

Shaw Healthcare Limited

Croft Meadow

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

Croft Meadow is a residential care home providing accommodation and nursing care to up to 60 people in one adapted building. The service provides support to people living with a variety of health needs, including frailty of old age and dementia. At the time of the inspection there were 58 people using the service.

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

Since the last inspection the registered manager, deputy manager and staff had made improvements which had raised the quality and standard of care people received. Systems to ensure effective oversight and governance of the home had been revised, embedded and sustained in daily practice. People experienced person-centred care from staff who knew them well, had been appropriately trained and were competent in their role.

People were protected from avoidable harm as risks to people's health and safety were identified, assessed and mitigated. People and their relatives told us they felt safe and were cared for by staff who understood their risks and how to manage them. One relative told us, "[Person] is very safe there." A person commented, "Yes, I am safe." Staff understood their safeguarding responsibilities and knew how to report and escalate concerns. Accidents, incidents and safeguarding concerns were appropriately investigated with actions taken to reduce the risk of reoccurrence.

People and their relatives told us staffing levels varied but felt there was enough staff to meet their needs. Staff were recruited safely and received supervision where opportunities to develop and feedback about their practice was discussed. People received their medicines in line with prescribers' guidelines and medicines were regularly reviewed. People were protected from the spread of infection in a clean environment by staff who had completed training in infection control and had their competence assessed. Comments included, "They keep everywhere clean and tidy, I've no complaints", and, "The staff wear their PPE, it is difficult for the residents when staff wear masks, but I know they have to."

People received a comprehensive assessment and were involved in discussions about their care. 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. People had access to external healthcare services and support, including hairdressing, chiropody and specialist health teams.

People had access to a range of activities in an environment that was being upgraded to meet their needs. People were supported to eat and drink enough and maintain a balanced diet. People spoke positively about the food and could choose from a varied menu developed by a chef who collated and acted on people's feedback.

The culture of the home was positive and promoted good outcomes for people. People and their relatives

were complementary about how the home was managed. Staff felt supported by the managers and the provider. A staff member said, "I have the best team of people around me. I love it. Shaw (provider) are a good company to work for and things have vastly improved since [registered manager and deputy manager] have been in place." A relative said, "We love the home. It was the first one I looked around and I liked it as soon as I walked in. I was shown around by the deputy manager and they were very friendly. I was impressed that the residents don't have to share a room and they have their own en-suite."

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 14 November 2019) and there were breaches of regulation. 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 consider current guidance on providing stimulating, meaningful and appropriate environments for people who are living with dementia. At this inspection we found the provider had made some improvements to the environment and improvements were ongoing.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 03 October 2019 and 04 October 2019. Three 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 person-centred care, safe care and treatment and the governance of the service.

This inspection was prompted by a review of the information we held about this service. We also needed to check the service had completed their action plan and 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 Requires Improvement to Good. This is based on the findings at this inspection.

Follow up

We will work with the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 ●

Croft Meadow

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Croft Meadow 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. Croft Meadow 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

We used information gathered as part of monitoring activity that took place on 14 July 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. 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 reviewed the environment of the home and met with the people who lived there. We observed people's care to help us understand the experience of people who could not talk with us. We spoke with 12 people who used the service and seven relatives and friends about their experience of the care provided. The Expert by Experience made calls to relatives remotely by phone. We spoke with 17 members of staff including the area manager, operations manager, registered manager, deputy manager, registered nurse, senior care staff, care staff, domestic staff, the activities co-ordinators and the chef. We reviewed a range of records. This included eight people's care records and six medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the leadership team to validate evidence found. We looked at the staff dependency tool, minutes from meetings and audit and quality assurance records. We spoke with the registered manager and deputy manager and looked at further evidence relating to the environment and activities within the home.

