

A.V. Atkinson (Fourways) Ltd

# Fourways Residential Home

## Inspection report

45 Scotland Hill  
Sandhurst  
Berkshire  
GU47 8JR

Tel: 01252871751

Website: [www.atkinsonshomes.com](http://www.atkinsonshomes.com)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Fourways Residential Home is a care home without nursing that provides personal care for up to 20 older people, some of whom may be living with dementia. At the time of our inspection there were 14 people living at the service, two of whom had been admitted to receive respite care. The care home, which is set in a residential area, accommodates people in one adapted building, arranged over two floors. There was a communal lounge and a communal dining area on the ground floor. There was a substantial garden at the rear of the building.

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

People experienced safe care from staff who had been trained to protect them from abuse and avoidable harm. Risks to people were assessed, monitored and managed safely, whilst promoting their freedom and independence. The manager deployed enough suitable staff with the right mix of skills, competence and experience to meet people's needs safely. We observed some discrepancies regarding medicines management, which the manager immediately addressed. Staff consistently applied good infection control and food hygiene practices. Staff were encouraged and supported to raise concerns and report incidents and near misses, The manager or deputy manager reviewed these incidents daily and took action to reduce the risk of future recurrence.

Assessments of people's needs were comprehensive, identified expected outcomes and were reviewed and updated regularly to ensure they reflected people's changing needs. The management team supported staff to maintain their professional skills and worked well with partners to make sure staff were trained to follow best practice. People were encouraged to eat a healthy balanced diet and staff effectively monitored the risks associated with poor hydration and nutrition. The management team made timely referrals to relevant professionals and services and staff acted swiftly on their recommendations to achieve good outcomes for people. The manager had sought and implemented guidance from a recognised source to adapt the environment to improve people's quality of life and promote their wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager and deputy manager inspired staff to be committed to delivering care and support that treated people with compassion, kindness dignity and respect. Staff anticipated people's needs and quickly recognised when people were in pain, distress and discomfort and provided sensitive and respectful care. Staff supported people to be fully involved in decisions about their care.

People were empowered to make choices and have as much control and independence as possible. Staff enabled people to carry out person-centred activities, hobbies and interests, and supported them to maintain relationships that matter to them. Staff actively promoted companionship within the home.

Complaints were dealt with in an open and transparent way and used identified learning to improve the quality of the service. People were sensitively supported to make decisions about their preferences for end of life care. Staff had received additional training to support people who required end of life care.

The management team promoted a strong caring, person-centred culture where people and staff felt valued. Staff were passionate about their role and consistently placed people at the heart of the service. The service involved people, their family, friends and other supporters in a meaningful way. The manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent further occurrences. The manager and deputy manager operated robust measures to monitor quality, safety and the experience of people within the service.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (report published 21/04/2022).

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.

#### Why we inspected

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.

We carried out an unannounced inspection of this service on 24 March 2022. Six breaches of legal requirements were found in relation to person-centred care, safe care and treatment, nutritional and hydration needs, premises and equipment, good governance and staffing. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this comprehensive follow up inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe, Effective, Caring, Responsive and Well-Led which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fourways Residential 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 not always safe.

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Fourways Residential 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 one inspector.

#### Service and service type

Fourways Residential Home 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. Fourways Residential Home is a care home without] 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 not a registered manager in post. A new manager had been in post for one month and had applied to become registered. We are currently assessing their application. Throughout this report they are referred to as the manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we already held and had received about the service since the time of the last inspection. We sought feedback from the local authority, safeguarding team and other professionals who work with the service. We checked information held by the fire service, environmental health officer, Companies House, the Food Standards Agency and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people and 3 relatives. We observed people's care and staff interaction with them. We spoke with 13 members of staff, including the manager, deputy manager, nominated individual (assistant director) the chef, activities coordinator, 3 senior care assistants, 3 care assistants and a cleaner. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the provider (director). We asked staff to share their experience about working at the home. We reviewed a range of digital records including 14 people's care records and medicines administration records. We inspected 3 personnel files of staff who had been recruited since the last inspection. We also looked at a variety of documents relating to the management and quality assurance of the service, including policies and procedures were also reviewed. We wrote to the home manager and nominated individual after the site visit and requested some further information. After the site visit we continued to seek clarification from the provider to validate evidence found. We spoke with 4 relatives and 4 health and social care professionals who engaged with the service. We received multiple additional documents and written explanations relating to feedback provided during the inspection.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

At our last inspection people were at risk from unsafe medicines administration. This was a breach of Regulation 12(1)(2)(g) 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.

