

Bondcare (London) Limited

# The Fountains Care Centre

## Inspection report

12 Theydon Gardens  
Rainham  
Essex  
RM13 7TU

Tel: 01708554456

Website: [bondcare.co.uk/the-fountains/](http://bondcare.co.uk/the-fountains/)

Date of inspection visit:

06 January 2022

07 January 2022

Date of publication:

04 February 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Fountains Care Centre is a residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 62 people.

This is a purpose-built care home over four floors. The kitchen and laundry facilities are located on the basement floor and only staff have access to this area. The ground and first floors were in use at the time of inspection. The second floor was not in use, but the provider was planning to open this as a designated setting service, to accommodate people coming out of hospital who had COVID-19.

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

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. Steps had been taken to help ensure the physical environment was safe. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were managed in a safe way. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Assessments were carried out of people's needs prior to the provision of care to determine if their needs could be met at the service. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. The premises were clean and well maintained. People had access to health care professionals.

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

People and relatives told us staff were caring and that they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Care plans were in place for people which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints, and complaints had been dealt with accordingly. People had been unable to participate in some of their preferred community-based activities due to government restrictions related to COVID-19. However, they had been supported to engage in a variety of in-house activities. People's end of life care needs were met.

Quality assurance and monitoring systems were in place to help drive improvements at the service. People and staff told us there was an open and positive culture at the service. People were supported to express

their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 20 September 2021) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 16 August 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

This inspection was carried out to follow up on action we told the provider to take at the last inspection in May 2021. The overall rating for the service has changed from Inadequate to Good. 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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Fountains Care Centre

## 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 Care Act 2014.

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

#### Inspection team

The inspection was carried out by two inspectors, a specialist advisor with a background in nursing care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

The Fountains Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with 19 members of staff including the registered manager, deputy manager, area manager, administrator, chef, activities coordinator, maintenance person, nursing assistant, domestic staff, six health care assistants and three nurses. We observed how staff interacted with people.

We reviewed a range of records. This included 10 people's care records and multiple medicine records. We looked at 10 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care records and policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### 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 (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.

- At the previous inspection of this service in May 2021, we found serious concerns with the way risks to people were assessed, monitored and managed, particularly in relation to people's health conditions. For example, although several people had diabetes or epilepsy, there were often no risk assessments in place about this, and where there were, they did not contain sufficient information about how to mitigate the risks people faced. Risk assessments were in place around skin integrity, but these sometimes contained inaccurate, out of date and contradictory information. Further, these risk assessments were not always followed by staff. During this inspection we found these issues had been addressed.
- Detailed risk assessments were in place for people with health conditions, including diabetes and epilepsy. These set out how to support people with these conditions in a safe way, for example, ensuring people with diabetes had regular eye checks and monitoring of glucose levels where appropriate. Records confirmed that relevant checks were carried out and that health conditions were managed in conjunction with other health professionals including GPs.
- Unlike at the last inspection, all the care staff we spoke with were aware of the which people had which health conditions, and they knew what their role was in supporting people with these conditions. Staff had also undertaken training about supporting people with relevant health conditions since the last inspection.
- Care plans and risk assessments were in place for supporting people with their skin integrity. We found that these were up to date and followed by staff. For example, where people used pressure relieving mattresses, the setting for the mattress was included in the assessment and mattresses were checked twice daily to ensure they were at the correct setting. Where people required re-positioning due to wound management, we saw this was done and recorded in line with risk assessments.
- The service worked with the tissue viability nursing (TVN) service and unlike at the previous inspection, guidance from the TVN service was clearly recorded and followed by staff.
- In addition to risk assessments about health conditions, a variety of other assessments were in place detailing how to support people in a safe way. These were person-centred around the risk's individuals faced and reviewed at least monthly, or more frequently if there was a significant change in risk. Assessments included falls, mobility, oral health and choking.

- Checks were carried out on the premises to help ensure they were safe. For example, fire safety systems and equipment were serviced by qualified persons and tested to ensure they worked properly by staff at the service. There was a fire alarm test during our inspection. Other safety checks included gas, electrics and electrical equipment.

### Using medicines safely

At our last inspection the provider had failed to have effective systems in place to ensure that medicines were managed safely. This was a 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.

