

Abiden C H Ltd

Abiden Care Home

Inspection report

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07 February 2023
08 February 2023
23 February 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abiden Care home is a residential care home providing personal care for up to 22 people in 1 adapted building. The service provided support to older people, people living with a dementia, mental health, and people with a physical disability. At the time of the inspection 12 people were living at the service.

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

Accident and incident records did not contain all the information about actions taken following an incident, as a result the audits undertaken did not reflect the accidents in the service. There was enough staff to meet people's needs. Staff files were mostly complete however, we made a recommendation to ensure proof of identity checks were in place for staff. People and relatives told us they felt safe in the service and staff had undertaken safeguarding training. Individual and environmental risk assessments were in place. Lessons learned were considered.

People were positive about the food and drinks they received and we observed a positive meal time experience. However, one person's weight loss had not been followed up and acted upon. People had been consulted about their care and consent forms had been signed. People were mostly 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. Some deprivation of liberty (DoLS) applications had been undertaken. However, one person's authorisation had not been reapplied for and another did not confirm conditions had been considered in their care records. We made a recommendation about this. We found medicines were managed safely across the service. We made a recommendation in relation to undertaking regular planned medicines audits.

Improvements had been made in the environment and ongoing work was being undertaken. An improvement plan was in place. Staff training was refreshed at regular intervals. We saw some evidence of limited supervisions taking place however, these had not been done recently. We made a recommendation about this. There was evidence of the involvement of professionals and assessments had been undertaken.

People received good care, where some concerns were raised about people's care this was followed up by the management team who confirmed all care had been provided. People were treated with dignity and respect. Where one person told us about the privacy in their room the nominated individual took immediate action to address their concerns.

Records had been completed to show some activities were taking place. However, most people told us no activities were offered and some people said they were bored. The nominated individual told us they were in the process of developing detailed life history records to support tailored activities for people. Care plans had all been reviewed and contained information to meet the needs of people. The nominated individual told us they had taken action to record do not attempt cardio pulmonary resuscitation status for people. People's individual communication needs were considered. A system had been developed to record

complaints. The provider took action to investigate a concern they had not previously been aware of.

The nominated individual confirmed they would ensure an outstanding notification was submitted to the Care Quality Commission without delay. Satisfaction surveys were carried out and regular feedback was sought from people and staff. However, not all relatives could confirm they were engaged and involved in the service. There was evidence of partnership working and improving care. Very positive feedback was received from professionals working with the service. Audits were being undertaken but there were still gaps in some of the audits and a lack of detail about the actions taken. There was inconsistent management arrangements for the service. The nominated individual confirmed a manager had recently been recruited to post and would be commencing the application for registered manager.

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 inadequate (published 07 September 2022). At the last inspection, we issued the provider with warning notices for Regulation 12 and Regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The provider worked closely with the Care Quality Commission and Local Authority commissioners.

At this inspection, we found improvements had been made however, the provider was still in breach of regulation.

At our last inspection we made recommendations in relation to staffing, staff recruitment, supervision and competency checks for staff, supporting people's dignity and appropriate care and meaningful activities. At this inspection, we found some improvements. However, we made further recommendations in relation to the provider seeking guidance to ensure proof of identity checks were obtained and recorded and the provider ensuring DoLS applications are followed up and conditions are acted upon. We also recommended the provider ensures all staff received regular and timely supervisions and they undertake regular planned medicines audits to ensure all documentation is current and complete.

This service has been in Special Measures since 7 September 2022. During this inspection, the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

You can see what action we have asked the provider to take at the end of this full report. The nominated individual has provided assurance of their commitment to continue to make improvements in the service. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make further improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abiden care home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the safe management of incidents and accidents and ensuring systems were effective in ensuring people received food according to their needs and any changes in people's conditions were acted upon as well as ensure the oversight, monitoring and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abiden Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

One inspector, 1 medicines inspector visited the service on day 1. One inspector visited the service on day 2 and 1 Expert by Experience undertook telephone calls to relatives. 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

Abiden Care 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. Abiden Care 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. There was an acting manager in post. The nominated individual told us they had recently recruited a new manager who was planning to commence the registered manager application process once in post.

Notice of inspection

Day 1 of this inspection was unannounced, day 2 was announced. The inspection activity started on 7 February 2023 and ended on 23 February 2023. We visited the service on 7 and 8 February 2023.

