

The Fremantle Trust

Sir Aubrey Ward House

Inspection report

Prospect Road
Marlow
Buckinghamshire
SL7 2PJ

Tel: 01628890150
Website: www.fremantletrust.org

Date of inspection visit:
04 August 2022
10 August 2022
15 August 2022

Date of publication:
25 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sir Aubrey Ward House is a residential care home providing accommodation and personal care for up to 60 people aged 65 and over. Twenty nine people were living there at the time of the inspection.

People can be accommodated in one of four separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia. Two wings were not in use at the time of this inspection.

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

Quality monitoring and risk management had improved to protect people from the risk of harm and abuse. We found staff had not routinely followed some safe procedures such as testing water temperatures and documenting catheter care checks. These areas had not been identified through checks and audits. The registered manager and quality manager took immediate action to address these gaps.

People's emotional and physical needs were assessed. We observed and people told us staff were knowledgeable and skilled in meeting people's needs. Some care records did not always demonstrate how staff followed people's care plans when people were in distress. The registered manager provided an action plan about how to improve this with staff.

People using the service and their relatives were positive about the management of the service and standards of care people received. For instance, "The home has much improved since [the registered manager] arrived and I hope they stay", "I am amazed how good staff are. Nothing could go wrong. I think it is [well managed]. There are good days and bad days", "I have no concerns, [family member] has a wash or a bath and always looks presentable and I feel they are safe without a doubt", "The carers are friendly and polite, they are welcoming and make the family feel relaxed and it feels like home to me. Sometimes I just turn up and have my dinner with them", "It couldn't be better [here]. The girls are very good. They look after you. Anything you want, you just call" and "[Staff] listen. They get to the stage when they just know".

The home was comfortable and accessible to people and was well maintained and clean. Hygienic practices and COVID-19 protocols were followed to prevent infections. People were supported to access the community and receive visitors; "We are able to visit [family member] pretty much as normal except we sign in and the home still likes us to wear a mask".

Medicines were managed safely. People were given their medicines as prescribed. Care plans had the necessary medicines risk information about prescribed medicines.

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.

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 13 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 27 October and 3 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding, good governance, the management of complaints, reporting statutory notifications to CQC, nutrition and hydration, dignity and respect, need for consent and enough suitable staff.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this 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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sir Aubrey Ward House on our website at 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sir Aubrey Ward House

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

Service and service type

Sir Aubrey Ward House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sir Aubrey Ward House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 14 people who lived at the home and 12 relatives. We spoke with 17 staff in a range of roles, including care staff and agency staff, senior staff, the chef, auxiliary staff, the registered manager, operations manager, physiotherapist, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting District Nurse.

We sent questionnaires to 48 staff and the care home provided CQC's contact details to people's relatives to invite them to provide feedback. We looked at some of the home's records. This included parts of 11 people's care plans, four staff recruitment files, three agency staff checks and staff training records. We checked a sample of internal audits, monitoring reports and records of complaints. Other records included health and safety information and a sample of policies and procedures. We observed mealtimes in different parts of the home and a handover meeting between the registered manager and staff. We checked medicines practice including observation of a medicines round, completion of administration records for eight people and storage of medicines.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the care home's quality manager about monitoring systems. We looked at the home's service improvement plan, quality checks, additional care plans and nutrition and hydration data. All information requested was sent to us promptly.

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 continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's risk assessments were regularly reviewed and contained enough information about hazards to people and actions to reduce risks. However, we found staff did not routinely implement certain safe measures. For example, staff did not keep records in relation to catheter care and the 'observation' form did not include the correct guidance for staff. Other records showed staff took appropriate action when concerns about people's catheter care were identified. Staff did not follow the home's procedure for testing and recording water temperatures to reduce the risk of scalding. Thermostatic mixer valves were in place to keep outlets at a safe temperature to minimise the risk of scalding. We found no evidence that people had been harmed. The registered manager took immediate action to address these concerns.
- An out of date 'Do not attempt cardiopulmonary resuscitation' (DNACPR) form remained in one person's care records. The service had not identified that both the old and the new DNACPR forms were not fully completed by the clinician to confirm the person and/or their representative were involved in the decision, as required. The registered manager took immediate action to request a GP review and checked other people's DNACPR forms. We found another person's DNACPR was up to date and appropriately completed.
- Improvements had been made to reduce the risk of malnutrition. The service applied the universal malnutrition screening tool appropriately to identify people at risk. The registered manager and chef had robust oversight of this to ensure concerns were referred to the GP and Dietitian. The service followed good practice guidance and we saw examples where staff had successfully supported people to gain weight and reduce risk.
- Staff received training in safety to protect people from the risk of harm. This included moving and handling and health and safety awareness.
- Equipment was serviced and maintained to ensure it was in safe working order. For example, there were certificates to confirm the gas and electrical systems were safe and the water supply was free from Legionella species and other bacteria.
- Improvement had been made to fire safety measures. All staff had attended fire drill training since the last inspection. Records of fire drills contained sufficient detail to show there was learning from these practices,

