

Outlook Care

Foxburrow Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Foxborrow Grange is a residential care home providing personal and nursing care to up to 69 people across 4 separate wings, 2 wings specialise in providing care to people living with dementia. At the time of our inspection there were 58 people using the service.

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

A small minority of people using the service had a learning disability. The registered manager told us their primary care needs were nursing. However, we expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. Based on our review of the effective and responsive key questions, the service was able to demonstrate they were meeting some of the underpinning principles of the Right support, right care, right culture guidance. All staff had completed training for people with a learning disability and autistic people. The service had implemented tools, such as social stories, designed to help people with a learning disability to process a particular situation, event or activity. People had been referred to the speech and language team (SaLT) team to be assessed for equipment and, or methods to help them communicate.

Systems were in place and being used for managing safeguards, but on occasion they were not given sufficient priority, or reported to the local authority for advice, as per the provider's own guidance.

Systems to identify and address potential risks to people using the service, had improved. Management and staff had worked well with the dementia specialist team to develop a risk-based approach to effectively support people whose behaviour can sometimes present a risk to themselves, or others. Routine checks were now being carried out on clinical equipment, bed rails and wall bumpers to ensure these were safe and in good working order. However, further improvements were needed to ensure electrical sockets were assessed against the risks of tampering with and the risk of electric shocks or burns.

People were supported to eat and drink enough to maintain a balanced diet. However, staff did not always have access to up to date and reliable information about peoples' specific dietary needs and choking risks. Whilst no people had come to harm, where changes had been made to their diets, such as changes in the size, texture or consistency of foods and fluids, these had not always been updated in their care records in a timely way. Therefore, staff did not always have the correct information to support people to eat and drink safely. Immediately following the inspection, the registered manager told us they had reviewed people's records to ensure they contained accurate information. They had also sought additional training through the SaLT team for all staff, including catering staff to improve their understanding of managing dysphagia.

Staffing levels were reviewed on a regular basis to ensure there were enough staff deployed across the

service. However, we observed, and staff told us, they struggled to meet the changing needs of people in Hedgehog unit. The registered manager agreed to review staffing numbers on Hedgehog unit to ensure people received timely care and support.

The service had made significant improvements to the management of medicines. However, improvements were needed to make sure people prescribed time sensitive medicines were given these within the recommended time frame. We have made a recommendation about following national guidance for administration of medicines.

Staff were recruited safely. Staff had received support, induction and training they needed which gave them the skills and knowledge to meet people's needs. The service worked well with other professionals to understand and meet people's needs. Staff supported people to live healthier lives, and access healthcare services. A 'Smiling Matters' approach had been implemented to promote people's oral hygiene.

Peoples' privacy, dignity and independence was respected. 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's risk assessments and associated care plans needed further development to ensure they were current, reliable, and relevant. Summary and extended care plans contained repetitive information which had the potential to cause confusion and/or error in the delivery of people's care. We have made a recommendation about care planning.

Staff were not always responsive to people's needs. People told us, and records showed staff response to managing pain, was not always dealt with quickly enough. The registered manager had recognised improvements were needed in relation to end of life care. They were working with their local hospice developing training and support for all staff to improve advanced care planning, communication, and having uncomfortable conversations about death and dying.

Our previous inspection found the leadership and governance systems to assess and monitor the quality and safety of the service were ineffective. At this inspection we found Improved auditing process, including a monthly governance report which were identifying where improvements were needed, and the action taken. However, further improvements were needed to ensure governance systems encompassed the wider quality and safety issues we identified during this inspection. This included staffing levels / deployment of staff / quality and accuracy of information about people's care needs and how they are to be supported.

We have made recommendation about quality assurance arrangements.

Improved analysis of incidents and accidents had led to a decrease in falls. Investigations into incidents to establish the cause were completed and learnt from to improve safety across the service.

Information received before and during the inspection reflected ongoing concerns about a poor culture across all departments. This focused on unsupportive management, and a lack management presence on the floor. Work was in progress in conjunction with the provider's human resources to reach out to staff to improve morale, communication, and effective team working.