- At our last inspection of this service we found that medicines were not always managed safely. We found unexplained gaps in Medicine Administration Records [MARs], appropriate procedures were not always followed when people were given medicines covertly, the amounts of medicines held in stock did not match the amounts recorded as being in stock. Where people were prescribed medicines on a PRN [as required] basis, there were instances when there was no guidance for staff about when to administer these medicines, and other instances where the guidance was inadequate. During this inspection we found these issues had been addressed.
- MARs were maintained accurately and were up to date. We did not see any unexplained gaps on MARs. We checked some medicines stock balances and found they tallied with the amounts of medicines actually held.
- Where covert medicines were administered, this was done in line with best practice. Guidance was provided for staff about this which had been developed in conjunction with the supplying pharmacist and prescribing GP. The use of covert medicines was reviewed annually for people to check it was still required. We found that where people were prescribed PRN medicines, there were clear guidelines in place about when to administer these.
- Medicines were stored appropriately in locked and temperature-controlled areas. Arrangements for the management of controlled drugs were in line with legislation and best practice.
- Staff's competence to administer medicines was assessed annually and included an observed medicine round and checking staff's understanding of medicines policies and practices.

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

- Systems and processes were in place to safeguard people from the risk of abuse. Policies were in place which made clear the provider's responsibility to report allegations of abuse to the local authority and the Care Quality Commission. Where there had been allegations of abuse, these had been dealt with in line with the policy, and disciplinary action had been taken against staff where appropriate to do so.
- Staff had undertaken training about safeguarding adults and understood their responsibility for reporting any abuse allegations. One staff member told us, "I would report it [safeguarding concern] to my line manager. If nothing was done, I would take it higher. People and relatives said people were safe. One relative said, "It's great knowing [person] is well enough looked after."

### Staffing and recruitment

- There were enough staff working at the service to keep people safe. Staff told us they had enough time to carry out their duties. We observed that staff carried out their role in an unhurried way and were able to respond to people promptly.



- People and relatives told us there were enough staff. One relative said, "Yes, we've seen marked improvement in the place recently, the place seems to have more new staff and not so many agency staff anymore which there seemed to be loads of in the past."
- At the time of inspection, the service was in the midst of a COVID-19 outbreak which had resulted in several staff having to take time off from work. To compensate for this, the provider had blocked staff with an agency to ensure there were sufficient staff available and that those agency staff only worked at this service for the duration of the outbreak.
- Checks were carried out on prospective staff before they began working at the service. These included criminal record checks, proof of identification, employment references and a record of previous employment history. This meant the provider was seeking to employ only staff who were suitable to work in a care setting.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

#### Learning lessons when things go wrong

- Steps were taken to learn lessons when things went wrong. The provider had an accident and incident policy in place to guide staff and accidents and incidents were recorded, along with details of follow up action. We noted that some were recorded electronically and others on a paper-based system. We discussed this with the registered manager who said they would look into using a single system for recording accidents and incidents.
- Accidents and incidents were analysed for trends and patterns to see what actions could be taken to reduce the risk of further similar occurrences. For example, extra support was provided to help one person transfer when moving around the home.

# 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider did not ensure staff were adequately trained and supported to carry out their roles effectively. 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 were provided with training to help them carry out their roles and provide them with necessary skills to support people. At our last inspection in May 2021, we found staff supported people who presented high level risks. However, not all staff had received specific training around skin care, epilepsy and diabetes.
- At this inspection we saw that all staff had completed training in these topics and others. The training was delivered by an accredited provider.
- New staff received an induction to help them understand the requirements of their roles and the policies and procedures for the service. All staff completed a holistic assessment in areas such as infection control, behaviour incident, communication, the Mental Capacity Act (2005) and accidents and incidents. We looked at a training matrix, which showed staff had completed their training in all essential topics.
- We found staff had a good understanding of how to support individuals. A relative told us, "{Person] can be challenging at times but they handle them well and look after them well too."
- Staff told us, and records showed, they received supervision to review their work and develop their skills.

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

At our last inspection the provider did not ensure people were provided with suitable food and drink. 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.

- At our last inspection in May 2021, we found gaps in people nutritional and hydration plans. We also found gaps in daily notes where staff did not monitor and record how much fluid a person took each day.