to promote safe evacuation from the building. Fire equipment was serviced, to make sure it was in good working order.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure systems and processes were in place and followed to prevent abuse. This placed people at risk of harm. This was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Safeguarding systems were in place to protect people from abuse. Concerns of abuse and neglect were generally managed and reported to the local authority promptly. Monitoring systems identified any shortfalls and followed-up actions to ensure staff consistently implemented safeguarding policies and procedures.
- One safeguarding referral was delayed in relation to neglect and risk of harm due to staff omitting a person's high-risk medicine in error. The registered manager advised us this was an oversight. Records showed procedures had since been reviewed and implemented to avoid reoccurrences.
- Staff received safeguarding training and demonstrated knowledge about how to identify, record and report concerns of abuse.
- Information about safeguarding and whistle-blowing and key contacts, was available in multiple communal areas around the home, for people, relatives and staff to access.
- People and their relatives told us they felt staff provided safe care, with comments such as, "[Person' name] is very safe there. I feel they are very well cared for" and "A [resident] keeps coming to the door. I told a lovely lad [staff member] and he helps a lot. He makes sure [the resident] is not coming in" and "[Family member] gets on with the carers now. There were problems before, but those carers have now left." One relative reflected upon an incident of abuse last year and told us, "I trust the home and that [family member] is now safe and being well looked after".

Learning lessons when things go wrong

At our previous inspection the provider had failed to address or learn from incidents which put people at risk of harm. This was a continued breach of regulation 17 (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.

- Robust systems were followed to review and monitor accident and incidents reports. However, we found that staff had not always understood when to report people's emotional and distress reactions, such as verbal and physical aggression to the staff member in charge of the shift. The registered manager and quality manager took immediate action in response to our feedback to ensure staff understood procedures.
- Investigations into accidents and incidents were thorough. We saw numerous examples of lessons learnt to cascade information and improve practice.
- Staff we spoke with referred to lessons learnt meetings and demonstrated good knowledge about agreed actions. For example, in response to a scalding incident a staff member told us adapted drinking equipment was in place, staff checked drinks were not too hot and were careful not to over-fill drinks.

Staffing and recruitment

At our last inspection the provider had not ensured people were cared for by sufficient numbers of suitably qualified, competent and skilled staff to meet their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Staff rotas were in place to ensure there was sufficient support for people.
- Staffing levels were determined using a tool which looked at people's dependency needs. We saw the home provided more than the suggested hours calculated by the tool in keeping with capacity and minimum staffing levels. We observed this provided good deployment of staff around the home and people's needs were met promptly and efficiently.
- People consistently told us staff answered their call bells promptly with some mixed feedback about staffing levels. Comments included, "[Family member] likes to see the same faces, there are a lot less agency carers now", "There are issues with number of [staff] and they can be a bit rushed, there aren't any problems with attitudes of carers" and "They are overworked. They do the best they can. I don't know how they do it. You ring a bell and they come. They are very helpful".
- Observations around the home showed staff had a good understanding of people's needs and how to support them.
- Robust processes were used to recruit staff. We found required checks had been completed. This included a check of criminal convictions and written references.
- The home was supported by temporary workers from an agency. There was consistent use of individual workers, to provide consistency for people. Sufficient checks were undertaken by the agency and evidence of these were provided to the service.

Using medicines safely

At our last inspection the provider failed to ensure the proper and safe management of people's medicines. This was a continued breach of regulation 12 (7) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(7).

- People's care plans included appropriate medicines risks information. However, this was not always easily accessible to staff who needed to know to effectively manage risks to people. For example, a staff member could not locate information about a high-risk medicine side effects and did not have this knowledge. We informed the registered manager who assured us they would act to improve accessibility.
- Medicines were stored safely and securely, including controlled drugs (CDs).
- Protocols were in place for medicines prescribed on a when required basis to enable staff to give these medicines consistently.
- There was a process to receive and act on medicines alerts from the government Medicines and Healthcare products Regulatory Agency. The registered manager showed us an example of alerts he had received and what action he took.
- Staff told us that staff who were authorised to administer medicines were trained and we saw relevant staff competency assessments.
- Medicine errors were reported and investigated. The registered manager held regular learning and

reflective meetings to ensure staff understood safe procedures and had the opportunity to raise issues. Robust checks were in place to flag and act upon errors at the earliest opportunity to minimise the impact upon people's health and wellbeing.