The management team had developed a range of ways to engage with people, their family, friends, and staff in a meaningful way. These included feedback from questionnaires, a family forum and a twice monthly newsletter to keep people and their relatives informed of any changes in the service and upcoming events.

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 April 2023). 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 breaches of regulations in relation to safe care and treatment, failure to protect people from unnecessary control and restraint, including the excessive or inappropriate use of medicines, and governance arrangements.

This service has been in Special Measures since 26 April 2023. 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. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive, and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Foxburrow Grange 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Foxburrow Grange

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 2 inspectors, a medicines inspector, 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

Foxburrow Grange 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. Foxburrow Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 11 December 2023 and ended on 12 December 2023. We visited the location's service on both days of the inspection.

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 7 people, and 6 relatives, and observed care to help us understand the experience of people who could not talk with us. We spoke with the management team comprising of the registered manager, wing manager, wing supervisor, clinical lead and the nominated individual. The nominated individual (NI) is responsible for supervising the management of the service on behalf of the provider. We also spoke with 2 senior staff, and 6 care staff and the head cook. We reviewed a range of records, including 13 people's care plans and associated risk assessments, and all people's medicine administration records and a variety of records relating to the management of the service, including audits and records relating to storage of medicines.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same. 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.

Our previous inspection found the provider failed to have systems in place to recognise and protect people from unnecessary control and restraint, including the excessive or inappropriate use of medicines placed people at risk of harm. This was a breach of Regulation 13 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, however further improvement was needed.

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

- People were being administered 'as required' medicines to manage anxiety and agitation appropriately, and as prescribed by their GP.
- Systems to protect people from behaviour which presented a risk to themselves, or others had improved. Management and staff had worked with other healthcare professionals, including the dementia specialist team to develop a risk-based approach to reflect the different stages of people's behaviours. These provided good details for staff to recognise and de-escalate early signs of distress and effectively manage people's heightened anxieties.
- Staff understood their responsibilities and demonstrated an understanding of the process to follow, to raise concerns, including making a referral to the local authority safeguarding team. One member of staff commented, "I would report it straight away, if nothing was done, I can report concerns to the local authority or CQC."
- However, we found safeguarding matters were not always managed according to the provider's own policy and procedure. For example, although an incident was investigated, the registered manager had not contacted the local authority safeguarding team, for advice on if the incident would be considered as a safeguarding adult concern.

Our previous inspection found the provider failed to robustly assess the risks relating to the health, safety and welfare of people using the service. This was a breach of Regulation 12 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, however further improvements were needed.

Assessing risk, safety monitoring and management;

- Where people's beds were positioned along the wall, electrical sockets were accessible. The risk of people

living with dementia, memory loss, confusion, and visual difficulties, tampering with, or inserting objects into the sockets and the risk of electric shocks or burns had not been identified within the health and safety environmental risk assessment.

- People's risk assessments and associated care plans needed further development to ensure they were current, reliable, and relevant. Information about people's specialist dietary needs in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI) to prevent the risk of choking, provided conflicting and confusing information for staff. [IDDSI is the global standard to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and for all cultures.]
- Where changes had been made to people's diets, such as changes in the size, texture or consistency of foods and fluids, these had not always been updated in their care records in a timely way. Whilst no people had come to harm staff did not always have access to the most up to date information to ensure they supported people to eat and drink safely.

Immediately following the inspection, the registered manager told us they had reviewed people's records to ensure they contained accurate information. They had also sought additional training through the SaLT team for all staff, including catering staff to improve their understanding of managing dysphagia.

- Routine checks were now being carried out on clinical equipment to ensure they were in safe working order. Checks were being made to ensure bed rails were compatible with beds to prevent the risk of asphyxiation to the occupant. Wall bumper bars fixed to bedroom walls to protect the wall from the bed headboard were being checked regularly to ensure there were no sharp edges.
- People's emergency evacuation plans (PEEP's) now contained additional factors to be considered such as use of flammable creams, prescribed medicines with sedating effects or any anxiety or distress related behaviours which may be relevant in an emergency.
- Moving and handling plans had improved and now contained relevant details about the equipment needed to safely transfer people, however, information about the use of slide sheet to reposition in bed, had not always been included.

