitoring charts in use which showed changes in bowel habits, food and fluid intake, skin integrity and people's well-being were acted on and medical advice sought, when deemed appropriate.
- People felt staff supported them to see a GP or other professionals when required. A person told us how the care staff encouraged and helped them to do exercises suggested by the physiotherapist on the weeks the physiotherapist was not booked to attend.
- Relatives told us they were informed of changes in their family member's health. Relatives commented, "We are kept up to date with any changes. [Family member's name] does get a few infections, but they are always quick to pick up on them and get a doctor," and "There is never any delay in summoning a GP when needed, which is reassuring."
- People were assessed prior to and or on admission to the service. This enabled the service to identify people's needs, choices and preferences in relation to their care. Staff were trained in equality, diversity and inclusion to enable them to protect people against discrimination.

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

At the last inspection the service was not suitably maintained, clean or fit for purpose. This was a breach of regulation 15(1)(Premises and Equipment) 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 15.

- The service was being updated to meet people's needs. Areas of the service, including people's bedrooms had been refurbished and decorated. The bar in a seating area on the ground floor had been removed with this area turned into a bistro style seating area for people. Further environmental improvements were planned and scheduled which included new windows in areas of the service, improving storage areas, replacing furniture in identified bedrooms, updating ensuite showers and communal bathrooms.
- A separate sitting area and dining area had been created on the middle floor which provided a spacious dining room and comfortable sitting area for people.

- The service was clean and suitably maintained, with cleaning schedules in place to ensure staff were clear about their responsibilities in relation to cleaning. Regular checks and audits of the environment were taking place to ensure the service was clean and free from odours. Areas of the service were kept secure and safe with maintenance issues dealt with in a timely manner.
- The enclosed garden area was secure and free from hazards with tree cutting and clearing of the grounds taking place during the inspection.

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.

At the last inspection the service was not working to the principles of the MCA. This was a breach of regulation 11(1), Need for consent) 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 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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's care plans contained detailed decision specific mental capacity and best interest decisions for people who required them in relation to aspect of their care, such as living at the service, medicine administration, use of sensor mats, bed rails and keypads.

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

At the last inspection we made a recommendation that the provider seek advice from a reputable source to enable them to consistently meet people's hydration and nutrition needs.

At this inspection we found improvements had been made.

- People's care plans outlined their nutritional needs, risks and records of meals eaten were maintained. Staff were aware of people's nutritional risks and during the inspection we observed the required level of supervision, support and encouragement was provided. Mealtimes were relaxed and engaging.

- Systems were in place to update the chef with changes in people's nutritional needs and specialist diets were provided. People had a choice of meals and alternative meal options were made available to people if required.
- People told us there was significant improvement in the quality of the meals. One person told us how he had tired of the regular offerings of "stews and casseroles" and commented, "I requested meals that consisted of something I can get my teeth into. I am now offered pork chops and lamb steaks." Other people commented, "The food is excellent, really, really excellent. You get a choice of meals and it is usually one English meal and one non-English option, like a curry or something. It is good portions, the meals are usually tasty, and I try to eat most of the food," and "The food is nice here. You get decent portions or enough. They would get you more if you asked."
- Relatives told us the meals had improved and a number of relatives told us staff were available to give help or encouragement to those that need it at mealtimes. Relatives commented, "The meals look good and [family member's name] has put weight on", "The food is very good, dad needs some help and encouragement to eat, that's done nicely" and "There are meal choices and the way the food is presented is much better now."

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

At the previous inspection we recommended the provider works to best practice to promote people's privacy, dignity, choices and ensure they are treated with respect.

At this inspection improvements had been made.

- We observed positive engagements between people and staff. Staff were observed to be relaxed, engaging, personable and confident in their roles. They engaged with people with light-hearted banter and fun. There was appropriate use of touch and good eye contact, with staff kneeling down next to people when engaging with them. People were supported with their meal in an encouraging and respectful way.
- Generally, staff called people by their preferred name, with an occasional use of terms of endearment such as 'lovey and darling'.
- People described staff as kind, caring and friendly. They commented, "The staff are wonderful. I know that they are always busy but they all try to be friendly and always wave and say hello when they pass by" and "You can have a joke with the staff and I find 2 or 3 of them very friendly. Some you don't see all the time, but I can say I have never come across a bad one."
- Relatives felt the care had improved and they felt welcomed at the service. They commented, "The care is very good, the carers are friendly and do a good job", "The carers are good, nice girls. [Family member's name] is always clean and tidy and the room is kept nicely too" and "The staff definitely know what they are doing and know residents well, they find time to chat with them whilst going about their duties."
- People's bedrooms were personalised. Throughout the inspection we saw staff knocked on people's bedroom doors prior to entering. We noted a number of bedroom doors were left open and observed that staff would often acknowledge people in their rooms with a cheery 'hello' as they passed by.