- People who used the service and their relatives told us they were happy with medicines management, with comments such as, "Medication has been sorted for [health condition], I engaged with both the home and the GP and there was good communication. I get reasonable updates and am happy it is being managed" and "The home get the doctor to call me and they both will let me know about changes they are going to make to [family member's] medication and I am able to join in the decisions around the medication".

Preventing and controlling infection

At our last inspection the provider failed to ensure they had appropriate measures in place to assess and control the spread of infection. This was a continued breach of regulation 12(8) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(8).

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The Food Standards Agency had awarded the highest food hygiene rating of five star 'very good' 12 July 2022.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed. This included significant improvement to sluice rooms and the laundry.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to visit the home safely. A booking system was used; this did not restrict families or friends coming to the home. Visitors were asked to sign a form saying they had no COVID-19 symptoms, their temperature was checked and they were required to sanitise their hands and wear a face mask.

Is the service effective?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection we found people were at risk of not receiving a dignified service This was a breach of regulation 10 (Dignity and respect) 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 10.

- Mental health and wellbeing care plans and positive behaviour support (PBS) plans captured people's specific dementia, mental health and emotional support needs. However, we found some daily care records written by staff were not in step with people's care plans or best practice for people who experienced confusion and distress. For example, records showed staff told one person their shouting was upsetting others. Staff told another person their verbal and physical aggression during an episode of distress was "inappropriate". We fed this back to the registered manager who agreed this was not in accordance with staff training and best practice and took action to address this.
- Staff we spoke with described appropriate support to reassure and calm people and we observed staff to be skilled in this area. Staff treated people with dignity and respect and people appeared relaxed and content. For example, staff offered prompt and discreet support in response to people's continence needs to protect their dignity and wellbeing.
- People living with dementia were supported by familiar staff who knew them well. For instance, relatives said, "I know the carers by their first names now as they seem to be more regular and they have got to know [family member], they can gauge her moods and will tell me if they aren't in the best mood when I come to take them out" and "I was involved in [family member's] care planning and if they have any problems or questions they come to me and I will help. [Family member] can say no to having a shower sometimes, but they manage to persuade them to in the end." A person using the service told us, "Staff are always the same. I know them and they know me".
- Staff considered noise levels to minimise distractions at mealtimes. Some people preferred music playing in the background and others did not. Quiet dining areas had been created at the end of each unit to accommodate this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure people were cared for by staff who received sufficient

supervision and appraisal to enable them to carry out their duties. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvement had been made to supporting staff, to ensure people were cared for by workers who had the necessary skills and knowledge to meet their needs.
- Staff completed a corporate and in-house induction. Work was being done to ensure staff who had not completed the Care Certificate acquired the required skills. The Care Certificate is a set of national standards which set out the knowledge, skills and behaviours expected for specific job roles in the health and social care sectors.
- Probationary reviews were carried out for new staff, to make sure they met expected standards.
- Improvement had been made to individual supervision meetings between staff and their managers, to discuss how they were working.
- Staff appraisals were taking place to evaluate performance and look at areas for personal development. The registered manager aimed to have completed all appraisals by the end of August this year.
- A training programme was in place. At the time of the inspection, the staff team had achieved 93% compliance with all required learning. Further required training was in progress, such as positive behaviour support. Some staff said they would benefit from classroom-based training in addition to online learning for areas such as dementia care. We found the registered manager and other competent staff led specific workshops for staff, such as oral health.
- Although only a small number of staff (four) had achieved vocational qualifications, the registered manager told us staff had been developed in other ways to meet people's needs. This included becoming champions in areas which included medicines practice, care plans, infection prevention, nutrition and hydration.

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

At our last inspection we found people were at risk of malnutrition and dehydration. This was a breach of regulation 14 (Meeting nutritional and hydration needs) 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.