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 the last inspection improved systems that had been implemented were not yet fully embedded in practice and were not yet robust enough to demonstrate safety was effectively managed. This placed people at increased risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people's health and safety were identified, assessed and mitigated. People had risk management and care plans which were regularly reviewed and provided guidance for staff on how to support people and meet their needs. There were effective systems to ensure people's health and safety was monitored and any risks identified and acted upon. For example, when concerns about people's fluid intake were identified, this was quickly escalated. Staff would then ensure people were offered additional drinks to help reduce risks to their health such as infection or dehydration.
- At the last inspection there were concerns about the management of pressure wounds and skin care. At this inspection people at risk of decline in their skin's integrity, and those with wounds had care plans to guide staff on how to mitigate risks and provide safe care. Systems to ensure people received appropriate wound and skin care had been revised, embedded and had improved managerial oversight. For people who required regular repositioning, there was an allocated staff member responsible each day for the monitoring and oversight of these people's care. Concerns regarding people's skin or wound care were escalated and addressed in a timely way. Any changes to people's skin, bruising or minor injuries observed were recorded, investigated and monitored accordingly.
- At the last inspection people at risk of choking had not always received the correct texture modified diet. At this inspection the service operated a robust system to ensure people received the correct texture modified meals and staff were aware of what meals people required. People had care plans to guide staff on how to support them safely. When there were concerns about people's risks, referrals to the Speech and Language Team were made for advice and recommendations. We observed people at mealtimes receiving the correct texture modified meals and staff adhered to the providers policy.
- People living with long term health conditions such as epilepsy and diabetes had care plans which contained detailed risk information for staff to ensure any risks to their health and safety were effectively managed. For example, one person living with epilepsy had a care plan which guided staff on signs and symptoms to look out for, and what to do in the event of a seizure. Risk information was regularly reviewed to ensure it remained current and up to date.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were effective in safeguarding people from the risk of abuse. People and their relatives told us they felt safe and knew who to speak to if they had any concerns. One person said, "I would talk to whoever is on duty." A relative told us, "[Person] is safe. Staff are always around keeping an eye on everyone. I have never worried about person's safety."
- Staff had undertaken safeguarding training and understood how to recognise signs of potential abuse. Staff understood their responsibilities and were confident the registered manager would report any concerns. One staff member said, "Safeguarding is making sure the resident is safe. That they are not being abused. I treat people as I would treat my own parents; and report anything of concern. This then goes to the safeguarding team."
- Incidents of alleged abuse were identified and reported to the local authority and CQC. The registered manager understood their responsibilities in relation to safeguarding and conducted investigations as required. Incidents were analysed, and actions taken to reduce the risk of reoccurrence. For example, lessons learnt from one investigation led to a staff member revisiting their medicines training and competencies to ensure their practice was safe to support people.

Staffing and recruitment

- People and their relatives gave mixed views about whether there were enough staff to meet their needs. One person told us, "They need more staff, but then I'm not a very patient person." A relative said, "Sometimes they seem short of staff, so residents have to wait a bit longer for support." However, another relative shared a different view, they told us, "They (provider) don't seem to have too much difficulty in getting staff. There are a few carers who seem to be there regularly. Sometimes you see agency staff, but [person] hasn't mentioned any problems with staff or delays in getting help." Care delivery was supported by records that evidenced people's care needs were being met.
- The registered manager completed a dependency tool each week to determine how staff would be deployed and ensure staffing levels were aligned to people's needs. The team adopted a flexible approach to staffing and responded to changes as required. The service had an assessed number of staff required each shift and; where there were shortages due to vacancies, staff sickness or increases in people's care needs, staff picked up additional shifts or agency staff were employed. Although the service had staff vacancies, there was an ongoing recruitment program which aimed to ensure the vacancies were filled.
- Most staff told us there were enough staff to support people. One staff member said, "I think the main problem with Croft Meadow is where it's located and there's no main train station. Unless you drive, it's difficult to get to." Another said, "I would say there's plenty of staff, there's four of us on today. The staff know the floor and the residents. Agency staff are brilliant, they're part of the team."
- Staff were recruited safely, and appropriate recruitment checks were completed. These included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered, stored and disposed of safely. Medicines were administered by registered nurses or staff that had undergone medicines training and were regularly assessed as competent in the task. Staff kept accurate medicines records which were regularly monitored. Quality assurance systems for managing medicines were effective in identifying concerns from which action to improve could be taken. For example, the medicines audit identified a person's topical medicine had not been labelled with the date when opened. This had been resolved and ensured the person continued to receive their topical medicine in accordance to the prescriber's guidelines.
- People prescribed as required medicines (PRN) had individualised protocols which guided staff on what

condition or symptoms the medicines were prescribed for and the circumstances for which they could be administered. Protocols included the risk of potential side effects, strategies to help try and alleviate symptoms before PRN was offered and what to do if the medicine was ineffective.