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

- Systems were in place to enable people to make decisions on their care. Resident meetings showed discussions on meals and activities.
- Throughout the inspection we observed people were offered choice of drinks, meals and supported to be independent.

# 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 the last inspection Person centred care was not provided. This was a breach of regulation 9 (1), (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.

- Person centred care had improved, with the registered manager keen to further develop person centred care for people.
- People's care plans were detailed and informative in relation to the support people required with all aspects of their care. Guidance was provided on people's medical conditions and actions to take to promote their well-being.
- Care plans were kept under review and updated as people's needs changed. People and their relatives were consulted and involved in people's care and reviews.
- Relatives confirmed they were more involved in their family member's care. They commented, "We've had a face to face review of the care plan", "I have just been sent the care plan to review" and "I have had input to the care plan and they let me know if anything needs updating."

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.

At the last inspection people were not enabled to be involved in their care. This was a breach of regulation 9(1), (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.

- People's communication needs were identified with aids provided to enable people who required it to communicate their needs. Further work was planned on developing more pictorial information for people.



- We observed staff showed a person a choice of puddings, to enable them to make a choice on the pudding they wanted.

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

At the last inspection Person centred activities was not provided. This was a breach of regulation 9(1), (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.

- Access to activities had improved for people. Since the last inspection a full-time activity staff member had been appointed, with a second staff member working part time to support the role.
- An activity programme was in place which showed individual and group activities were facilitated. These included 1 to 1 activities in bedrooms and group activities such as bingo, board games and sensory sessions. Alongside this activities and entertainment were brought into the home which included a visit from birds of prey, a music man and a toddler day, where staff had brought in their young children to engage with people. Community activities were being developed and at the time of the inspection people told us they went to the coffee shop whilst out on an appointment.
- People told us they were invited to activities and provided with a weekly schedule of planned events. During the inspection we saw individual one to one activities with people in their bedrooms and a group activity of bingo took place.
- Relatives told us activities had much improved and they were aware from the last relative's meeting that more varied activities are being planned. Relatives commented, "[Family member's name] likes to stay in his room so the activity person goes to see him for a chat," "They take part in a number of activities and enjoyed the Christmas sing-a-long" and "They had a bird of prey visit to the home last week and it was well received by the residents."

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints. The organisations had a complaints policy in place which indicated complaints would be investigated and a response provided within 28 days. It outlined who the complaint could be escalated to, including external agencies such as the Local Government and Social Care Ombudsman (LGO).
- A complaints log was maintained which showed complaints were acknowledged and investigated in line with the provider's policy.
- People and their relatives felt able to raise concerns. A person commented, "If I had a problem, I would probably tell a carer. I would probably give it a couple of days to see if it worked out and if not talk to the manager."

End of life care and support

- People's end of life preferences were identified or their care plans indicated family members would make decisions on their family member's end of life care, when this was required.
- People's records included a "Do not attempt cardiopulmonary resuscitation (DNACPR)", where this was agreed and decided.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the service was not suitably managed to achieve good outcomes for people. This was a breach of regulation 17(1), (Good governance) 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.

- The service was suitably managed and monitored to benefit people. A new registered manager was appointed in May 2022. They had been instrumental in changing the culture and improving the service to provide positive outcomes for people.
- Staff were complimentary of the registered manager and the positive impact they had on them and the quality of care. Staff described the registered manager as, "Approachable, thorough, firm, fair, participative, directive, good listener, just and constructive". Staff commented, "It is a far better atmosphere than a year ago, we (staff) have been encouraged and supported," "[Registered manager's name] is very encouraging and the deputy manager even more so. She demonstrates and goes through everything very carefully, thoroughly and is always encouraging us", " If something needs dealing with, the [registered manager's name] is not afraid to deal with it and everyone knows where they stand" and "[Registered manager's name] has transformed the home and has brought stability and joy back into it."
- People were aware the registered manager was relatively new. They told us the manager was regularly sighted around the home and they acknowledged most aspects of the home had improved since their arrival. "This place is run very well as far as I am concerned" and "Yes, [Registered manager's name] is the new manager. She is quite nice, and she is good at her job."
- Relatives felt the service had improved since the registered manager had started working there. They commented, "I have met the new manager, she comes across well", "I see [registered manager's name] quite often, there's a really nice atmosphere at the home now," "Since the new manager came there are a lot less agency staff. The manager is really good and the deputy manager is brilliant too, the home has turned a corner," "It is such a nice atmosphere since the new manager started, the 2 nurses are very good too, everyone is approachable," "The changes have been noticeable since the new manager started, the décor is improved and it is good to see the same carers not forever changing faces," and "Overall everything is improving. Things are 10 times better than they were. I think the odd individual carer isn't on the ball

sometimes, but they are good at telling them and correcting it."