- Staff completed accurate food and fluid charts to monitor people's nutritional intake. Where fluid targets were not met, records showed this was acted upon by staff to encourage people to drink and seek medical advice if this did not improve.
- People and their relatives told us, "The home has been very good at monitoring fluids and there are always snacks available for residents", "I can't fault their ability to keep people hydrated", "Girls are always coming round with drinks", "Staff discussed nutrition with [family member] recently. They are now cutting up their food. They got special knives and forks" and "[Staff] encourage [family member] to eat and they have put on half a stone".
- Staff respected one person's wish to diet and lose weight. This had been discussed with the person's GP and the person agreed for staff to monitor their weight to check this was safely managed.
- One person who preferred not to sit down for very long to eat a full meal received discreet supervision and encouragement from staff to eat and drink enough.
- Nutrition and hydration stations were accessible to people and we observed staff provided fortified snacks for people who were identified as being at medium and high risk of malnutrition. Ice lollies and ice creams

were offered in the afternoon during hot weather.

- Some people chose to eat their meals in their bedrooms or in chairs in the lounge or hallway. The portable tables in use were unsuitable as they did not support adequate positioning. The registered manager advised there was a plan to replace these tables.
- Plated meal choices were not offered to people in accordance with dementia best practice. The quality manager told us this should be in place and acted to follow-up with the registered manager. We observed that staff did offer choice if people had forgotten their choice or changed their minds.
- People said, "The food is lovely, but I can't eat it. It's too much", "The food on the whole is good. Every evening meal is a bit of a trial", "Food is not too bad. Slight variations. Not really a choice" and "[Family member] says it's awful. She wants more sweet things".

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

At our last inspection we found the provider had failed to do all that was reasonable and practicable to mitigate risk which place people at risk of ill health. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service used a national tool to accurately assess and record people's health observations. This supported staff to escalate health concerns appropriately and in a timely manner.
- The registered manager monitored staff use of the NHS virtual medical assessment facility. This was to ensure that staff identified and acted upon changes in people's health quickly to maintain people's health and avoid hospital admissions. Records showed an increase in such referrals for people over time.
- Records showed staff sought timely medical advice and made referrals to healthcare practitioners such as, the District Nurse, GP, speech and language therapy (for swallowing), occupational therapy and physiotherapy.
- Community healthcare professionals told us they had observed improvements at the service. They commented that staff were more knowledgeable about people's health needs and assessments were now routine to identify changes in people's health.
- Pressure relieving equipment was used to prevent pressure ulcers and staff completed regular checks to ensure equipment was in good working order. However, we found the setting for certain mattresses was not identified in people's care plans or on the observation check list. This meant staff did not have enough information to ensure the correct setting was used. The registered manager took immediate action to update this information. We checked a person's mattress setting which was correct.
- Regular handover meetings and records were used to ensure all staff were kept updated with people's needs and any changes in protocols and lessons learnt.

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 failed to act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a continued breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff understood and implemented mental capacity and deprivation of liberty legal processes to uphold people's rights. For example, one staff member told us people had the right to make unwise decisions, which would be assessed to reduce any identified risks.
- Records showed staff correctly followed the mental capacity code of practice for specific decisions, such as accessing the community and sensor equipment, which monitored people's whereabouts. People and their representatives were involved with best interest decisions where people were assessed as lacking mental capacity.
- Deprivation of liberty safeguard (DoLS) applications and authorisations were evidenced, where this was deemed necessary to maintain people's safety. We found one person's care plan had not been updated to reflect the status of their DoLS application. The registered manager took immediate action to rectify this. Other people's care plans contained this information.
- The registered manager kept a DoLS tracker and records showed they regularly followed-up the status of applications with the local authority, who were responsible for assessing and authorising applications.

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

- The home was a purpose-built property with aids and adaptations, such as assisted baths and showers, grab rails and a passenger lift between floors. We found emergency pull cords were not always reachable from the floor, which was important for people to get help if they fell. Staff immediately reported this to the registered manager. We saw this was rectified by the second day of our visit and spot checks were implemented to make sure this was sustained.
- Easy read signage was used throughout the home to support people living with dementia to orientate themselves and to encourage independence.
- We observed people accessing and enjoying the garden which was attractive and filled with points of interest and sensory opportunities.
- Some people living on the first-floor residential unit used the lifts independently to access activities in other parts of the building. Activity co-ordinators provided support and encouragement to other people to attend a variety of events and entertainment.
- People's private spaces were personalised with their own memorabilia. Staff completed environmental checks to reduce the risk of trips and falls, where people preferred to keep a lot of their belongings around them.
- Some people's bedroom flooring had been replaced and further refurbishment was planned to commence in September 2022. Records showed that people had been consulted in choosing colour schemes.