- Medicines were now being managed more safely. However, on the first day of inspection the two nightshift care assistants were not qualified to administer medicines. This meant that people could not be administered medicines during the night, for example if they required pain relief.
- The manager was able to demonstrate how this was an isolated incident, which they had risk assessed and implemented a management plan to ensure people were safe. A night shift care assistant qualified to administer medicines, reported unforeseeable circumstances which caused them to be absent at short notice. The late shift senior care assistant remained on shift late, to administer the night-time medicines and returned early the following day to administer people's early morning medicines. The manager was on call throughout the night to address any medicine issues.
- We observed medicine rounds during the two days of inspection, which mainly followed best practice techniques. However, on one occasion we observed a staff member leave a person's medicines unattended in their room, whilst they went to get a glass of water. This meant that on their return, they could not be sure it was the person's prescribed medicines that were administered. This could therefore have exposed the person to the potential risk of taking medicines inappropriate for them. We were able to confirm no other people had entered the room in the medicine giver's absence and the person was immobile and could not reach the medicines.
- We informed the manager on their arrival at the home, who immediately completed a supervision with the staff member and subsequently completed further competency assessments before the conclusion of our inspection.
- At our last inspection people did not always receive their medicines as prescribed. At this inspection people received their medicines at the right time and did not experience delays in administration, which compromised their safety. For example, people with diabetes received their medicines at the correct time, to ensure they did not experience low blood glucose levels. Low blood levels can be dangerous and cause significant harm if not treated quickly.
- At our last inspection the provider had not considered the lawful use of covert administration where, people experienced behaviour which repeatedly led to their medicines not being taken. This is when

medicine is hidden in food or fluid to help ensure the person receives it as prescribed. At this inspection the manager, deputy manager and senior care assistants understood when covert administration should be considered and the process to demonstrate such administration had been lawfully authorised.

- At our last inspection medicines records did not always accurately reflect if, how, when and why medicines had been administered. At this inspection there were no gaps or missed signatures. Staff had consistently completed body maps to show where to apply prescribed creams and lotions. Records reflected where and how much topical medicines should be applied to people.
- The deputy manager had been improved medicine profile sheets to ensure all risks to people were clearly identified, for example, where people experienced swallowing difficulties and may be at risk of choking.
- The management team had worked closely with staff to improve the recording when pain relief was administered to people. For example, staff accurately recorded people's pain to indicate why the medicine was given and to provide further information regarding further treatment required. Where 'as required' and other medicines were not administered, staff consistently recorded on the reverse side of the record why they were not given.
- On 21 December 2022 a professional from the local Integrated Care System completed a medicines audit at the request of the manager. Advice was given on the use and record keeping of emollient creams, the safe rotation of application sites when applying transdermal patches, and further details required in PRN 'as required' medicine protocols. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream.
- At our inspection we found the service had implemented the professional advice.

## Staffing and Recruitment

At our last inspection insufficient staff were deployed which placed people at risk of harm and delayed care. This was a breach of Regulation 18(1)(2)(3) 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.

- At our last inspection there were insufficient staff deployed to ensure people's needs were always met in a timely and safe way. At this inspection we found there were enough staff to meet people's needs safely.
- At our last inspection staff consistently expressed concerns about the time pressures placed upon them, having to work long hours and extra shifts to make up for staff shortages. At this inspection staff consistently told us staffing had improved.
- However, they identified that when the deputy manager was off, this meant they were short staffed because a senior care assistant had to administer medicines, leaving one care staff covering the first floor. This was confirmed by rotas.
- We informed the manager about the staff feedback. Since our inspection, the manager has provided evidence that staffing levels have been increased in relation to inspection feedback from the staff.
- During our last inspection no call bell audits were completed, and no analysis of staff response times was completed to help determine the correct number of staff to deploy at different times of the day. At this inspection the manager had not been able to complete such audits or analysis. However, they had contacted the system provider to install the relevant technology to complete such analysis. The manager provided evidence that this system had been implemented before completion of this report. The operation of the system required time to become embedded and evaluated.
- Since our last inspection improvements had been made in relation to staff answering call bells, which were no longer frequently ringing for over five minutes. We also observed that call bells were consistently



accessible to people. People and relatives consistently told us staff responded promptly whenever they pressed their call bells, and ensured they were within their reach before leaving.