Staffing and recruitment

- People, their relatives and staff told us, staffing numbers had improved. One relative commented, "Staff seem pretty good to me, got no complaints, generally I see the same faces." A member of staff told us, "Staffing levels are getting better, there are now more regular staff and less agency."
- However, deployment of staff on Hedgehog unit was not consistently meeting people's care and support needs. One relative commented, "Sometimes [family member's] breakfast is late, sometimes as late as 10.30, it depends on which team is on, 5 out of 7 times a week it is late, so their personal care is also late."
- Staff told us, Hedgehog unit accommodates 15 people, all of whom needed assistance from 2 staff with their personal care and repositioning. Nine people required assistance from a member of staff with eating and drinking. Both days of the inspection we observed staff on Hedgehog unit were very busy and continually attending to people with food and drinks. On day 1, a staff member was still preparing breakfast for 3 people at 11:20am.
- Staff told us they felt, "Under pressure and did get stressed". Comments included, "We have got 16 residents, breakfast is at 8.00 and textured lunches are at 12.00, most of our residents are on textured diets," and "We have 8 texture assists and 1 normal assist, it is difficult at times and with the deterioration in people's health it does make a difference, some take a long time to assist with their meal, it can be up to an hour."
- People who needed full assistance to eat their lunch were provided with their meals at 12 mid-day. For those people who had their breakfast at 11.20, this left a very small amount of time between breakfast and

lunch and a very long time from last supper to breakfast.

- The registered manager told us; they calculated staffing requirements based on peoples' needs and kept staffing under review. However, further review of people's needs, and staff deployment in Hedgehog unit was needed to ensure there were sufficient staff to meet people's changing needs.

Recruitment

- Improvements had been made to the recruitment practices to ensure people were protected from the employment of unsuitable staff. Recruitment documentation contained the information required in law regarding the prospective employee's full employment history. Any gaps in employment histories had been explored further, recorded and risk assessed.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection we found people were at risk of harm because the provider failed to ensure the safe management of medicines. This was a breach of Regulation 12 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.

Using medicines safely

- People told us they received their medicines when they needed them. Comments included, "Every day I have a few tablets, staff put them in a cup in your hand and wait. I have medicines morning and night, none are missed, always on time, and staff always stay," and "I just ask for my meds, I'm on statins and pain relief, it is never a problem."
- Review of medicines records confirmed people were receiving their medicines as prescribed by the GP, or other health professionals.
- Medicines were administered at set times of the day using an electronic and paper-based system which supported staff to follow the prescriber's instructions. However, we found although people prescribed time sensitive medicines usually had these given at the correct times, medicines used to treat Parkinson's disease were not always given within the recommended time frame.
- National guidance states these medicines should be given no more than 30 minutes either side of the prescribed time to ensure the person does not experience worsening of their Parkinson's symptoms. One person had often received their medicines more than 30 minutes late.

We recommend the provider consults national guidance for administration of Parkinson's medicines.

- The service carried out regular audits of medicines. Where these identified errors and areas for improvement, action had been taken to ensure the required improvements had been made. This included stock levels and missed and late doses.
- Medicines care plans and risk assessments were detailed, and person centered. There was information to support staff to care for people in a way that met their individual needs.
- Where people required their medicines covertly (disguised in food or drink) these had been authorised by the GP and the pharmacist to ensure all medicines were suitable for covert administration.
- Covert medicines were regularly reviewed and only offered to people when they were needed. There had been a reduction in the usage of covert medicines since the last inspection through reviews and assessments being completed by the service and GP practice.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The service employed enough cleaning staff, who followed robust cleaning schedules, including regular deep cleaning. The premises were clean and tidy.
- The provider had taken action to minimise the spread of infection, installing a digital thermometer, touchless hand sanitisers and swipe cards replacing keypads reducing the number of frequent touch points in the service.
- Staff were observed using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.

Learning lessons when things go wrong

- Where things had gone wrong, the registered manager had carried out investigations, to identify what happened, who was responsible, and the actions taken to identify appropriate solutions.
- Learning from incidents was shared with staff to make sure action was taken to improve safety across the service. For example, an incident where staff failed to administer a person's insulin and seek medical advice had been shared with staff at flash meetings, staff competency assessments had been completed, and additional training was being rolled out to all nursing staff, taking them back to basics to prevent this happening again.