- Medicines that require more stringent levels of storage and administration were managed safely and in accordance with best practice guidance. One person prescribed one of these medicines for pain told us they received their medicine when they asked for it and their pain was well managed as a result.
- People's medicines were regularly reviewed, and people and their relatives told us they felt involved in discussions about their medicines. One relative said, "Initially we had a few phone calls about [person's] medication but staff were getting to know them. It has all settled down now. I know what [person] is taking and they will discuss it with me if they need to."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. A relative said, "The place is clean, it looks really clean. We sat in the day room and my partner remarked that it always looks spotless. You never smell anything unpleasant."
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The care homes approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting and being able to see their loved ones. One relative commented, "They (staff) were taking people's temperatures and making sure people had tested before visiting. They also used to take your contact details and ask you to wear gloves, mask and an apron. Now we don't have to make appointments, we can go whenever we like and meet in [person's] room which is much better. We still have to wear a mask."

Learning lessons when things go wrong

- The service learnt lessons when things went wrong. The management team encouraged openness and transparency about safety and risks. Accidents and incidents were discussed with those involved and a 'root cause analysis' completed with actions to reduce the risk of reoccurrence.
- When learning was identified, coaching sessions were held with staff; records observed confirmed this. For example, after a person had fallen, the managers introduced the recording of additional checks to reflect care provided and establish an accurate timeline of events to help reduce the risk of it happening again. This promoted people's safety and demonstrated the managers commitment to learning and continued improvement.

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.

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

At our last inspection we recommended the provider consider current guidance on providing stimulating, meaningful and appropriate environments for people who are living with dementia. The provider had made some improvements; however, improvements were ongoing and this was acknowledged by the provider.

- Since the last inspection the provider had created a sensory room for people living with dementia and cleared the environment of clutter and items that were no longer needed or used by people. The home had been redecorated and signage put up to help orientate people living with dementia to the environment, this included signs to help identify the lift, communal toilets and bathrooms. In people's rooms there were signs to identify people's toilet and shower.
- During the inspection we observed people did not always have access to materials and an environment which was meaningful or offered stimulation. When this was fed back to the registered manager, they told us of their plans to improve. They had bought the items needed to build sensory boards for people to provide stimulation and offer interest. Items had been purchased to upgrade the sensory room, which was not currently in use, and personalise people's bedroom doors with decorative box frames to help people identify them. The registered manager had arranged a meeting for people and their relatives to discuss the décor and environment, exchange ideas and involve them in the improvements.
- The home was spacious and light with adequate space for people to mobilise safely with their mobility aids, or use equipment required to meet their needs. People were observed mobilising independently. For people unable to use the stairs, the home had a lift available for use if required.
- Technology was used to enhance people's care. Call bells were in use for people to call for staff assistance if needed. For those unable to use call bells due to their health condition, infrared sensors or sensor mats were used in people's rooms so when they moved, staff were alerted and could go to offer their support.

Staff support: induction, training, skills and experience

- At the last inspection, the provider had not always ensured staff had the appropriate knowledge and understanding of how to support people according to their needs. At this inspection staff had undertaken training the provider considered appropriate for their role; records confirmed training was current and up to date. Staff told us training was of a good standard and equipped them with the knowledge and skills to provide effective care. Comments included, "As soon as training is available you can do it. Shaw (provider) have a good training programme", and, "The e-learning is good, it's kept up to date. As soon as it's due, they (management team) are on it."

- Staff competence was assessed to ensure staff had the skills required to meet people's needs. The provider had introduced new competencies for staff, such as the application and management of people's topical creams. The provider assured themselves agency staff were suitable to provide effective care, by ensuring they completed the same competencies and training as permanent employees. This included medicines training and how to support people appropriately when moving or repositioning them.
- People and their relatives told us staff had the skills and knowledge to care for their loved ones. When asked their views on whether staff were suitably trained, one person said, "These are the best carers I've ever had." A relative told us, "I am confident that the staff have been trained correctly, they certainly give that impression."
- Staff received regular supervision and felt supported by the leadership team. Staff were given feedback about their practice and had opportunities to develop. One staff member said, "We have supervision about every six weeks and an annual appraisal, but you can always ask for supervision if you have any concerns."