- During this inspection we observed staff were no longer continually rushed and hurried. Staff always engaged people in meaningful conversation as they were passing.
- We spoke with the chef who was concerned they had no support from a kitchen assistant. The manager told us they were in the process of recruiting a kitchen assistant and provided reassurance to the chef regarding this during our inspection.
- Housekeeping staff told us there were enough staff to complete their designated tasks and were able to stop and chat with people.
- The provider's recruitment and selection processes were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Assessing risk, safety monitoring and management

At our last inspection people were at risk of harm from risks that were not effectively assessed and mitigated. This was a breach of Regulation 12 (1) (2) (a) 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.

- During our last inspection we made a safeguarding referral because there was a delay in seeking medical attention for a person, which left them at high risk of sepsis. People were not always protected against avoidable harm because staff did not always respond proactively when people were identified to be at risk.
- At this inspection we found that staff quickly identified when people's needs changed, and prompt referrals were made to relevant health professionals. This ensured people received the appropriate care and treatment when required, to keep them safe and well. For example, we reviewed circumstances when people had developed infections, where early staff interventions led to successful outcomes for people.
- Staff effectively identified and assessed other risks to people. For example, people had comprehensive management plans to protect them from the risks of choking, malnutrition and falling.
- The deputy manager demonstrated how, together with the manager, they effectively monitored alerts raised by staff within the digital care records system identifying risks to people. Records showed that the management team worked effectively to ensure there was an immediate response to alerts raised.
- Staff told us they were now more confident about raising concerns regarding people's needs, due to recent training they had received and the support from the management team.
- Assessment and monitoring records demonstrated that people received the support required to keep them safe, in accordance with their risk assessments and support plans.
- Staff knew people's individual risks and how to support them safely to reduce these risks. Risks to people associated with their behaviours, which may challenge others, were managed safely to protect people and others.
- The service shared information effectively about risks through handovers, staff meetings, one-to-one supervisions and other formal and informal ways. This meant staff were fully aware of and enabled to meet people's changing needs safely.
- Visiting health and social care professionals consistently made positive comments about the significant improvement under the new management team, of the staff response to people's developing health needs.

For example, they were now confident they were being provided with the most up-to-date information regarding people's changing needs.

At our last inspection people were not always protected from building and equipment risks. This was a breach of Regulation 12(1)(2)(b)(d)(e)(h) 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.

- At the last inspection people and visitors were exposed to risks which were not managed safely. There was no risk assessment in place by an accredited contractor for the prevention and control of legionella. Legionella presents a common risk to older adults of causing a severe respiratory illness. A water sample from February 2022 showed a high level of legionella in the water system and appropriate action had not been taken placing people at risk of illness.
- At this inspection we checked the safety of the premises and equipment. A current risk assessment for the prevention and control of legionella had been completed by an accredited contractor.
- Furniture which presented an infection control risk had been removed and destroyed.
- Fire safety within the home had significantly improved. This meant the provider could be assured that all staff would take the required action to keep people safe during a real emergency.
- Contingency plans had been reviewed to ensure they prepared staff to keep people safe in the event of an emergency. Missing evacuation plans had been created for each individual, which were kept in the designated place.
- The service emergency folder provided a reliable source of information for the fire service.
- The business continuity plan and emergency telephone numbers had been updated and contained current up to date information.
- Fire drills were completed more frequently, including night-time fire drills to improve staff response times finding the seat of a fire.

### Preventing and controlling infection

At our last inspection people were at risk from infections. This was a breach of Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were protected from the risks of infection. Staff use of personal protective equipment (PPE) had improved. We observed staff consistently wearing PPE in line with requirements to prevent cross infection.
- PPE was now stored appropriately, in accordance with guidance and collected by staff as needed.
- Whenever PPE was contaminated, we observed staff correctly dispose of it safely.
- Staff performed effective hand hygiene which reduced the risk of cross contamination and people acquiring an infection.
- Cleaners were observed following the nationally recognised colour coding system to separate cloths and mops for different areas, for example bathrooms, bedrooms and communal spaces.
- 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 was in line with government guidance at the time of inspection.