- At this inspection we saw quantities of food and drink consumed were recorded via a handheld electronic device after each meal, directly onto food and fluid charts within electronic care plans. This meant that managers could immediately identify people whose recommended daily intake was higher or lower than it should be. The records kept reflected accurately people's intake.
- At our last inspection in May 2021, we saw choices of food forms remained uncompleted, and those that were filled in were done so in a way where it did not actually record what the person's preferred option was. Since our inspection food tasting sessions have been helped to devise a new menu that reflected people's choices and preferences and records showed people were now offered a choice of meals.
- Care plans contained details of people's nutritional and hydration needs. The kitchen team were aware of people's specific dietary needs to manage their medical conditions, allergies, cultural and religious needs and if people required a soft or pureed diet.
- We observed people enjoyed the lunchtime experience. Menus and small plates of the meals on offer were displayed so people could make a choice. Alternative meal choices were available. Staff supporting people with their meals did so patiently and maintained people's dignity. Snacks were provided throughout the day and a variety of drinks were available.
- People and relatives said they had enough to eat and drink and that the food was good. A relative said, "[Person] has been given tea and biscuits since I arrived and seems to be drinking plenty and they chat to them." Another relative said, "I visit my [relative] every day now, they were in hospital then came here. They were very underweight, but the food here helped to bring their weight back up, which was good. They are very caring towards [person]." A third relative told us, "[Person] eats very well, the foods good, they like it, yes to me the food looks good."

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

At our last inspection we found some instances of poor maintenance of the premises. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection in May 2021, we found staff had to clean out a pipe in the boiler room every few days, otherwise there would be an overflow of raw sewage leaking out on to the ground floor corridor, where people had their bedrooms. We also found that some bedroom windows did not open or close properly and that the patio area in the garden had loose and broken flagstones that constituted a trip hazard. We found all these issues had now been addressed.
- The premises and environment had been adapted to meet people's needs. Risks associated with the environment had been assessed and action had been taken to reduce these risks. For example, windows had all been fitted with restrictors and action had been taken to ensure these were maintained. Communal areas in the home had recently been decorated and these areas were clean and homely. A relative told us, "A while ago the whole place was battleship grey. I know it's fashionable, but it made the place look like a funeral parlour. They've changed all that and it's loads better now especially the day rooms, it's a nicer place to be now."
- The service had a communal lounge, dining room and a large garden. People could spend time in their individual rooms whenever they wanted, and these had been personalised according to their choices.

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

- The provider ensured that pre-admission assessments of people's needs had been completed prior to

admission. These included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported. These plans reflected people's needs, including aspects of their life which were important to them.

- Appropriate specialist services had been included in assessing and planning people's care.
- We found that the provider reassessed each person's needs monthly and updated their care plans to ensure they appropriately addressed to people's current needs.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support people received.

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

- The provider ensured that people's care plans and risk assessment contained information relating to different medical needs, and there was evidence people's health and wellbeing was regularly assessed.
- Appropriate referrals were made to health care professionals as and when required. We saw records confirming that people had regular consultations and were supported to attend appointments.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider met the requirements of the MCA. Decision specific mental capacity assessments had been carried out for people in relation to their capacity to make decisions about their care and whether they were able to give consent. The provider held best interests' meetings for people, which involved the person, their relatives and appropriate healthcare professionals. This helped ensure the care and support provided by staff was in people's best interest.
- DoLS authorisation applications had been made to the relevant authority where it had been identified that people might be deprived of their liberty. The manager utilised a DoLS tracker to monitor and to ensure authorisations were current and valid and to take action when they were due to expire.
- Staff received training on the Mental Capacity Act which covered obtaining peoples consent prior to delivering any care and the principles of the MCA.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us people were treated in a kind and caring manner by staff. One person told us, "I have been here quite a while now and it's good here. I'm quite happy." A relative said, "They try to help [person] and they seem to care. Since [person] has been in this place they seem much more vibrant and happy."
- Staff told us they respected people as individuals and worked to build relationships with them. We saw that staff interacted with people in a caring and sensitive manner during our inspection. For example, we saw one person was anxious about when they were going 'home' and staff were able to give sensitive reassurance to the person which helped them become calm and settled.
- The provider met people's needs in relation to equality and diversity. For example, various religious organisations visited the service to provide spiritual support to people and food reflected people's culture and ethnicity. Equality and diversity was covered in care plans and there were policies in place to provide guidance to staff.

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

- People were supported to express their views and to make decisions about their care. For example, there were daily choices of meals and activities were devised with input from people.
- Staff told us the importance of supporting people to make choices where they were able to, for example, with what they wore. A staff member told us, "We will ask them. If they can't tell us, we get a couple of things [clothing items] out and show them."
- Since the last inspection in May 2021 the service had introduced meetings for people. Minutes showed these included discussions about decorating the premises, activities, and improving arrangements for laundry. A relative told us, "The laundry is good now too, it wasn't a while ago."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. Staff told us how they did this. For example, one staff member described how they provided support with personal care, saying, "The curtains and door get shut. When I'm changing their pads, I won't leave them completely exposed, I will cover the top half when I'm cleaning the bottom half." The same staff member added, "You speak to them call them by their name, ask them if they can roll over, don't just assume they can't."
- Each person had their own bedrooms with ensuite toilet and hand basin, which helped to promote people's privacy. Staff understood the importance of maintaining people's privacy by not sharing information with others unless authorised to do so. Confidential information was stored on electronic