What we did before the inspection

Prior to the inspection, we looked at the information we held about the service. This included feedback and notifications which the provider is required to send to us. We asked for feedback from professionals who had knowledge of the service. We checked whether Healthwatch had undertaken an inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 relatives on the days we visited. We also spoke with 5 relatives or friends over the telephone. We received feedback from 4 professionals. We undertook a tour of the building and completed observations in the communal areas. We spoke with 9 staff members. These included, 2 care staff, 1 senior carer, the care lead, the cook, the housekeeper, the acting manager, the operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records. These included 3 care records, 5 medicine administration records and medicines related documentation. We checked medicines storage. We also checked 3 staff files, training records and records relating to the operation and management of the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) (2) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some improvements were noted, further improvement was still required and the provider was still in breach of regulation 12

- Risks had been somewhat assessed. Lessons learned were considered.
- Accident records had been completed. However, these did not confirm what action had been taken as a result of the accident. We saw a record in relation to one person which had not been completed on an accident form.
- Records in relation to a falls analysis and audits of accidents were noted. However, these contained only brief details and had not been completed in full. The nominated individual provided a detailed record in relation to audits and monitoring of accidents and incidents. However, this record didn't reflect the falls that had occurred in the service.

Whilst there was no evidence that people had been harmed, the provider failed to ensure systems were in place to ensure accident and incidents were acted upon and managed appropriately. This was a breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives and people were mainly positive about the environment and the improvements which had been made. Comments included, "The home (service) is getting a big declutter since new management", "The building, and [person's] room looks okay" and, "They have been doing lots of big jobs in the home, they have been very open about everything."
- Since our last inspection, the provider had undertaken work to make improvements to the environment. Whilst essential work had been undertaken some areas were noted to require further up grade. A detailed refurbishment plan had been developed and improvements were taking place.
- There was some evidence of fire safety checks being undertaken including fire extinguishers, safety equipment, emergency lighting and fire drills. The nominated individual told us they were developing ways to support staff in completing detailed records to confirm the checks were completed.
- We saw evidence of a follow up inspection by Lancashire Fire and Rescue service which confirmed the

actions and improvements since they last visited the service. Equipment to support an evacuation of the building was noted.

- Personal emergency evacuation plans (PEEPs) were in place as well as registers for staff and people who used the service. The nominated individual confirmed during feedback that up to date PEEPs had been collated and available for emergency services to access as required, and that registers for people and staff were updated. A 'signing in' register had been introduced and we saw visitors and staff using this during the inspection.
- Individual risks had been considered and risk assessments were in place. Records in relation to environmental risk assessments were mainly out of date. The nominated individual provided evidence to confirm more detailed and current risk assessment had been completed.
- Relevant safety checks had been completed on the environment and equipment. The nominated individual told us they had instructed a new health and safety company to ensure all checks and assessments were being undertaken in line with guidance.

Staffing and recruitment

At our last inspection, we recommended the provider sought nationally recognised guidance to ensure enough suitably skilled staff were deployed to ensure people received appropriate and safe care. As well as a recommendation that the provider sought nationally recognised guidance to ensure all relevant recruitment checks were undertaken. The provider had made improvements. However, we made a further recommendation in relation to proof of identity checks.

- Staff files included recruitment information to confirm people had been mostly recruited safely. However, one record did not confirm proof of identity had been obtained. The nominated individual told us they had undertaken an audit of the record and this was now in place. They told us they had recruited a new human resources company to ensure all relevant systems were in place in relation to the recruitment of staff.

We recommend the provider seeks guidance to ensure proof of identity checks are obtained and recorded and take action to update their practice accordingly.

- Information relating to terms and conditions and contracts were seen along with evidence that staff had signed agreements, such as confidentiality. We discussed one staff member's individual needs. The acting manager confirmed a risk assessment had been completed to reduce risks to them. They confirmed they would ensure this was shared with the staff member.
- Relatives were mostly confident there was enough staff. They said, "I think that there is enough staff around to meet [person's] needs", "There seems to be regular staff at weekends when I visit. Staff know who I am. I can normally find staff if I need someone" and, "If [person] buzzes at night they come relatively quickly. Since being in there, there are many staff, but not all staff are consistent."
- However, others told us, "Not many staff at night, don't think it's much of an issue of staffing in day as other staff like cooks, cleaners etc are about to help", "The staff don't always come in a timely manner when the residents (People who used the service) need them in the lounge, I think it is because they are looking after other residents" and, "[Person] has said that it is run on a skeleton staff."
- Staff told us, "Sometimes it can be busy but I am able to do my job" and, "There is enough staff there are new ones (Staff)." Staff told us the team completed their allocated shifts at all times. The acting manager and nominated individual told us there was an ongoing recruitment programme.
- Duty rotas had been completed and amendments made where required to cover unexpected gaps in rotas. We observed a sufficient number of staff on duty during both days at the service, attending to people's needs and undertaking their duties.