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 the last inspection the provider had not always ensured people's capacity to consent to certain aspects of their care and treatment was considered. At this inspection improvements had been made. People had individualised care plans which considered people's needs and their capacity to consent. This ensured that where there was doubt about a person's capacity, the person was appropriately assessed. If required, decisions about care and treatment were taken lawfully and in people's best interests.
- Applications or renewals for people's DoLS were submitted to the local authority in a timely way. Where conditions to DoLS had been imposed, these were complied with. For example, one person was prescribed a particular medicine which required regular review. The deputy manager had ensured the medicine was reviewed by an appropriate health professional; our observation of records confirmed this.
- People had access to an Independent Mental Capacity Advocate (IMCA) if they were assessed to lack capacity and had no one else to represent their interests. We saw evidence that people living at the service had been visited by an IMCA to seek their views and support their choices.
- Staff had completed MCA training and understood the principles when caring for people. One staff member said, "Well we assume everyone has capacity unless proven otherwise, which is often the case on the dementia floor. We try and do things in the least restrictive way and make decisions in their best interests."

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

- People received a comprehensive assessment, and their choices respected. Care was delivered in accordance with best practice guidance and the law. Nationally recognised tools were used to assess people's risks for malnutrition, skin integrity and choking. For example, people were regularly weighed, and

their weight assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a nationally recognised tool used to identify people who are malnourished, at risk of malnutrition or obesity. MUST was used by staff to inform people's care plans. Care and treatment plans were regularly reviewed and where appropriate, referrals had been completed for advice and support from external health and care professionals.

- People were supported to maintain good oral hygiene. Staff had undertaken oral health training and completed an oral health assessment with people to ensure their needs were identified. People's care plans contained guidance for staff on how to maintain their oral hygiene. For example, information about how to care for people's dentures and aspects of oral care that people could maintain themselves to promote their independence.

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

- People were supported to eat and drink enough and eat a balanced diet. People were offered a choice of two main meals, a dessert, and there were snacks and drinks available throughout the day. One person told us, "They always ask what I want for a meal." We observed staff supporting people with the meals they requested and offer alternatives if they changed their mind. People could choose where they wanted to eat their meal. We observed some people eating their meal in the dining room and others who preferred their meal in their room.

- Most people and their relatives were complimentary about the food. One person told us, "The food here is very good." A relative said, "I always check the menu and [person] seems happy with the food. They do have to be encouraged to eat and I always ask the staff how much they have eaten, they always know."

- The chef understood people's dietary needs and had a robust system to ensure any changes to people's requirements were communicated and implemented effectively. The chef told us, "There is a constant flow of communication." The chef sought feedback about the food by attending residents' meetings and speaking with people to gain their views. Feedback was used to develop the menu and understand people's likes, dislikes and preferences.

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

- Staff worked with other agencies to provide consistent, effective and timely care. The registered manager and staff had established effective relationships with external agencies. Staff communicated with other health professionals, for example the GP and community nursing teams to inform them of concerns over people's health, the effectiveness of new treatments and changes to people's care. One person told us, "The district nurses come to change my dressings."

- People had access to healthcare services and support. Relatives we spoke with confirmed this. One relative told us, "[Person] was unwell and they were very good dealing with it. I phoned [person] one day and they were very muddled. I mentioned it to the nurse as I know it can be a sign of [infection] and they got onto it immediately." Another said, "[Person] seemed a bit out of sorts recently so they [health professional] did some blood tests and now give them vitamin drinks which are helping." People told us, and records confirmed people had access to a variety of services, for example, a chiropodist, hairdresser and optician if required.