devices that were password protected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found that care was not always provided in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- At the previous inspection of this service in May 2021, we found care was not always person-centred. Care plans and risk assessments did not provide adequate information about the needs of individuals and some staff did not know people's individual care needs. During this inspection we found these issues had been addressed.
- Care plans were in place for people. These were person-centred and set out how to meet the needs of individuals. They covered areas including communication, continence, behaviour and emotional support. Plans were reviewed on a monthly basis. This meant they were able to reflect people's needs as they changed over time.
- At this inspection, unlike the last, staff were knowledgeable about the individual needs of people and how to meet those needs, for example, in relation to health conditions.
- People and relatives said that the service was responsive to people's needs. A relative said, "This new manager is far more responsive than the last, like when I said [person] liked to look out of their window a lot they said, 'Well we have room with a much larger viewing area, shall we put him in that room?' Which we did and they're happier now."

Meeting people's communication needs

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

- The provider met the requirement of the AIS. Care plans included information about people's methods of communication and/or preferred language. For example, one person used flashcards and the provider asked care worker to use flashcard to better the person's needs.
- Photographs of each staff member were displayed in the hallway of the home, so people knew who, each

day, was there to support them. We observed staff communicating with people. Some people needed more time to listen and respond and staff were patient, spoke clearly and used hand gestures to confirm somethings they were saying.

- The provider had an accessible information standard policy which detailed possible solutions to consider when trying to communicate with people.

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

- People were supported to take part in activities and to maintain relationships with people. However, at the time of inspection, the service had an outbreak of COVID-19 which placed restrictions on activities and people visiting the service.
- Although activities outside of the service had been temporarily suspended, in-house activities were provided. Two activities coordinators were employed, and we saw various activities been provided during our inspection. These included spending time with individuals who were unable to leave their bedrooms. One person told us, "I've been here a while now, I have been having help with my colouring books, they're quite difficult to do, but yes, I get help here with it, a carer comes and sits with me." A relative told us, "They do always try and get [person] involved with the activities here, yes they do try, sometimes they [person] take part now."
- Due to the COVID-19 outbreak only essential visits were allowed at the time of inspection and we saw arrangements were in place to facilitate these visits in a safe way. People were supported to maintain contact with friends and relatives through electronic means. One person told us, "I've just been chatting to my sister on my I pad, I use their Wi-Fi, its great cos we can still chat each day."

Improving care quality in response to complaints or concerns

- Systems were in place for responding to complaints. The provider had a complaints policy in place which included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the provider.
- Complaints received had been recorded and dealt with in line with the policy. This included providing an apology to complainants where it was found the service had been at fault. Relatives told us concerns were addressed. One said, "I did have the odd issue here, but the manager has put them right now." Another relative told us, "I've had issues here but it's all good now and if I've had a complaint, it's always been put right."
- The provider maintained a record of compliments received. For example, a professional had written, "I have visited many care homes in the past few months, and this was the nicest. It looked clean and smelled fresh." A relative wrote, "I can honestly say I have noticed a huge change for the better in the home and we appreciate the kindness and love you give to our [relative]."

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. However, the provider had made an effort to gather information about people's needs and preferences around end of life care. This included what was important to people, cultural and religious needs and where they would want to spend their final days. This meant the provider had enough information to meet people's needs in the event of sudden death or terminal illness.
- Where appropriate, people also had 'Do Not Attempt Cardiopulmonary Resuscitation' forms that they signed and agreed in consultation with their relatives and health professionals.



# 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we found that quality assurance and monitoring systems used at the service were ineffective. This was a 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.