Using medicines safely

At our last inspection the provider had failed to ensure systems were in place to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted improvements had been made however we made a recommendation in relation to regular planned audits

- People told us they are happy with the way their medicines were managed. Relatives told us they had been involved in the management of medicines. They told us, " Recently they changed medication and informed us. I have been there when they have administered medication, the staff do this responsibly and safely", "I believe that [person] is getting their medication on time" and, "We know that they renew [person's] medication when needed and they let us know."
- A visiting professional told us they were very happy with the progress the service had made in relation to medicines management since the last inspection. They told us, "[Nominated individual] implemented safer medicines management systems in an extremely safe and responsive manner in my opinion, working in partnership with myself and my colleagues, keen to respect local and national guidance."
- At the last inspection, we found medicines were not managed safely. There were issues with staff training, administration, storage and medicines records. Since then, staff worked with local agencies and implemented changes to ensure the management of medicines was safe.
- We found medicines administration records had been improved and mainly reflected people's needs. One person had a guide that was not the most current.

We recommend the provider seeks nationally recognised guidance and undertakes regular planned medicines audits to ensure all documentation is current and complete.

- Records contained details of people's allergy status and additional information to guide staff to administer medicines properly. There were no gaps in medicine administration records which meant they were administered as prescribed, however there were some gaps in topical charts for the application of creams.
- Staff had changed the processes for ordering, storage and disposal of medicines which reflected current guidance. Medicines policies had been updated and staff were trained to administer medicines safely.

Preventing and controlling infection

At our last inspection, systems had not been established to ensure people, staff and visitors were protected from the risks of infection. This placed people at risk of harm. This was a breach of regulation 12 (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 (2) (h).

- People were protected from the risk of infection
- Relatives had mixed views on the cleanliness of the building. One relative told us, "The home is not as clean and well maintained as it used to be. They are now trying to bring it back to a good state but there are unpleasant odours." However others told us, "The cleaning is improving" and, "The home seems to be clean and tidy."
- We were assured that the provider was preventing visitors from catching and spreading infections. The

nominated individual confirmed the actions taken to ensure concerns in relation to infection risks were investigated and acted upon if required.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. IPC audits had been completed. The nominated individual confirmed the most recent audit had been undertaken. Senior oversight was ongoing to ensure the service was clean and tidy to reduce infection risks to people.
- 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. Plenty of supplies of PPE, hand gel and paper towels were available to use. Information and guidance was noted to support good infection control practices.
- 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. All areas of the service were clean and tidy and ongoing housekeeping was being undertaken. Storage rooms in staff areas were noted to have some clutter. The nominated individual provided assurance that these would be cleared immediately after the inspection.
- 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. A range of policies and guidance was noted.

Visiting in care homes

- The service was supporting visitors safely to visit people. A signing in register and PPE was available on entry to the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Relatives were confident their family members were safe. Comments included, "I think that she is safe there", "My [person who used the service] is safe living there because they put things in place to make sure that they are safe and well cared for", "I think that [person] is safe living at the home. The carers do their best to get anything [person] needs" and, "If I felt [person] was not safe, I would firstly speak to the head carer or the manager."
- Staff knew what to do if abuse was suspected. They told us, "I would be comfortable raising any concerns to the management and that they would be acted upon" and, "I would report to local authority, police and CQC (where relevant)." We saw evidence of staff undertaking safeguarding and whistleblowing (reporting poor practice) training.
- Records confirmed investigations had been undertaken. Confidential information was safely secured by the nominated individual where required. This included the actions taken and referrals made. Policies and guidance were available to support staff in the management of allegations of abuse.

Learning lessons when things go wrong

- The provider had developed a system to ensure lessons were learned. We saw records confirmed some evidence of lessons learned however, this was basic. The nominated individual provided a more detailed record that had been implemented for the service which provided evidence of the action taken, including referrals to professionals where relevant.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection, we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection, the provider had failed to ensure systems were in place to ensure people received safe and appropriate support with their nutritional needs. This was a breach of regulation 14 (1) (4) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection some improvements were noted however, further improvement was required, and the provider was still in breach of regulation 14

- People were mostly supported safely with eating and drinking.
- Care plans contained information about people's meal choices, likes and needs. They included information about assessments by professionals in relation to their dietary requirements. However, we noted guidance about meal consistency for one person had not been updated in the kitchen. The acting manager took immediate action to ensure this was in place.
- We checked the weights records for all people. Whilst weights were being recorded, these had not always been done in line with the guidance on each record. One record guided staff for weekly weights, however, these had not been done every week. There was no evidence to confirm one person's weight loss had been identified and followed up. The acting manager confirmed they had made the relevant referral to professionals as a result of our findings. The acting manager and nominated individual told us they had developed a new record to monitor and record people's weights. They confirmed this had been implemented in the service immediately.