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.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and in a way which promoted their independence. Most staff respected people's right to privacy and people's dignity was upheld. At the last inspection we observed staff did not always use language that demonstrated respect for people. During this inspection we observed one staff member speak to another about a person's care in a communal space while other people were present. Despite our observation, we found this did not reflect the culture of the service. People and their relatives told us their experience of care was respectful. One relative commented, "I think they [staff] are very respectful. They need two people to help [person] and I leave the room if it is anything personal. They shut the door and close the curtains and people always knock before they go into a room." When this was raised with the managers, they responded to our feedback. After the inspection we were provided with evidence that individual's practice would be discussed in staff supervision, and our observations had been shared with the team.
- Staff had undertaken training in how to ensure people were treated with dignity and respect and most applied these principles to their day to day practice. One staff member told us, "We treat people with dignity and respect, it's such an important thing. If someone dropped food down their top, we would change it, how awful to be left in a dirty top. You would not leave your mother like it."
- People were encouraged to maintain their independence. People's care plans guided staff on aspects of care people could do themselves as well as how staff should support them. People were provided with suitable equipment to enable them to maintain their independence. For example, people were encouraged where they could, to wash and dress, eat and drink, or walk independently. Our observations confirmed this.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were supported to express their views and were involved in decisions about their care. Care plans were regularly reviewed and updated when people's needs changed. A relative told us, "We have discussed [person's] care plan and also DoLS."
- People told us staff came to speak with them and they were comfortable asking for support. People said they would ask staff directly or use their call bell. One person told us, "The girls will come and see me and have a chat, I'm quite happy." A relative said, "[Person] can't use the call bell so [staff] have to go in and check on them, which they do. They seem to respond almost at once."
- People and their relatives spoke positively of staff and said staff were kind and caring. Comments from people included, "They are all very, very kind. I have not met one who isn't", and, "It's all right here, people

are nice and very pleasant." A relative told us, "My [person] is on the dementia wing and I think the care they receive is excellent. They treat them with a sense of humour which is lovely to see. I go in most days, so I see what is happening."

- People were treated with kindness, and their equality, diversity and human rights upheld. We observed interactions between people and staff which were warm and reassuring. Staff had undertaken equality and diversity training and understood what this meant for people.
- People's cultural, spiritual and religious beliefs were considered, recorded and any associated care needs met. One staff member told us about a person who was involved in their local church and attended video calls which enabled them to continue to practice their faith.

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; Meeting people's communication needs

At the last inspection the provider had not always ensured that the care and treatment provided to people was appropriate, met their assessed needs or reflected their preferences. This was a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection people did not always receive person-centred care to reflect their assessed needs or preferences. At this inspection people had person-centred care plans which contained detailed guidance for staff on how best to support them. Information such as people's likes, dislikes and preferences was collated and used to inform people's care. Most people had biographies which contained information about their personal histories, families and previous occupation. Where people were unable to share this information, friends and relatives were consulted. The registered manager explained this was still a work in progress and was confident all people would soon have a completed biography from which individualised and person-centred care could be further developed.
- Staff knew people well and people's preferences were understood and respected. One person said they had expressed their preference for female carers only and this had been upheld. Another told us of their specific dietary preferences and had discussed these with the chef to ensure their preferences were met. Staff gave detailed examples of how they cared for people in a person-centred way. One staff member told us, "You have to treat people as individuals, everyone is different. You get to know what people like, and you do what they would like." Another told us about a person who preferred to have their feet washed first, they said, "Most people like it the other way around but they liked it from the bottom up." A relative told us, "The staff have certainly got to know [person] and we know the staff as well as we can."

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 information was not always provided in a way that supported people living with

dementia to understand and make choices. The registered manager had implemented a system where people were shown a small sample plate of the food on offer from which they could choose what they wanted for their meal. We observed this in practice, and while this was an effective method for most people, one person appeared confused as they thought the sample plates were the size of the meals on offer. Staff explained to the person and they were visibly reassured once they understood they would receive a bigger portion. The chef confirmed picture cards to demonstrate menu choice had yet to be developed and something they were working on.

- People's communication needs were assessed, and people had communication care plans to guide staff on how to communicate with them effectively. People with sight or hearing difficulties were supported to wear their glasses and hearing aids. Information had been adapted to meet people's needs. For example, menus were available in large print for those with a visual impairment. Information on how to make a complaint, ask a question or raise a concern was available in easy read format and displayed throughout the home; and there were flash cards with pictures and simple phrases available for use if people preferred.
- One person with a hearing impairment showed us a writing pad which staff had written on to communicate with them. They told us this is how they preferred to receive information and communicate with others; this was reflected in the person's care plan. This approach enabled the person to understand what was happening, communicate effectively with staff and make choices about their care and support.