- At our previous inspection of the service in May 2021, we found that quality assurance systems the provider had where either not been used or were ineffective. During that inspection we identified a large number of concerns relating to the care and support that the provider had failed to identify. During this inspection we found previous breaches of regulations had been addressed and effective quality assurance systems were now in place.
- Various quality assurance and monitoring systems were in place. For example, one of the area managers carried out a monitoring visit at the service. This looked at various elements within the service including staff training and development, the premises and equipment, nutrition and hydration and care records. These were generally done every two weeks, although the most recent scheduled visit had been cancelled due to the COVID-19 outbreak at the service.
- A quarterly audit was carried out by one of the area managers which was based on the Care Quality Commission's Key Lines of Enquiries. The registered manager produced an action plan in response to the reports of these audits detailing what action needed to be taken to address any shortfalls identified. For example, a recent audit identified that not all staff had a good understanding of issues relating to Deprivation of Liberty Safeguards, and action was taken by the registered manager to address this.
- We saw a number of audits were carried out by senior staff within the service. These included audits of medicines management, infection prevention and control, health and safety of the premises and reviews of care plans and risk assessments.
- An area manager acknowledged that standards of care and support were not adequate at the time of the last inspection. They told us this was in part due to poor leadership based at the service and a lack of oversight from the provider. Since then, a new registered manager and deputy manager have been appointed who had a track record of managing nursing homes rated as Good by CQC. The area manager was also able to demonstrate that the provider has started to take a more active role in providing support and assessing the quality of care at the service. These developments suggest that improvements made since the previous

inspection may be sustained.

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

At our last inspection we found that systems used for seeking the views of people and others were ineffective. This was a 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.

- At the previous inspection of this service in May 2021, we found that there were only very limited systems in place to engage with people who used the service and others. We found this issue had been addressed at this inspection.
- Residents meetings were held. Minutes showed these included discussions about menus, activities and decorating the premises.
- Due to on-going concerns about COVID-19, in-person relative's meetings had not been happening, however, these meetings did take place remotely via electronic communications. Minutes showed these discussed making the best use of the building and it was agreed that the rooms used for the dining room and lounge would be swapped. This gave more space for people in the lounge area, while still providing enough space for mealtimes in the new dining area. A relative told us, "I'm quite happy with the manager here now, they've started zoom meetings for relatives, we've only had a few but they seem good."
- A survey had been carried out of staff, people and their relatives since the last inspection to seek their views on the service. The registered manager told us they planned to carry out another survey within the first six months of 2022.
- Completed surveys contained mostly positive feedback. For example, one person wrote, "I enjoy all the activities, like the exercises." Another person wrote, "The ladies [staff] are lovely, they are all kind." A relative wrote, "I have a good relationship with the staff."
- Where the survey had highlighted areas that could be improved, action had been taken. For example, a second activities coordinator had been employed and a new menu had been developed.
- The provider considered the equality characteristics of people and staff. For example, these were covered in people's care plans and staff recruitment was carried out in line with good practice in relation to equality and diversity.

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

- The service had an open and positive culture to help achieve good outcomes for people. Staff told us there was a good working environment with good teamwork. They also said the management team was supportive.
- One member of staff said, "[Registered manager] is brilliant, they know what they are doing. They are so supportive. So is [deputy manager], they take what you say seriously." Another member of staff said, "It's a very open-door policy. They [registered manager] are very supportive if we have personal problems. They care about us [staff] and they care about the residents."
- Relatives told us they found the management to be open and approachable. One relative said, "I've seen quite a lot of managers come and go, this new one's good, they have done loads of decorating, so the place has a more homely look. They are very approachable too, everything's good now and the activities staff are very good too." Another relative said, "The new manager has made all the difference and the deputy

managers very good too."

- Care was provided in a person-centred manner. Care plans were based around the needs of individuals and staff had a good understanding of each person's needs.

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

- Where things went wrong, the provider had been open and honest with people about this. Systems were in place to address when things went wrong, such as the complaints procedure and the way accidents and incidents were responded to.
- Relevant people were kept informed of incidents, for example, family members had been informed if a person had a fall, and the local authority were notified of safeguarding incidents. A relative told us, "If there's been a problem with [person] they always phone me straight away, they let me know, so I feel informed."

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

- Managers and staff were clear about their roles and regulatory requirements. There was a clear management structure in place at the service and staff knew who their line manager was. Staff were provided with a copy of their job description to help provide clarity about their role.
- The registered manager was aware of regulatory requirements. For example, they were aware of what issues and incidents they had to report to the Care Quality Commission. Other regulatory requirements were met, such as having employer's liability insurance cover in place and ensuring fire safety equipment was serviced appropriately.

Working in partnership with others

- The registered manager told us they had good working relationships with other agencies, including health care agencies and the local authority. They attended a forum for care providers run by the local authority which gave the opportunity to share and develop best practice.
- We spoke with a health professional who was visiting the service during our inspection. They told us since the change of management that had taken place after our previous inspection, working relationships had improved considerably between the service and their agency. They told us the service was now much more open to support from them and that staff knowledge and understanding of relevant issues had improved considerably.