There was no evidence that people had been harmed however systems were not in place to ensure people received food according to their needs and any changes in people's conditions were acted upon. This was a breach of regulation 14 (1) (2) (a) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and relatives had mixed views about the food and fluids provided. They told us, "They [the service] cater for residents requirements", "The food is alright and they now have choices and a menu on the table. The meals are varied, never heard a complaint about the food", "Never seen the food but [person] does say that they are not over the moon with it" and, "I am happy with the meals, I am able to get choices." However, others told us, "When [person] wants a drink it can take up to an hour" and, "There is never any drinks in [person's] room when I visit."
- A relative told us they were invited to eat with their family member when they wanted to. We observed a

positive mealtime experience. Tables were nicely set with menus, condiments and cutlery. Staff were supporting people kindly with their meals. Meals looked appetising and people appeared to be enjoying the food offered. Menu plans had been developed and observations of the meal time experience had been undertaken by the management team.

- We checked the kitchen and spoke with the cook who told us they were able to obtain supplies of food, as required. The nominated individual and acting manager told us they would ensure petty cash was available to obtain emergency supplies if required. The kitchen was clean and tidy, we saw evidence the flooring was planned to be replaced.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the provider had failed to ensure systems had been established so people were protected from the unlawful restrictions. This placed people at risk of harm. This was a breach of regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection some improvements were noted however, we made a recommendation in relation to ensuring DoLS applications were followed up.

- People were mostly protected from unlawful restrictions and consent had been obtained.
- We noted some DoLS applications had been submitted to the assessing authority however, not all applications had been followed up or a condition considered in their care planning.
- One person's DoLS authorisation had not been followed to ensure it was in date. We asked the acting manager about another person's DoLS authorisation where conditions were recorded. We could not see evidence that these had been considered in their care records. The nominated individual took immediate action to ensure relevant information was in place to support lawful restrictions for people.

We recommend the provider seeks nationally recognised guidance to ensure DoLS applications are followed up and conditions are acted upon and take action to update their practice accordingly.

- There was a tracker record in place to monitor and follow up DoLS applications however, this had not been updated to ensure it reflected the current needs of people. The nominated individual took immediate action and ensured this was replaced and up to date to support effective monitoring.
- People and relatives told us they had been asked for consent on decisions about their care. Comments included, "They ring us for consent, [person] is not able to give consent. We have Power of Attorney over decisions and finance", "[Person] is unable to give consent to care so they would call me if they had too" and, "[Person] can give consent by themselves."

- Care plans included information in relation to MCA and best interest decisions where relevant. Records confirmed consent had been sought from people where relevant.
- Staff demonstrated some limited understanding of MCA and DoLS. We discussed this with the nominated individual who told us they would ensure all staff received refresher training to improve their knowledge.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider sought nationally recognised guidance to ensure staff received regular supervision and competency checks in their role. At this inspection we noted some improvements. However, further improvements were required. We made a further recommendation in relation to the supervision and support of staff.

- One staff member confirmed they had received supervision with their line manager. However, this was several months prior to the inspection. Another told us, "I have not had supervision or appraisal, but other staff have had them." We saw some evidence of supervisions undertaken however, these were not recent. The nominated individual and acting manager said supervisions had been commenced and a supervision matrix had been completed. However, they were unable to locate the records confirming this. They told us that supervisions had not been undertaken recently but, confirmed these would be actioned as a priority by the new manager.

We recommend the provider seeks nationally recognised guidance to ensure all staff received regular and up to date supervisions and take action to update their practice accordingly.

- Evidence of meetings following sickness and work performance for staff where required were seen.
- People and relatives were confident about the skills of the staff team. Comments included, "I do think that the staff have the training to look after [person]", "The staff who have been there a long (time) seem to have the training to look after [person]" and, "The staff always seem to know what they are doing looking after [person]."
- Staff confirmed they were up to date with their training. We saw evidence of the plans going forward to ensure training was ongoing. Where one staff member discussed they required practical training for one area, the nominated individual and the acting manager confirmed this had been provided and further dates were planned.
- We checked staff files and the training matrix which confirmed training on a range of areas was completed by the staff team.