Visiting in care homes

- People's relatives were able to visit whenever they chose. Relatives' comments included, "I can visit anytime, stay as long as I like, I come most afternoons, I say to reception what time I am coming," and "I come 3 or 4 times a week, and staff are very welcoming to me."

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs assessments and care records had considered their cultural, spiritual and religious preferences, sexual orientation, gender, relationships and sexuality.
- The service was involved in trialing new technologies, such as the introduction of an imaging sensor which automatically detected where people fell, particularly in their rooms. This system and improved analysis of incidents and accidents reflected there had been a reduction in the number of people falling, and injuries.

Staff support: induction, training, skills and experience

- The last inspection found people did not always receive good quality care, support and treatment because staff training was not embedded into practice.
- At this inspection staff told us and records showed staff had completed training to ensure they had the right skills to meet people's specific needs. One member of staff commented, "I have completed Montessori training and have more online training to complete, and I have received face to face training in moving and handling."
- Staff confirmed they had now completed training for people with a learning disability and or autistic people. One member of staff commented, "I have completed all my mandatory training online, including epilepsy, diabetes and the Oliver McGowan learning disabilities training, and dementia. I have also had face to face training for basic life support. "
- Staff had completed de-escalation training and engaging people in meaningful activities. This ensured staff had the skills and knowledge to support people experiencing episodes of heightened anxiety and distress; to de-escalate situations and protect the person, themselves, and others.
- Nursing staff continued to be supported to complete self-directed learning to maintain their professional development and retain their registration with the national midwifery council (NMC).
- New staff told us they had received a good induction, including online courses and shadowing an experienced member of staff. One member of staff commented, "I have received face to face training in moving and handling, dementia, and Montessori. I have not yet completed all online training modules but will get my Care Certificate when completed. [The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.]

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

- People and their relatives told us there was a good choice of food and drink. Comments included, "Food is nice, it is good, variety is very good, always fruit and vegetables available, there is a table in the hall full of

fruit and it says help yourself," and "I had the fish and chips, it was lovely, the food is always good and when they had lasagne and shepherd's pie, my [family member] could not make up their mind on which they would like, so staff gave them both."

- Observation of mealtimes across all 4 wings found people had access to sufficient food and drink throughout the day to maintain a healthy diet. Mealtimes were sociable and staff promoted people's independence to eat and drink but helped them where needed.
- Staff supported people, according to their needs, providing encouragement to eat and drink. Where people needed assistance to eat, staff were observed to be kind and supportive, aiding the person to eat at a pace suitable for them.
- People were shown plates of meals to help them make a choice on what they wanted to eat. Staff took time explaining options to people and gave them time to make their choice.
- Where people required pureed foods some of the meals, such as chicken and potato looked grey and similar and not very appetising. The registered manager told us, they were in the process of providing workshops for all staff to attend, including catering staff regarding presentation of food, including textured diets.
- There was a creative approach to celebrate food encouraging people to eat and try different types of food. For example, recent events had included an international food day. A senior member of staff commented, "The input from staff was so good, the food and entertainment provided was thoroughly enjoyed by the residents and family members."

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

- The registered manager told us, they had strengthened relationships with the local GP surgery and representatives from Suffolk, and North East Essex Integrated Care Board (ICB). They told us the ICB care home nurse had been very supportive and had facilitated staff to be part of training sessions relating to End of life and Oral care.
- As a result of the oral care training the service had implemented the 'Smiling Matters' approach to promote good oral hygiene. Smiling Matters champions had been appointed to each unit, and a mobile shop for toiletries and oral care products had been opened for people to purchase these items.
- Daily walk rounds by wing managers were checking people's health and oral health needs were being met, including checking toothbrushes to ensure they had been used. Champions were also checking people's oral healthcare was being completed.

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

- The premises are purpose built suited to the needs of people with dementia and decorated to a high standard. For example, doors to people's rooms in the dementia units, had been shaped and painted to look like front doors, complete with door knockers, and letters boxes.
- Illuminated, glass covered memory boxes filled with memorable items and photos had been fitted beside their front door to help people recognise and identify their room.
- People's rooms were spacious, nicely decorated, and personalised. All had ensuite toilets and walk-in shower facilities, and communal toilets had red or blue seat covers to help with identification.
- Specialist equipment, such as overhead hoists, pressure relieving mattresses, profiling beds, were available to ensure people were transferred safely and to prevent skin damage.