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; 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

At our last inspection the provider failed to ensure effective governance arrangements were in place to assess, monitor and mitigate risks posed to people, and to maintain accurate and complete records about people's care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were in place to monitor and evaluate the quality completeness of people's care plans and risk management processes. These monitoring systems were effective in some areas and resulted in a reduction of malnutrition risk to people. We found they were less effective in other areas, such as checking certain aspects of observation records regarding equipment settings or positive behaviour charts to ensure staff understood and implemented their training and policies and procedures.
- The registered manager acknowledged these gaps and immediately implemented lessons learnt and processes to make improvements. The quality manager told us they would review systems with the operations manager and nominated individual to ensure there was an organisational approach to achieve sustained improvement.
- Management and care records were well organised and accessible. The registered manager responded to all requests for information promptly.
- Quality monitoring records showed a more robust approach to auditing a wide range of areas of quality and compliance since April 2022. This included practical support to develop and up-skill staff through one to one mentoring and group workshops. Records showed steady progress had been made in updating care plans, mental capacity assessments, staff training and competencies.
- The registered manager demonstrated they understood and acted upon the underpinning values of openness and transparency in relation to their duty of candour.
- Duty of candour letters from the service to people and their representatives detailed the circumstances of incidents and investigation findings, an apology and steps taken by the service to avoid reoccurrences.

At our last inspection we found the provider had failed to notify us about certain incidents or events as

required. This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Records showed improvements had been achieved and sustained since April 2022 in relation to the service reporting incidents and events to CQC as required. The registered manager had not notified CQC about some safeguarding referrals made in January and February 2022, such as medicines errors. They advised us this was because the management team was stretched at the time due to covering senior vacancies and providing leadership to staff on shifts, which had since improved.
- Quality monitoring systems at the time had identified this shortfall. However, actions such as notifying CQC were not always followed-up to ensure they were achieved. Records showed this had been addressed and actions were followed-up and evidenced as completed.

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

At our last inspection we found the provider failed to demonstrate they had an effective system in place to record, handle and respond to complaints. This was a breach of Regulation 16 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 16.

- Improvement had been made to manage people's complaints. Information was displayed around the building informing people how they could raise any concerns. Staff were also advised how to raise whistle blowing concerns. Whistle blowing is speaking out about wrongdoing in the workplace.
- Records showed a small number (five) complaints had been logged from the end of December 2021 until the time of this inspection. These were minor in detail, had all been responded to and the complainants were informed of the outcome. We noted 14 compliments had been received for the same time period.
- People's feedback was sought about the quality of the service. This included dementia-friendly surveys, residents' meetings and relatives' meetings. A relative told us, "There have been meetings where family members are invited with the relatives, there was a presentation a few months ago".
- The registered manager showed us examples of where improvements had been made through listening to people's views. This included additional menu options at mealtimes, more physical activities, the opportunity to grow flowers and more frequent deep cleaning of bedrooms.
- Staff meetings took place regularly. These provided an opportunity for staff to raise questions and for the team to make improvements to people's care.

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

- There were significant improvements in the culture of the service. The home's atmosphere was calm and the staff team were professional, pleasant and welcoming to all visitors.
- People and their relatives were consistently positive about the registered manager and the improvements they had experienced, with comments such as, "Changes have been made to the home [the registered manager] listens and communicates. I feel they have taken control and improvements have been made", "The care is more than excellent. I have been really happy", "I had complaints in the past but not now. In last

nine months it's been different", "The communication and atmosphere is much improved. Staff seem much happier and able to support residents better" and "Activities are more interesting and diverse".

- We found the registered manager was experienced, organised and dedicated to driving improvement and person-centred care. There had been clear progress in achieving improvements.
- The registered manager recognised the importance of empowering the staff team to sustain improvements. One staff member told us they had requested further training to support them in their role. This was acted upon and they were midway through a course which they told us was useful.
- Staff recognition schemes were in place to value their contributions to improvements. The vast majority of staff informed us they felt well supported by the management team and were positive about their and the deputy manager's leadership. Staff consistently said they felt confident and competent to support people safely and had job satisfaction.

Working in partnership with others

At our last inspection we found people were placed at risk of harm as effective governance arrangements were not in place. This was a continued breach of Regulation 17 (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.

- Local authority and health care professionals told us the service worked well with them to achieve positive outcomes for people. They reported improvements in management, communication and a more stable staff team.
- The registered manager engaged with local community groups such as 'Dementia friends' and there were plans for the first community meeting at the home in September 2022. They also accessed organisations for information to raise awareness of specialist areas such as epilepsy support needs.