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns, to record safety incidents and near misses, and to report them internally and externally, where appropriate.
- People, staff and other stakeholders were involved in reviews and investigations when things went wrong. Staff consistently told us the manager and deputy manager encouraged them to be open and honest when accidents and incidents happened, so necessary learning could be identified to improve the quality of the service.
- All accidents and incidents were recorded and reviewed daily by the management team, who took prompt action to implement any lessons learned. This meant the management team had taken necessary action to reduce the risk of further incidents and accidents. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.
- At our last inspection, in response to accidents and incidents reported, the manager had arranged for staff to complete further training in relation to pressure area management, moving and positioning people safely, supporting people with diabetes and fire safety. At this inspection we found this training had become embedded in staff practice.

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

- People and their families told us they felt confident in their safety. One person told us, "They [staff] always look after me and make sure I'm alright." Another person told us, "I am happy. They [staff] treat me well and I can always tell [senior staff member] if something's upsetting me." One person's relative said, "I come here [Fourways Residential Home] a lot and I've never had cause to worry."
- Staff had training in safeguarding and understood signs of abuse, such as changes in people's behaviour or physical signs, such as bruising.
- The provider had systems, policies and processes in place which meant that any concerns were reported appropriately to relevant authorities and investigated.
- Staff knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff consistently told us they would whistleblow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns. One staff member told us, "If I saw someone being abused I would make sure they were safe then I would report it to my manager, unless I was worried about the manager then I would tell you [CQC] or the council safeguarding team."

# 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 the premises were not sufficiently decorated and adapted to meet everyone's needs. This was a breach of Regulation 15 (1) (a) (b) (c) (d) (e)(f) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The service had completed a recognised tool to determine the best practice to use in the decoration and adaptation of the premises. Improvement had been made in the decoration of the premises to ensure it was suitable for people living with dementia.
- Since our last inspection some areas of the building had been decorated or adapted in accordance with best practice. For example, through the use of colours to promote people's safety, well-being and orientation. The manager demonstrated further improvements that had also been arranged to make the environment more suitable to people living with dementia.
- Improvements had been made to the single stairway between the ground and first floor to mitigate the risk of people falling.
- Storage had been improved so people's clothing and shoes were no longer stored in a cupboard in which a water pump and heating equipment was housed. Personal protective equipment stations were now situated throughout the building, and staff had appropriate areas to store items.
- Radiators in the conservatory and dining room were now switched on in the mornings. People consistently told us the home was now warm during the morning. Throughout the day, temperature within the home was effectively managed. For example, radiators were no longer left on during parts of the day when it was warm. Routine monitoring of room temperatures was now being recorded.

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

At our last inspection people were not offered enough fluids to prevent dehydration. This was a breach of Regulation 14 (1) (2) (a) 4 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- The provider placed a strong emphasis on the importance of eating and drinking well. People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.
- People were always asked about their personal food and drink preferences and provided with choice.
- We observed people frequently offered drinks throughout the day, in addition to being routinely asked during and after each meal, mid-morning, mid-afternoon and bedtime. People who woke early were offered early morning drinks before breakfast.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals.
- When required, fluids were appropriately thickened by staff, as per product directions to make it safe for people to drink it. Fluid thickeners are powders added to change the texture of a drink to prevent choking.
- Snacks with a high fluid content, such as jellies and fruit were offered during the day to assist people to remain well hydrated.
- A hydration station had been reinvented and was now fully stocked with drinks and snacks, which was readily accessible for people to help themselves during the day.
- People identified as being at high risk of dehydration had their fluid chart reviewed each day by either the manager, deputy manager or senior care staff. The manager and deputy manager checked people's fluid charts and monitored the availability of fluids for people during their daily walk rounds.
- We observed staff regularly encouraging people to have their preferred cold drinks, to protect them from the risk of dehydration. In addition, jugs of juice were left in people's rooms. Relatives consistently told us that these jugs were always placed within reach of their family member.
- Staff understood the different strategies to encourage and support people to eat a healthy diet and the importance of remaining well hydrated.
- People consistently told us they enjoyed their meals and praised the chef's cooking. One person told us, "He [chef] speaks to me every morning to find out what I would like and asks what I would like instead if I don't fancy the main choices."

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

At our last inspection people were at risk of harm because assessments had not always identified the needs of people exceeded the level of care that could be safely delivered by the service. This was a breach of Regulation 12 (1) (2) (a) (b) (c) (i) 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.