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.

- Where people did not have the capacity to make decisions about their care and treatment the relevant people and professionals had been involved to ensure decisions were being made in their best interests.
- Improvements have been made to ensure MCA assessments and best interest decisions were in place, where people required their medicines to be administered covertly (disguised in food and drink).
- Staff were observed empowering people to make their own decisions. Where people had capacity staff upheld their right to make decisions against professional advice. For example, a person assessed as needing a soft and bite sized diet, had chosen not to follow this guidance. Staff had provided the person with information about the risk of choking and amendments made to their care plan to reflect the actions staff needed to take to reduce that risk.
- Where people were subjected to DoLS to restrict leaving the building for their safety, these had been assessed and in the process of being authorised by the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were positive about the service and the caring attitude of the staff. One person told us, "I think I am well looked after; they [staff] help you; they make sure the bath water is hot and you get clean clothes."
- Relatives' comments included, "I see staff with [family member], it is the physical contact and love, they put an arm around them, staff are loving," and "It is the care that staff take with them all, I can come anytime and truly the care is always the same."
- Staff were seen to be caring and kind in their interactions with people. Relative told us, "My [Family member] is hoisted, I've seen it done once or twice, staff always take a lot of care, love and respect," and "Although, [Family member] is living here I am incredibly pleased, I don't feel I am out and [family member] is in, we are still together, staff make that possible."
- People told us, staff helped them to retain their independence. One person told us, "In good weather I go to the pub, go to the cemetery, I go out the front door, I've got my mobile phone, but staff send me a text, I have got to have my independence."
- Staff were observed treating people with respect, providing care and support in dignified way. One person told us, "I prefer a bath but don't mind a shower, I had a bath today, it was lovely with bubbles, staff said would you like time to enjoy your bath, they went away, and I had a lovely wallow. They respect my dignity, and privacy."
- We observed staff supporting people to take part in an activity were attentive to their needs. Staff provided reassurance where people were anxious, for example stroking a person's hand and fetched a blanket for a person who said they felt cold and tucked it around them.

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

- People told us they were involved in making decisions about their care. One person told us, "I get up around 8am and go to bed around 9pm, that is my choice. The medication I take is my choice, staff do it the way I like it."
- Relatives told us they were involved in making decisions about their family member's care and had access to their care plans, but this was not consistent. Comments included, "Care plan I have had involvement, but I have not reviewed it recently, it was not a long time ago, but I was given it to review," and "I had a phone call from staff yesterday asking me if I wanted [family member] to have their eyes tested, and they had a food expert come into talk with us about food textures, they can't have anything solid. I can go to the Nurse and ask questions at any time."

- People were listened to and supported to express their views. They had been involved in discussing the environment, food, activities, and events at meetings. One person told us, "We talked about having the light switched on and woken up and being talked to loudly in the night, by staff, it has gotten better, staff don't talk as loudly and talk quietly now."
- A 'family forum' chaired by family representatives had been set up to influence the quality of care for the people living in the home. Minutes of this meeting showed a range of issues were discussed and fed back to the registered manager, for action. Issues included access to the home at weekends and ensuring people were always shown options regarding food choices.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- Relatives shared variable experiences about the level of support their family members received.
- Care plans and risk assessments were being reviewed on a regular basis; however, we found these contained inconsistent information and did not always provide an immediate overview of people's current needs.
- For example, 1 person's risk assessment for physical wellbeing/pain stated, 'experiences pain due to stiffness and rigidity which they can't really express.' Staff were guided to 'anticipate the person's needs', but there was no useful information for staff on how to interpret their emotions and ensure their pain was managed.
- Where people were diagnosed as having epilepsy, their care records gave generic signs for seizures. Plans were not personalised to reflect the signs for staff to look for in the individual or reflect how seizure activity was being monitored.
- Summary and extended care plans contained repetitive information and included a running log of updates. Staff had to read all the information to the end to obtain the current and relevant information about the person needs. The repetitive information had the potential to cause confusion and/or error in the delivery of people's care.