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

At our last inspection systems had not been established to ensure people were protected from an unsafe environment which had not been maintained or properly used. This placed people at risk of harm. This was a breach of regulation 15 (1) (c) (d) (e) 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 design and decoration supported people's individual needs.
- People and relatives told us they were mostly happy with their rooms and discussed the changes in the service. They said, "Just changed [person's] room to an ensuite and it is a nice room, not personalised they never mentioned it to us that we can personalise it", "[Person] has a nice room now, nice and cosy, I have made sure that their room is cosy and has pictures and homely things in it" and, "[Person's] room is nice and

meets their needs."

- However one told us, "The home is not up to the standards as it used to be, the home is cold, and not many vibes or atmosphere. I was looking at moving [person] but feel that it would not be good for [person] to be moved at the moment, it used to be the best home in the area but the standards have slipped."
- The service is an adapted building with communal areas on the ground floor and bedrooms and bathrooms on the ground and first floor. The nominated individual told us improvements had taken place in the service with an ongoing improvement plan to continue to make further improvements.
- We saw improvements including, wardrobes and radiator covers had been secured to the walls, equipment incorrectly stored in people's bedrooms had been removed and locks to bathrooms had been fixed. Decoration was planned and ongoing to all areas as some areas required decoration and repair of chips to paintwork. This would ensure the environment was updated for people to live in.
- There was some evidence of personalisation in some people's bedrooms but others were less personalised and sparse. Communal areas had been reviewed to reduce the amount of ornaments. The garden had been improved and was accessible to people.

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

- People were provided with appropriate support with their individual health needs.
- Relatives mostly told us they were kept informed of the involvement of professionals. They said, "If the staff wanted to ask me anything they would ring me, and if [person] had to go to hospital they would let me know", "Normally we are informed by telephone, they said that they would call us every week to update on health but (this has) not materialised. They keep us informed if the (professional) is coming, or hospital visits. But they do sometimes forget to let us know if there is a cancellation" and, "I only know of any changes if I call them to check how [person] is."
- We received very positive feedback from the professionals working with the service, especially about their level of engagement and involvement. One told us, "To be honest it's been the most inspirational piece of supportive care home work I have ever done, and I am proud of what we have all achieved together in a relatively short time frame. It's been an honour to help and assist them." The acting manager and nominated individual told us healthcare and social care professionals visited the service regularly, and provided support and guidance to people and the staff team.
- We saw evidence of the involvement of professionals in people's care records. Healthcare professionals were visiting the service on the day of our visits.

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

- People's individual needs had been assessed and their choices were considered. Relatives told us they had been involved in discussions about their family members care. They said, "I am involved in discussions around my [persons] care and involved in their care plan", "We are involved in discussions around [person's] care" and, "Not had to be in any discussions regarding [person's] care, they can make most of their decisions themselves."
- Records confirmed assessments of people's needs had been undertaken, pre admissions assessments were seen in some of the records we reviewed. The acting manager told us they had undertaken a review of all the records associated with people's care.

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.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At our last inspection, we recommended the provider seek nationally recognised guidance to ensure people received dignified and appropriate care. During this inspection we found improvements had been made.

- People's privacy and dignity was respected and they were supported to be independent.
- People and relatives told us their likes and dislikes were considered and their individual needs were met. They told us, "I think that the staff know the residents' likes and dislikes. They know them well", "I think that the staff is used to [person] and know there likes and dislikes. They know what [person] likes and respect that", "I think that they encourage [person] to be as independent as possible" and, "They do promote Independence in the home, [person] likes to be in their own space and moves around."
- People and relatives confirmed they were treated with dignity, privacy and respect. Comments included, "They [staff] absolutely do treat them with respect, and respect their privacy, "The staff do listen to [person], I have been there when they speak to them, they are kind" and, "I believe that the staff treat [person] with respect and their dignity is upheld." They said staff acted discreetly to support the privacy when supporting individual care needs.
- A professional told us, "The spirit and atmosphere in the home is great. All staff I meet look happy, are always engaging and going out of their way to help residents and their loved ones. It really is a different place."
- We observed staff engaging with people with patience and dignity. People's views were sought for decisions about their care. We observed staff knocking on doors and waiting to be invited into people's bedrooms. Improvements had been noted in relation to the appropriate storage of people's clothes. However, during our checks with the acting manager, we noted some clothing was not named to confirm they were in the correct bedroom. The acting manager confirmed they would look at introducing spot checks of people's clothing, to reduce any risk of clothes being mixed up. One person raised concerns about the privacy in their bedroom, the nominated individual took immediate action to address the concerns and develop a plan for this.
- Confidential information was now being stored securely in the service. The nominated individual confirmed they had moved the records in the staff areas to ensure they were stored securely. A new staff room had been built that enabled all records to be stored securely in the communal areas. This supported the requirements of General Data Protection Regulation (GDPR) to ensure personal information was stored safely.