- At this inspection people's care and treatment needs and preferences had been assessed by suitably skilled staff.
- At our last inspection 2 people were identified to have needs that exceeded the level of care that could be safely delivered by the service. The provider had collaborated effectively with other stakeholders to arrange the transfer of the 2 people to alternative providers more suited to meet their complex needs.
- The manager assured us they will robustly assess all future admission requests to ensure the service has the required staffing expertise to meet the person's needs safely. The manager provided documentary evidence to demonstrate occasions where they had declined to admit people whose needs the service could not meet fully.
- The management team had reviewed 2 recent pre-admission assessments to ensure they had been comprehensively completed. This ensured the provider had acquired a full understanding of people's needs and established what was important to them before they began to receive care and support at the home.

- Care plans were person centred and comprehensively detailed how the person wished to be supported. For example, where people had limited verbal communication, care plans provided information about how to communicate with the person. This enabled staff to establish and meet people's needs effectively.
- People and relatives told us they had been fully involved in developing their care plans and risk assessments and were consulted whenever their needs changed, requiring them to be reviewed.
- Staff followed guidance within care plans to ensure people's needs were met during the delivery of their care to achieve good outcomes and quality of life for them. For example, management of pressure areas had improved since our last inspection.
- Staff used recognised assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. The service arranged specialist equipment and accessed support to manage risks to people's skin integrity and to support them to mobilise and transfer safely.

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

- People and relatives thought staff had the required skills and experience to meet their assessed needs safely.
- The manager and deputy manager enabled staff to develop and maintain the skills and knowledge required to support people according to their needs. Staff had completed training in line with core subjects advised by Skills for Care and the care certificate. 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
- The provider had arranged for staff to complete enhanced training to support the specific needs of people. For example, staff had completed additional dementia awareness, diabetes and wound care training.
- Staff had completed training in relation to the safe management of medicines and had their competency assessed annually. The management team effectively operated a competency framework covering all aspects of care delivery. This included observed spot-checks and one-to-one supervisions.
- Staff consistently told us their training fully prepared them to meet the needs of people. New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. A staff member told us their comprehensive training made them feel confident they were ready and able to meet people's needs.

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

- Staff worked well with other agencies to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made referrals and liaised with other healthcare professionals when the need arose.
- People's care plans contained detailed information about their healthcare needs, and the support they required to access healthcare services. Staff maintained detailed records of people's healthcare appointments and confirmed information was shared between staff during handovers and through communication books. Staff were able to explain how they supported people to engage with healthcare professionals.
- Staff ensured that people received consistent, coordinated, person-centred care and support when they were referred to, or moved between different services. For example, when people transferred to or from hospital on admission or discharge.
- The manager believed in a holistic approach to people's care and worked effectively with relevant professionals to improve people's health and well-being. For example, they effectively collaborated with local care home support and urgent care teams to improve the service' response to falls. The manager implemented a process and guide document which enabled staff to assess people effectively. This has led

to a significant reduction in the need to call an ambulance when people experienced a fall.

#### 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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked the service was working within the principles of the MCA and found that appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The service was working within the principles of the MCA. Any restrictions on people's liberty had been subject to appropriate authorisations or applications. The management team had a clear understanding of the DoLS process and when applications were required. The manager and deputy manager effectively operated a tracking system to ensure that DoLS authorities were reviewed regularly and did not expire.
- The manager effectively operated a process of mental capacity assessment and best interest decisions. Records accurately reflected these processes and provided a clear explanation behind the necessity and legality of the decisions.
- Staff had completed the required training on the MCA and DoLS, which they followed in practice, to protect people's rights. Staff understood the principles of mental capacity and how to promote maximum choice and control in people's everyday lives. People were offered suitable choices in all aspects of their care.
- Staff knew the relevant representatives who needed to be involved in decisions about people's care and how each person communicated their wishes and preferences. Staff knowledge and understanding enabled the service to be responsive and flexible to changes in people's capacity.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.
- A visiting DoLS assessor made positive comments about observed interactions between people and the staff. They remarked on the tangible change in the atmosphere within the home since their last visit three months ago, which they now described as "buzzing with happy interactions between people and staff." The DoLS assessor told us they were impressed with the manager and staff's commitment to respect and uphold the person's rights.