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 people's social needs were not always met. At this inspection people were supported to develop and maintain relationships to avoid social isolation. People had regular contact with their families and those who were important to them. People were encouraged to join in groups and activities to build relationships with each other. One person told us, "I go out of my room to see what's going on, I've made friends." People could go out with their relatives; staff enabled this. A relative said, "[Person] prefers to stay in their room but when we want to take them out we phone up the day before and they (staff) will get them ready and in their wheelchair, ready for us to pick them up."
- The provider had recruited two activities co-ordinators who were responsible for the co-ordination and delivery of activities and entertainment. One co-ordinator told us of their experience of joining the service. They said, "My main aim was to make residents lives as happy as possible and I think we've done pretty well. I wanted to find out what people wanted to do. We've adapted games for people in wheelchairs so more and more people can join in. There is a weekly schedule planned, but it can be changed according to what people want. I like to get family members involved too. It's being flexible." For people unable or those who preferred a different activity, one to one sessions and wellbeing visits were held in their rooms.
- During the inspection people gave varied feedback about the activities available, and whether they thought activities were relevant to them. Some people told us there was not enough to do, while others were enthusiastic about the activity programme. We observed mixed reactions from people to the activities on offer. In one area of the home we saw a game of catch, and later a building game. People told us, and our observations showed people were not particularly interested in these games and there was minimal engagement and participation from people. In contrast on another floor, we observed people singing and dancing to music and waving their arms in the air; people appeared to be enjoying themselves.
- We shared our observations with the managers who gave assurances this did not represent the daily culture of the service and activities were usually popular with people. After the inspection we were provided with evidence to show people enjoying a range of activities, events and entertainment. Feedback from relatives and staff was positive and recognised the improvements made since the last inspection. One relative said, "They have a new activities officer and they have been fantastic. They are bringing people out of their rooms and are very good at mixing people up. They do activities on the different floors and they're enthusiastic and energetic. I think this has made a real difference to people. [Person] joins in with things

now which is great to see. We visit regularly and often help out with the activities."

Improving care quality in response to complaints or concerns

- Complaints were appropriately investigated in accordance with the provider's policy. Managers were open and transparent when dealing with concerns that had been raised. Complaints were used to make improvements when needed.
- People and their relatives told us they knew how to make a complaint if they needed to. People we spoke with either had nothing to complain about or when they had raised a complaint said it had been dealt with satisfactorily. Comments included, "I haven't made any complaints. The staff are really easy to talk to. They are always willing to help", and, "I would contact [registered manager] or one of the nurses if I needed to complain."

End of life care and support

- At the time of our inspection there was no one living at the service receiving end of life care. Records showed people's wishes and preferences for their end of life care were considered, and if they wanted to, people were supported to plan their end of life care. People had care plans to guide staff on how they wished to be supported. For example, where the person wanted to be and who to contact at the end of their lives.
- People were supported to be comfortable and free of pain at the end of their lives. Staff worked with external health professionals and GP's to ensure appropriate medicines were in place to maintain people's comfort when required.
- People were supported at the end of their lives by compassionate staff who demonstrated their understanding of how to care for people. One staff member said, "We get the GP involved and the district nurses to make sure they're comfortable and pain free. We involve their family and consider people's wishes prior to losing their capacity. I have stayed on before to be with someone when they passed."

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 the last inspection not all improvements the provider had made to their quality assurance processes were embedded enough to provide assurance they would be sustained. Further time was required for improvements to be fully embedded in practice. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection there were concerns about the quality of records and effectiveness of systems to provide oversight of people's care and risks to people's health and safety. At this inspection improvements had been made. Systems implemented at the last inspection were now sustained in everyday practice. The registered manager had revised and updated systems to improve managerial oversight and ensure people's care was effectively monitored and any concerns escalated so action could be taken. The provider had introduced an electronic record keeping system which had improved oversight of people's continence, diet and fluid intake, repositioning and wound care. Processes to manage risks to people's health and wellbeing, for example falls, choking and safeguarding, were effective and promoted people's safety.
- There was an established management team with clear roles and responsibilities. The management team and staff demonstrated their commitment to continual improvements and providing safe and effective care. Where areas for improvement were identified, these were known to the registered manager and improvements were either in progress or acted upon immediately after the inspection. People, their relatives and staff spoke positively about the management team and the way the service was run. A relative told us, "[Registered manager] is very good. They have really pulled up the home. There has been a vast improvement in standards. They know what needs to be done." A staff member said, "Now it's lovely, we seem to have settled. We have [registered manager and deputy manager], it's really good.
- The registered manager understood the importance of their role, was supported by the provider and had regular contact with the senior leadership team. Legal requirements were understood, and issues were reported to the appropriate organisations, including CQC and the local authority.
- The management team worked closely with the local authority and clinical commissioning group (CCG) to regularly review the providers Service Improvement Plan (SIP). Actions and improvements identified in the SIP had significantly reduced since the last inspection. The SIP was updated to ensure that improvements