We recommend the provider seek advice and guidance in line with recognised evidence-based guidance, when designing, delivering and reviewing people's care.

Meeting people's communication needs

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

- Communication plans were in place for the small minority of people with a learning disability, which staff needed to be aware of, understand and use. However, we found inconsistencies in the support people received to ensure their communication needs were being met.
- Referrals to the SaLT team to assess people's communication needs and develop ways to enhance communication was not consistent. Records showed 1 person had been referred to the SaLT team to be assessed for communication aids and had a range of tools to help them communicate.
- Another person had an emotion board to help communicate their feelings. However, a 3rd person who

had limited verbal communication, had no aids, and no referral had been made to the SaLT to assess what support could be provided to help them communicate. The registered manager confirmed this person had been referred to the SaLT team after the inspection.

- The service had implemented tools, such as social stories, designed to help people with a learning disability to process a particular situation, event or activity.
- Signage across the service had been developed to make it easier for people living with dementia to read and find their way around.
- People had access to regular eye and hearing tests to ensure their sensory needs were being met and had the right glasses or hearing aids to facilitate reading and effective communication.

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 and their relatives told us there was a good range of activities. Comments included, "Nice activities going on, the activities coordinator is a good at organising them," and "They have a choir here, [Person's name] comes in and plays the guitar, my [family member] is in the choir, they had the school choir today, and another school are doing Christmas cards tomorrow."
- Another person told us, "We had singers in, we have enough entertainment, do arts and crafts, they are good, and I went to a garden centre."
- The registered manager told us the activities person had completed training and was starting to provide sensory sessions for people in their rooms. This had included a hand massage, sensory lights, relaxing healing music, and a story about being on the beach. Afterwards when asked if they had enjoyed the session, the person smiled, and commented "brilliant".
- The service promotes the use Montessori approach for dementia; however, we did not see how this approach was different to what we would expect to see in dementia services. Each of the units, had a range of plastic boxes with arts and crafts, games and puzzles, however staff told us people did not usually go to the boxes themselves, staff would have to get them out.
- There was no rummage, memory or sensory boxes containing everyday objects to assist people with dementia to interact, communicate and reminisce, to encourage meaningful activity.
- Staff had worked in conjunction with dementia services and the mental health team to ensure a person was meaningfully occupied to prevent incidents of agitation or emotional distress. A timetable, with short term goals had been developed providing guidance to staff on how to ensure the person had a more structured day. However, there was no information in their care plan to reflect how these goals were being reviewed and if they were being achieved.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded too. Comments included, "I can speak to staff and ask a senior to come and speak to me, if I have any concerns, or top dogs would sort it out," and "I have got no concerns, I would recommend it, all staff are pleasant and friendly, it is clean and tidy, meals are good, they have lots of people coming into entertain them."
- The service had received 7 complaints in the last 12 months, information provided reflects these were investigated and used to make improvements to the service.

End of life care and support

- Care planning arrangements and discussions relating to end of life mostly focused on after death care, such as preference of burial/cremation and funeral. People's preferences and choices about care delivery at the end of their life had not been communicated and clearly recorded. Some stated, 'further discussions required'.

- Meaningful conversations with people and their relatives had not always been part of an ongoing assessment and review to help prepare a plan for the delivery of the persons end-of-life care.
- The clinical lead advised not all families wanted to have these discussions. However, relatives were open to this topic of conversation. Comments included, "I have no problem talking to the staff and I am not afraid to talk about it (health and death)," and "We have discussed [family member] end of life, got a form saying no resuscitation, all is in place."
- Care plans did not always contain information for the co-ordination of the persons care and the arrangements in place for rapid access to support to ensure they experienced a dignified and pain free death. For example, where a person had been assessed as deteriorating, we found there was no information recorded in relation to their preferences and needs at this stage of their life, including pain management. Their care plan re palliative care had been completed with their relative in June 2023, with a goal set to ensure their wishes were upheld, however this does not state what those wishes were.
- The registered manager had recognised improvements were needed in relation to end of life care. They were working with their local hospice developing training and support for all staff to improve advanced care planning, communication, and having uncomfortable conversations about death and dying.