# 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

- At our last inspection the level of staffing had an adverse impact on the support for people's dignity during the mornings. Some people were observed in communal areas to be in soiled clothing and their hair was unkempt until the mid-morning.
- At this inspection people had received their personal care when they were ready and were neatly dressed and well groomed.
- Staff treated people with dignity and respect and maintained their privacy. For example, we observed staff discretely supported people to rearrange their dress when required, to maintain their personal dignity.
- People and relatives told us they were treated with dignity and respect. For example, one person told us, "All the [staff] are kind and take an interest in me. They [staff] chat to me and we are always laughing." A relative told us, "I only see staff being kind and caring. I've never seen any staff ignore [people] whenever they want something." Another relative told us, "The [staff] know all the residents really well and are always chatting with them, even when they are busy doing other things. They always have a smile for [family member]."
- Staff spoke and behaved in a respectful manner with people. For example, when people were confused, we observed staff immediately provided reassurance, which eased their anxieties and improved their wellbeing.
- When staff approached people, they responded with smiles, using their name and known gestures or by gently touching them. We observed people shared an empathy with staff and were always comfortable and at ease with them.
- Where people experienced sensory impairments, we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans. For example, ensuring they were in the right position and at the right level to communicate with people effectively.
- Staff spoke with people in a way that met their communication needs. Staff knew how to comfort different people. For example, we observed staff gently holding and stroking people's hands. When required staff spoke slowly and clearly, giving people time to understand what was happening and to make decisions.

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

- Under the new management team service had developed a strong culture committed to deliver person-centred care. All staff took responsibility for ensuring people experienced compassionate care. Staff were highly motivated and worked well as a team to deliver good standards of care.
- Since the last inspection the manager had improved staffing deployments, which meant staff were no longer always rushed and had more time to engage in meaningful interactions with people.



- The management team worked alongside staff to assess and monitor the delivery of care and support by staff, to ensure it was delivered in a kind and caring manner.
- Visiting professionals told us that they observed sensitive staff interactions with people, which were consistently kind and gentle. This was confirmed during our observations, where staff engaged in meaningful conversations with people whilst delivering support, which was focussed on caring for the individual and not completing tasks.
- During medicines administration, we observed the senior support worker was kind and considerate with people. One person told us they were always happy to receive their medicines in the morning, as they looked forward to having a chat with staff member administering the medicines.
- The manager and deputy manager cultivated positive relationships with people and their families, who were made to feel welcome in the home.
- Relatives consistently told us their family member experienced good continuity and consistency of care from regular staff, with whom they shared a special bond.
- Staff spoke with pride and passion about people living in the home. For example, we observed one staff member playing cards, laughing and joking with a person who was cared for in their room. The staff member told us, "[Person] is such a charming man. He is so kind and polite it just makes you want to do your very best for him, and it makes my day when he smiles and says thank you." The person told us, "All the [staff] are lovely and kind and make me happy. Yes, I really enjoy it when they come to see me."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs.

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

- People were enabled to make decisions about all aspects of their care and their choices were respected by staff. People and relatives consistently told us they were fully involved in decisions about their care.
- Where people experienced impaired communication, staff were skilled at supporting them to express their wishes. We observed staff interact in an appropriate, patient and inclusive way, in accordance with people's communication strategies.
- Throughout the inspection we observed staff providing reassuring information and explanations to people whilst delivering their care, particularly when administering medicines and supporting them to move. For example, we observed staff support 3 people, who were either worried or in pain. The reassuring and compassionate nature of the staff had a significant, positive impact on each person's well-being.

# 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.

Support to follow interests and to take part in activities that are socially and culturally relevant to people.

At our last inspection people were not supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. This was a breach of Regulation 9 (1)(a) (b) (c) 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

- At our last inspection there was no activities coordinator and staffing levels meant there was a lack of social stimulation for people between their personal care and mealtimes. In October 2022 the provider had appointed a new activities coordinator.
- At this inspection people were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them.
- People who were less keen to participate in group activities had access to one-to-one support from staff who would reminisce, read to them, talk about the news, craft or chat. People told us this was the highlight of their day.
- People, relatives and staff spoke enthusiastically about the improvements in the provision and choice of stimulating activities since the appointment of the activities coordinator.
- One person told us, "She [activities coordinator] is very good at getting people to join in. Even if you are feeling a bit off, she gets you going." A relative told us, "The atmosphere in the home has changed since [activities coordinator] started. All the staff take part and there is much more positive energy." Another relative told us, "She [activities coordinator] makes sure she goes to see all of the people who prefer to stay in their rooms and encourages them to join in. if not she spends time with them doing what they want in their rooms." A staff member told us, "She has lots of great ideas and is getting the residents to socialise more."
- Social contact and companionship were encouraged, and we observed groups and couples who had developed close friendships whilst living in the home.