were completed, sustained and met within the timescales specified.

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

- The service promoted a positive, person-centred culture that aimed to achieve good outcomes for people. The provider had implemented recognition awards 'Star Awards', where people, their relatives and staff could nominate anyone they believed had made a difference to people's lives. Examples of why people were nominated included demonstrating compassion, improvements, leadership or the provider's values of wellness, happiness and kindness.
- Staff described the registered manager as approachable and fair. One staff member told us, "[Registered manager's] door is always open." Staff told us they felt supported by the provider. Comments included, "Shaw (provider) are very fair. They are a good company and they want things done properly", and, "I would say they (provider) are pretty good. You get all the equipment and bonuses, last month we got a cost of living bonus. Then there are the star awards, everyone is included, all departments and relatives."
- People and their relatives were involved in discussions about their care and their views respected. People were encouraged to participate in activities and events to enhance their emotional and social wellbeing. People's birthdays were celebrated, as were significant events, religious holidays and people's achievement's or successes. Staff knew people well and were positive about the people they cared for and their role. One staff member said, "I love my job and looking after people with dementia." A relative told us, "I would recommend the home because they have good staff, it is clean, and everyone is very kind to the residents and their families."

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

- The registered manager understood their responsibilities under the Duty of Candour and was open and transparent when people's care had not gone according to plan. For example, when a person experienced a fall or accidental injury, relatives were informed. The registered manager had notified CQC of incidents that had occurred, and any lessons learnt or actions taken.

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

- People, their relatives and staff were involved in discussions about the home in a meaningful way. The service held meetings, collected survey's and had individual discussions where people and their relatives could raise issues and discuss matters of importance to them. Feedback was acted upon to make improvements. For example, a relative raised their experience of staff members answering the phone. Records confirmed this was discussed with staff to ensure the phone was answered in a professional manner and the name of the person answering was given.
- Relatives told us they were asked their views and received information to keep them informed on what was going on in the home and their loved one's care. One relative said, "I get emails, texts and phone calls from the office staff to update me on things that are happening. It is brilliant that we have got to know each other. They always seem to be asking for feedback." Another said, "They have a newsletter and my sister helps to produce that." People had one to one session's with staff to ensure they could share their thoughts and give feedback about the service.
- Staff were kept up to date with changes in the service and people's care. The registered manager discussed best practice with staff and fed back comments and suggestions people had made. Records confirmed issues raised were acted upon and shared as required to drive improvements within the service. One staff member said, "We share a lot of information and have different ways of doing this. It's lovely we have the structure now."

Continuous learning and improving care; Working in partnership with others

- Staff described a positive and open culture where they felt able to express their views. Staff attended regular team and clinical meetings which provided opportunity to discuss any changes to the running of the service and give feedback on the care people received. Staff attended lessons learned and coaching sessions and had opportunities to develop and learn new skills. These were considered relevant to their role and aimed to enhance the care people received.
- The managers used accidents, incidents, complaints and safeguarding concerns to learn from and improve the service. For example, following an incident where a person had left the home unaccompanied, the registered manager reviewed their processes to ensure staff were aware of what to do and who to contact should a similar incident happen again.
- Staff and the managers gave examples of how they worked collaboratively with other services to support people's needs. Records confirmed that healthcare professionals had been involved in people's care and advice given was followed by staff. Staff demonstrated a proactive approach to partnership working with health and care professionals. For example, the GP, pharmacist, advanced and paramedic practitioners and the community nursing teams.