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

- Most people and relatives told us they were happy with the care they received. Comments included, "Happy (person) is cared for no complaints at all" and, "The staff seem very caring towards (person), they seem to know them." However, others told us, "I am happy with the care, the staff are lovely and caring. But (persons) hair is not cut and their clothes have been stained and dirty", "Some staff patronise the residents but most are caring" and, "Not sure if (person) has showers or baths, their nails and hair sometimes looks unkempt and other times look very well, not consistent."
- One relative discussed their family member and the changes since they had been in receipt of care. We discussed this with the nominated individual who confirmed this person had no identified changes in their condition.
- Professionals told us, "The standards of care are much higher now, residents look well cared for and happy" and, "I would not hesitate to put a loved one in this home, having seen their determination and drive to ensure that the best care is available."
- Staff understood people's needs and providing good care. They told us, "The staff are fantastic they are great with people" and, "All people have care plans and these are all up to date, they reflect people's needs."
- During the inspection we observed kind caring interactions taking place. Staff were speaking kindly to people with dignity and respect. Staff supported people and call bells were responded to in a timely manner. Staff were visible in the communal areas.
- We checked the care records for personal care provided to people. We noted some gaps in the recording of the personal care provided. The nominated individual investigated immediately and confirmed all people who used the service had received care, and that the records would be completed for all personal care tasks going forward.
- Up to date policies and guidance were available to support staff in delivering good care.

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.

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 our last inspection, we made a recommendation the provider seeks nationally recognised guidance to ensure people who used the service were able to access meaningful and regular activities. During this inspection there were some improvements however, further improvement was required. We made a further recommendation.

- People and relatives told us there were limited activities taking place. Most people could not confirm activities were being completed regularly. They told us, "Apparently there are activities but I have never seen it, only the painting of nails, there used to have someone in to do chair exercises before covid but not since", "There is an activities coordinator but don't think anything is being done [person] is bored", "Seems good and friendly atmosphere, they celebrate birthdays" and, "It is boring they are not doing anything. There are no activities at all [person] has no stimulation."
- We observed very limited activities taking place. We saw some equipment for activities. There was a large interactive electronic digital touch screen board for people to access online material and activities. However, none of the staff could confirm this was being used. Relatives and staff told us, "No one knows what to do with the activity board" and, "Didn't know anything about it." The nominated individual confirmed all staff were undertaking training to use the digital touch screen.

We recommend the provider ensure a detailed activities programme is offered and recorded for people to support them in engaging in activities of their choosing.

- Records relating to activities provided had been completed. An activities co-ordinator had been recruited since the last inspection. Not all people's care plans detailed their likes and hobbies. The nominated individual confirmed a life history and personal profile was in place and being completed by the activities co-ordinator. They told us of their plans to develop a really detailed activity programme and individual profiles for all people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection systems had not been established to ensure records included detailed assessments of people's current, individual needs and that detailed reviews had taken place. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 (1) (2)

- Assessments of people's current needs had been completed. People's end of life care and support was not always considered.
- Most people and relatives were aware of their care plans but not all could confirm these had been discussed recently. They said, "Have not been involved in care plan for a while", "There is a care plan but not seen it, have conversations with them if they ring me up about [persons] care", "Don't know of [persons] care plan" and, "The staff involve us of any changes regarding [person's] care.
- New care files had been developed for all of the people living in the service. These included good information about how to meet people's individual needs. Records included information in relation to the input of professionals.
- Daily records were seen, however, these were brief and had not always been signed. The nominated individual provided a copy of a new handover record that was immediately introduced. This would allow for detailed information about people and their needs to be readily available to the staff team.
- Some care files had 'Do not attempt cardio pulmonary resuscitation' (DNACPR) records in place. The care plans reviewed did not contain end of life care plans and risk assessments. The nominated individual told us there was no one in receipt of end of life care. They took immediate action to ensure DNACPR was included in the care planning process.