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

- At our last inspection care was not always person-centred. Some care staff were focused on what tasks they needed to support people with, rather than the person's wishes.
- Since our last inspection, improvements had been made and staff were now more focused on people's needs and preferences. Conversations we heard between staff members were now respectful and

conducted in a more person-centred demeanour.

- One staff member told us "[manager and deputy manager] are very good at making sure we [staff] remember this is their [people's] home and making feel included." For example, the manager had completed supervisions impressing the importance of celebrating the diverse cultures within the staff group, but remembering not to speak in their first language together in front of people, as this may undermine their relationship and make people feel excluded.
- There was no suitable room for staff to take their breaks in, so they ate and drank in the communal dining room. These circumstances had improved since our last inspection. Staff now sat with people when they had their main meals and engaged in meaningful interaction with people during mealtimes, which people enjoyed.
- People now experienced person-centred care, which met their individual needs and preferences. People and relatives consistently praised the quality and care provided by staff, which had significantly improved the quality of their lives.
- Visiting professionals said the service was focused on providing person-centred care and support. One professional was impressed that whenever they visited, whichever staff member they engaged with knew exactly why they had been called and the current position in the person's care.
- People and those important to them were highly involved in developing support plans to meet their needs, which reflected their preferences and choices. All staff saw it as their responsibility to work with people, to include and engage them as much as possible as this was "their home".
- People's changing physical and mental health needs were regularly assessed to ensure that support provided met these needs. People's cultural and religious needs were explored with them and the service ensured these were met.

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

- The service ensured people received information in a way they could understand and process, allowing for disability or impairment, such as poor eyesight or hearing. Information was provided in formats to meet people's individual needs. For example, the activities coordinator had sourced material with extra-large fonts to enable a person to take part in games and activities. Pictures were used for information, such as menus and activities, to make this more accessible for people.

Improving care quality in response to complaints or concerns

- The service had an appropriate, inclusive complaints policy and procedure, as well as information which was provided to people and their relatives when they moved in.
- People and families felt able to make complaints if they wished. People and their relatives knew the manager, deputy manager and senior staff by name and saw them regularly. People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns.
- There had been one complaint since the last inspection, which had been dealt with in accordance with the provider's policy and procedure. The manager had used the learning from concerns as an opportunity for improvement.
- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys.

End of life care and support

- People were encouraged to discuss their wishes for care at the end of their life and where details had been

provided, they were recorded in an advanced care plan. An enhanced service plan and end of life spirituality plan were put in place, as required.

- People's end of life wishes were sensitively considered and their plans explained what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- People had 'do not attempt resuscitation' forms in place if they chose to. This was discussed with the relevant people and signed by the appropriate medical professional.
- Some people told staff they did not wish to discuss their end of life wishes, which staff respected.
- At the time of inspection there was no-one receiving end of life care.
- Since our last inspection the manager had arranged for staff to complete enhanced training from the East Berkshire Care Home Support Team, to support people requiring end of life care.

# 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 the registered person failed to fulfil the legal requirements of their role, to ensure compliance with regulations, to assess, monitor and improve the service to ensure that quality and safety were not compromised and to mitigate risks to people was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection, the provider had made significant improvements and was no longer in breach of regulations because governance and performance management had improved. Quality assurance processes were more reliable and effectively identified emerging risks to people and ensured they were managed safely.
- There was a strong sense of leadership from the manager and deputy manager, which set the standards for all staff. The management team were highly visible and had a clear oversight of the safety and quality of care delivered within the home.
- The management team often worked alongside staff and monitored the quality of their care in practice. Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- The manager told us one of their goals was to embed quality assurance within the culture and running of the service, and ensure all staff assumed clear individual and collective responsibilities relating to this.
- The manager, deputy manager and designated senior staff completed daily, weekly and monthly audits and reviews to guarantee effective quality assurance. Further regular monthly reviews had been carried out by the nominated individual, with quarterly quality assurance visits completed by the provider, which reflected the CQC standards and regulations. Each review had a clear set of improvement actions with deadline dates which were completed or had a review of progress made.
- Since our last inspection the management team had consistently identified risks and introduced measures to mitigate the risks in a timely manner that reflected the level of risk and impact on people using the service. For example, risks to the health, safety and welfare of people had been appropriately escalated to relevant healthcare professionals to achieve good outcomes in relation to infections, pressure areas and other changing needs.