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.

Our last inspection found the leadership and governance systems to assess and monitor the quality and safety of the service were ineffective. Auditing processes had not provided an accurate overview of the service and identify where there were shortfalls. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however further improvements were needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the management team had worked hard to make the required improvements. They had engaged the support of an external consultant and an independent governance and quality lead for clinical and nursing to identify current and potential concerns and areas for improvement.
- The management team had improved the auditing process, including a monthly governance report and an action plan, which they had shared with CQC on a weekly basis, to reflect where improvements were being made.
- Whilst there have been some improvements in the governance arrangements, further improvements were needed to identify, embed, sustain, and drive improvements. Some quality and safety issues were not picked up which meant opportunities to improve had been missed. This included care assessments detailing how people's care and support was provided and staffing matters.

We recommend the provider seek additional support and training for the management team to ensure governance systems are robust and identify current and potential risks to the quality and safety of the service.

- Analysis of incidents and accidents had improved. These were now identifying themes and trends and reflected there has been a decrease in falls, and people's behaviours.
- Investigations into incidents to establish why these had occurred were being completed to establish the root cause of what happened, and why. These demonstrated how learning from incidents was shared with staff to make sure action was taken to improve safety across the service.
- Improved systems in place to ensure routine checks on services, utilities and equipment vital to the safety

of people using the service are in good working order.

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

- Our previous inspection in March 2023 identified concerns about the management team not being supportive, not having enough oversight, poor team working and low staff morale.
- Prior to and during the inspection we continued to receive further information about ongoing bullying by managers across all departments in the service, unsupportive management, and a lack management presence on the floor. One relative commented, "At times when I visit, "I often find my [family member] alone, staff are not around, visible or are watching tv, they don't always engage with people. Managers are tucked away; they are not visible."
- Senior leaders told us wing supervisors completed walkarounds of the units and this was documented. However, staff provided mixed feedback about the management and support they received. One member of staff told us they did not feel listened to, when they had requested additional training to give them the confidence to work with people across all the units, specifically in relation to people at risk of choking.
- Other staff told us, "We had a change in management, we have a new clinical lead, they make a difference, they are approachable, and I am able to discuss any problems with them," and "Management are very inclusive, they always ask how you are, sit and chat with you, their doors are always open, you walk past, and they call you in, that is really nice."
- Information about bullying, and unsupportive management was shared with the NI and the registered manager after the inspection. They had already taken action to engage with staff, sending out a survey about the culture in the service. The registered manager shared the results of this survey with us. Surveys were sent to 130 staff, with a low response rate of 19.2% (25 responses).
- The registered manager told us they were working with the provider's human resources colleagues to conduct further reviews to reach out to those staff who did not respond, including feedback about the culture, communication and effective team working. They had also discussed the concerns about staff morale and culture at staff meetings to reach out to all staff to reinforce the need for good communication and that their, "door was always open."

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

- The management team had developed ways to engage with people, their family, friends and staff in a meaningful way. People's, and their relatives spoke positively about the service. One person told us, "It is fine living here, and I would recommend it. Staff are caring and thoughtful, food is good, you are not forced to do anything, you have choice, I would recommend it is very good, I am quite happy to stay here."
- Questionnaires had been sent to people, their relatives, and staff to obtain their views of the service. The outcome of these surveys had been documented in a 'you said, we did' report and used to improve the service.
- The registered manager told us communication with family members had been a key part of improving the service. A family forum had been set up, who were meeting on a regular basis to share their concerns or positive stories with the management team.
- A twice monthly newsletter was circulated to people and their relatives to keep them informed of any changes in the service and upcoming events

Working in partnership with others

- The service worked well with other professional to understand and meet people's needs. Regular referrals to other health care professionals were being made where needed, including dementia services, mental health teams, dieticians, speech and language therapist (SaLT), diabetic service and tissue viability nurses

(TVN).

- The service had worked well with the GP and the local mental health teams to ensure medicines for management of agitation and aggression were reviewed regularly and only given when necessary.
- There were regular visits from the nurse practitioners at the practice and the GP also visited people when needed.