Improving care quality in response to complaints or concerns

At our last inspection systems had not been established to ensure complaints were investigated and acted upon appropriately. This was a breach of regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation 16

- Concerns or complaints were being managed.
- People and relatives knew what to do if they had any complaints. They told us, "We have no concerns, [person] looks well looked after, never had to make a complaint. The last complaint was 2 years ago and was dealt with", "There is a complaints procedure, I do know how to make one" and, "No concerns, if there was a problem I am sure that we would be able to resolve." One person told us about a concern in relation to their personal property.
- Staff knew what to do if concerns were raised. One told us, "Not had to deal with any complaints would raise the alarm to [acting manager]."
- A complaints file had been developed with copies of templates for recording complaints or concerns, as well as letter templates for response and outcomes. No complaints had been logged in the records. We discussed the concerns raised in relation to one person's property with the acting manager and nominated individual. They had not been made aware of the concerns but took immediate action to investigate it.
- Policies and guidance was available and information in relation to raising concerns was on display in the service with copies of blank forms for people to use.

Meeting people's communication needs

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

- People's communication needs were supported. We observed staff speaking with people at their pace and on their level. One relative told us, "Staff would sit and speak to residents, I have seen them hold their hands whilst having conversations with them."
- Care records had information about how to communicate with people and included information in relation to aids such as glasses and hearing aids. We saw some evidence of eye care assessments and an optometrist was visiting on one of the days of the inspection.
- The acting manager told us about the use of an advocate for one person in the past. Information was on display in relation to accessing advocacy services.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection systems had not been established to ensure effective monitoring and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst improvements were noted, further improvements were still required and the service was still in breach of regulation 17

- The provider did not always have a robust system to monitor and identify shortfalls in the quality of the service.
- The acting manager provided copies of audits. Some audits had been completed but some had not been completed for some time. For example, a care plan audit had been done but it was dated from September 2022. Whilst actions were recorded there was no record these had been followed up. The operations manager confirmed a range of environmental audits had been undertaken including walk arounds.
- The nominated individual told us they had a detailed system to record and monitor audits and risk assessments electronically which had not been provided by the acting manager. We noted a range of areas were included on the audit. These included, pressure damage, safeguarding, compliments and complaints, health and safety, and COVID-19. Some evidence of the findings were recorded including actions taken, lessons learned and a detailed analysis. However, there was no record of accidents that had occurred and a safeguarding investigation that had taken place in the service. The nominated individual told us the operations manager had undertaken a review during the inspection.
- During this inspection, we identified areas of improvement. However, there were ongoing breaches in relation to the safe management of incidents and accidents and ensuring systems were effective to support people in receiving food according to their needs and any changes in people's conditions were acted upon. We also recommended the provider seeks guidance to ensure proof of identity checks were obtained and recorded and that DoLS applications were followed up and any conditions were acted upon. In addition. we recommended the provider ensured all staff received regular and up to date supervisions and that they undertook regular planned medicines audits to ensure all documentation is current and complete.

Whilst improvements since the last inspection were noted, further improvements were required. Systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service. This was a breach of Regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The feedback about the management arrangements and the lack of a consistent manager was mixed. Comments included, "I have never seen the new manager", "[Previous manager], at the time they gave a good impression. It is totally different now in the home it is so relaxed now. [Acting manager] is a breath of fresh air" and, "Don't know who the new manager is if there is a new one. No reason to believe that the home is not well managed." However others told us, "Not met the new managers, I have asked for a meeting and nothing done about it" and, "There is no consistency at all with the management."
- Staff told us, "[Acting manager] is good and friendly", "Since the last inspection it has definitely been better. There has been a lot of changes for the better, but [acting manager] has a lot to learn", "It is all sorted [Acting manager] is a good manager, she is easy to talk to and I am supported" and, "It is much more relaxed, it is much better than the last inspection, I feel supported." The nominated individual provided very positive feedback about the hard work and commitment of the whole of the staff team. They told us, "I would like to acknowledge the team with the lack of registered manager and how far they have come."
- The service had not had a consistent manager since the last inspection. The most recent manager had left and the acting manager was providing some oversight of the service with the support of the senior team. There had been no registered manager in post since the last inspection. A new manager had been recruited and was due to commence in employment soon after the inspection. The nominated individual told us they were very confident in their ability to make the improvements required. A professional told us "I've met the new manager recently who appears really proactive. I'm really pleased for [acting manager] that they will soon be able to concentrate on their deputy manager's role."
- The nominated individual told us there were regular visits and support from the operations manager and nominated individual at the service. The nominated individual told us they were "committed to making improvements and now the infrastructure was in place to ensure the smooth working of the service." Records confirmed senior oversight was ongoing. The nominated individual told us the provider was reviewing all of the systems to support consistency across the company.