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

- Most relatives told us that the manager and deputy manager were very approachable and readily available if people wished to discuss anything. A relative told us, "They [manager and deputy manager] are a good team. They are on the same page when it comes to the standards they expect and work very hard to support their staff."
- However, another relative told us, "[manager] was here [Fourways Residential Home] before about two years ago and did a good job. The problem is there have been too many managers since and there's no stability. It's been like a roller coaster."
- People, relatives and professionals described the service as well managed and very organised.
- The management team promoted a caring, person-centred culture where people and staff felt valued. People, relatives and professionals described the manager and deputy manager to be conscientious and committed to the people living in their home, who led by example and provided good role models for staff.
- Staff were passionate about what they did and consistently placed people at the heart of the service, and clearly demonstrated the caring values and ethos of the management team.
- The diverse staff group consistently demonstrated an open, inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the home.

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

- The manager assumed full responsibility when concerns had been raised or mistakes had been made. The manager understood their responsibilities to inform people, or their representative, when things went wrong, and the importance of conducting honest and transparent investigations to identify essential lessons to prevent further occurrences.
- Where concerns had been raised or accidents and incidents had occurred, the management team had completed thorough investigations and spoke directly to people to explain the circumstances, action they had taken and apologise.
- The management team took an open and honest approach to working with people and their families. Relatives praised the manager team for being open and honest whenever they had raised concerns. For example, one relative told us, "They [manager and staff] always call me when anything happens. They let me know straight away."

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff told us they were working together with the management team for the benefit of the people living at Fourways Residential Home. For example, staff said the manager and deputy manager were always approachable and responsive to their ideas. One member of staff told us, "[Manager] wants to hear any ideas we have about how we can improve to give people the best possible care."
- Staff were passionate about their role supporting people and spoke with pride about the home, the management team and their colleagues.
- Staff told us that the management team readily acknowledged their achievements and work well done. The manager and deputy manager recognised and recorded praise for good work by staff in supervisions and team meetings.
- The staff meeting minutes contained evidence that staff were asked for opinions, ideas or suggestions and were not constrained by the management agenda
- The manager welcomed and encouraged constructive challenge from people and other stakeholders

during resident, relatives, staff and professional meetings. Meeting minutes demonstrated the management team were open to new ideas and listened to feedback.

- Professionals consistently spoke about the improved culture within the home driven by the openness and transparency of the manager and deputy manager. A professional told us, "They [manager and deputy manager] are always very welcoming and will always agree and invite me to the home. During the meetings I have attended they [manager and deputy manager] are very engaging and honest with me." Another professional told us, "[manager] is proactive and has a real passion for the care home [Fourways Residential Home] and wants to ensure it is safe and residents are given excellent care."

#### Continuous learning and improving care

- The provider had developed systems to effectively monitor and improve the service. This meant that people's care was responsive to their needs and people were being supported in a way that was safe and personalised to them.
- The management team had completed comprehensive audits that identified shortfalls and how these needed to be actioned. The manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented. This drove continuous learning and improvement within the service.
- Staff recorded accidents and incidents, which were reviewed daily by the manager or deputy manager. This ensured the management team and provider fulfilled their responsibility to identify trends and took required action to keep people and staff safe.
- The manager was determined to develop the skills of all staff and had volunteered to take part in a new 'Champions Project' led by the local care home support team. It was hoped that the Champions project would enable staff with further skills which would reduce the requirement of other health professionals to attend.

#### Working in partnership with others

- The manager collaborated with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.
- The manager developed positive working relationships with partners, and we received positive feedback from other professionals involved. One professional said, "[Manager] is a very transparent and positive manager who does not hesitate to reach out for advice and support if there was anything she was unsure about" and "[Manager] is always striving to ensure the staff have the most current and appropriate training and skills, and is always enthusiastic with any support that our team have to offer."
- Another visiting professional who had supported people with a variety of issues including pressure area damage, skin tears and post-operative wounds told us, "The relationship previously with the home was not great and our feedback was not always taken on board. Since the new manager arrived any guidance we give now is being taken on, which makes a huge difference."