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

At the last inspection Good governance was not established, and records were not suitably maintained. This was a breach of regulation 17 (1), (Good governance) 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.

- Good governance was established and effective in identifying shortfalls in the service. In house audits took place such as audits of care plans, medicines, infection control, health and safety, catering and cleaning. Issues identified were acted on and rectified. Alongside this the registered manager carried out daily walkabouts of the service and completed regular dining room observations. The provider carried out monthly provider visits and an annual inspection was completed by the organisations Quality and Compliance Manager. Regulatory visit reports were completed of the findings and an action plan was included to show the issues identified from the visits were acted on and signed off.
- The registered manager completed monthly key performance indicator reports in respect of people's care and welfare. This provided an audit and actions in respect of key issues relating to people, such as pressure area care, falls, bed rails, moving and handling equipment and weights. This ensured key issues and risks relating to people were picked up in a timely manner.
- Systems were in place to monitor staffing levels, including deployment of staff on shifts. Staff files were audited to ensure the recorded information and checks on staff were taking place. Systems were in place to monitor staff training and supervisions to ensure they were completed at the frequency required by the provider.
- Improvements had been made to record management. People's files were organised, accessible and legible. Daily monitoring charts and daily records were better completed with gaps in those records being identified and addressed by the registered manager and through the providers auditing. Other records relating to the service were suitably filed with the information within them up to date and accessible.

At the last inspection the required notifications were not made to the Commission. 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 Care Quality Commission (Registration) Regulations 2009.

- The provider is required to inform us of incidents such as an injury to a person, or safeguarding incidents. From the records viewed and the information held on our systems, we saw the required notifications were made.

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 had a policy in place which outlined their responsibilities in relation to meeting the duty of candour regulation.
- The registered manager was aware of their responsibilities in relation to the duty of candour. They had an

open and transparent approach with people and their relatives, which promoted people's safety and well-being.

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

At the last inspection systems were not established to seek and act on feedback to continually evaluate and improve the service. This was a breach of regulation 17(1), (Good governance) 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.

- Systems were in place to get feedback on the service. Annual surveys of people and their relatives took place with an action plan to address the findings. The last relative survey was completed in April 2022.
- Resident and relative meeting's were taking place with the frequency of those variable. The minutes showed people were consulted on activities, meals and updated on procedures such as the complaints procedure. Relatives were informed of challenges and progress within the service, and encouraged to share their feedback on their relative's care. The relative's meeting minutes showed it was agreed a monthly newsletter would be provided to relatives and they planned to set up a small resident support group. The purpose of the support group would be to help relatives understand the changes in their loved ones living with dementia, whilst encouraging friendships.
- Relatives felt more involved in the service. They commented, "I feel relatives are now being listened to", "There are relative meetings and they are amenable to suggestions" and "We get a newsletter emailed to us regularly and there are now monthly relatives' meetings and notes are issued afterwards. I can ring at any time and have a catch up with the manager when I visit."
- Systems were in place to promote communication within the team and gain their feedback. Staff meetings took place, including with the night staff. Staff were required to sign the staff meeting minutes to confirm they had read them and were aware of issues discussed and agreed. Alongside, this daily handovers and daily head of department meetings took place. This ensured all staff were kept up to date on people's needs to promote their safety.
- Throughout the inspection we observed staff worked well together and anticipated when a colleague needed support. Staff felt communication and teamwork had improved. Staff commented, "The registered manager has brought the team together" and "Staff morale and teamwork is fantastic, it is the best care home I have ever worked in."

Continuous learning and improving care

At the last inspection Continuous learning was not established to improve care. This was a breach of regulation 17(1), (Good governance) 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.

- The registered manager was committed to developing staff to ensure they had the skills for their roles. At this inspection we found staff were provided with guidance and were clear of their roles and responsibilities. They were regularly observed and supported, which resulted in improved care and positive outcomes for

people. Staff commented, "Staff are supported and guided to help them understand their role and their responsibilities are clearer."

#### Working in partnership with others

- The service worked closely with other health professionals, including the local authority commissioners. We sought feedback from the local authority commissioners and three professionals. Two professionals had not responded at the time of writing the report. A third professional shared some concerns about aspects of care. The registered manager was made aware of these concerns to enable them to follow them up and address them to promote partnership working.
- The registered manager and activity team were keen for people to have more community involvement. This was being developed.