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

- An open culture which supported good outcomes for people was being introduced.
- All staff and the management team were very supportive of the inspection. Where available the information was provided during the visits to the service. A range of information was provided by the management team following the visits.
- Certificates of registration and the ratings from the last inspection had now been placed on display at the entrance, as well as Companies House registration details and the employers' liability insurance.

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

- The provider mostly acted when things went wrong. The whole management team took prompt actions where we identified actions were required on our findings.
- The nominated individual confirmed they had taken immediate action in relation to a complaint they were previously unaware of. Policy and guidance were available to staff.
- There was a statutory notifications file. We were aware of a notification that had not been included in the file. The nominated individual told us due to confidentiality this was being stored separately. We saw an event which required a notification to be sent to the Care Quality Commission however, this had not been sent. The nominated individual confirmed they would take immediate action to ensure this was submitted without delay.

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

- People and staff were sometimes engaged and involved. Some of the people and relatives told us they had completed questionnaires. However, others said they had not. Comments included, "I have never filled in questionnaires, received any newsletters or seen any posters around the home", "Long time ago we did fill in questionnaires, can't remember what became of it", "Don't remember questionnaires to ask opinions" and, "Never received any questionnaires, surveys asking about my views." Most people told us they would recommend the service. They said, "I think that I would recommend this home according to the resident's needs" and, "I would recommend the home, it is easy going and friendly." However, one person told us, "I would have recommended this home before COVID-19."
- Some people told us meetings had taken place. They said, "They had a relatives' meeting, they advertised one date then changed it and I could not attend", "Was invited to a meeting re result of an inspection but was unable to attend" and, "At the moment it is one meeting every 3 months and it is on 1 to 1 basis. Asked for weekend meetings. This is being discussed but not enforced." However, one person told us, "No relatives meetings, only seen a letter regarding change in management."
- Evidence of meetings with people, relatives and staff were seen. The nominated individual told us he had met with people and relatives to discuss the service and actions taken. We saw dates of planned meetings with people and relatives on display. Records were noted when 1 to 1 discussion had taken place in relation to aspects of living in the service. Team meeting minutes included information about the attendees, dates and topics covered. However, we noted this was dated several months prior to the inspection.
- Surveys and feedback had been completed for people and staff. These had been done recently. Topics covered included, training, model of care, equipment, workplace, management and communication. The nominated individual provided evidence of analysis of the findings. This would support ongoing improvements in the service.

Continuous learning and improving care

- Continuous learning and improving care was considered. A home information file had been developed and available in all people's bedrooms. This included information about the service, meals, activities, mission statement, aims and objectives, the staff and care plans. A range of information and guidance was on display in the service and the staff office.
- The nominated individual told us all the policies and guidance were available for the staff team to support their role and these had been updated recently.

Working in partnership with others

- The provider worked in partnership with others. We saw evidence of professionals who visited the service. Professionals were seen during the inspection. We saw details of regular meetings and action plans with the involvement of a range of professionals including Local authority commissioners and safeguarding teams to support the improvements in the service.
- Professionals were extremely complementary about the whole team and the management and the improvements since the last inspection. They told us, "[Acting manager] has been the one constant throughout this process and has worked really hard. The whole of the team seems to work really well together now. [Acting manager] appears to have done a sterling job throughout this process and has worked really hard to meet the action plan. The atmosphere is so much lighter and friendlier now. Everyone seems to be more optimistic and well-motivated now compared to how they were a few months ago", and "They have embraced every challenge they faced and have remained calm and dignified as they pushed on to achieve everything, despite all of the other areas in the home that they were also working on. They are inspirational I feel. I feel that they have built great foundations now. To be honest it's been the most inspirational piece of supportive care home work I have ever done and I am proud of what we have all achieved together in a relatively short time frame. It's been a honour to help and assist them."
- Newsletters from the local church was seen in some people's bedrooms.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected from risk as the provider had failed to ensure systems were in place to ensure accident and incidents were acted upon and managed appropriately.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>People were at risk of harm because systems were not in place to ensure people received food according to their needs and any changes in people's conditions were acted upon.</p> <p>Regulation 14 (1) (2) (a) (4)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service.</p> <p>Regulation 17(1) (2)</p>