

# Runwood Homes Limited

## The Mill House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Mill House is a residential and nursing home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. At the time of our inspection, there were 36 people using the service.

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

Medicines were administered safely by competent staff but records and storage of medicines did not always support safe administration. Some poor infection control practice was observed. Most of the time people received care in a timely way by staff who had been recruited safely however some concerns were raised about staffing numbers. People were kept safe from abuse and from risk of harm. People's needs were assessed and staff took the necessary steps to promote their safety and wellbeing. Lessons were learnt from accidents and near misses, which were routinely reported, recorded and monitored.

Staff were well trained and regularly supervised. People were supported to eat and drink and their dietary needs were met. People were given choices with their meals. Emerging and existing health care needs were identified and managed well and people were supported to access external health professionals. Some improvements to the communication with the local GP surgery was needed. 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 were supported by very caring and kind staff, who treated people as individuals and showed a genuine interest in them. People were supported to communicate their wishes and preferences about their care and to be involved in health and care decisions. People were treated with dignity and respect and staff sought to ensure people stayed as independent as possible.

People's care planning was personalised and effective. There were examples of positive outcomes and people and relatives were happy with the care provided. The service supported people to avoid isolation and undertake activities of interest to them. People's communication needs were met and end of life care planning was good. The manager dealt appropriately with and ensured the service learnt lessons from complaints.

The manager led and managed the service with enthusiasm and professionalism. They had instilled a caring and positive culture since their appointment and staff had responded well to this. People and relatives praised the staff and the manager and spoke of their contentment with the service. There was a clear drive for improvement and a willingness to ensure views from people, staff and relatives were reflected in plans to develop the service. Governance of the service was generally strong. Some improvements to the auditing of the recently introduced electronic care record system is required. Staff will benefit from further training on the new electronic care record system so that its functionality can be maximised.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 15 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

### 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.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# The Mill House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector, a medicines inspector, a registered nurse specialist advisor 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 Mill House 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 manager of the service had applied to be registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 ten people who used the service and five relatives about their experience of the care

provided. We spoke with ten members of staff including the regional director, manager, wellbeing and dementia services manager, a nurse, two care team leaders, three care workers and an administrator. We also spoke with a visiting health care professional.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four 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 spoke with one relative and a local GP and we continued to seek clarification from the manager to validate evidence found.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant people were at risk of not being kept safe or 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.

- People and their relatives all told us they felt very safe in the home. A person told us, "I can't fault the staff, they are always looking out for you."
- People's care records showed that risks to their well-being were appropriately assessed, recorded and reviewed. Measures to reduce the likelihood of people coming to harm from risks such as falls, dehydration and communication difficulties were identified and documented.
- We observed a person who was identified as being at a high risk of falls sitting in a communal area. A sensor mat was plugged in next to their chair and staff regularly checked on them. They had a walking frame by their side, which they used to mobilise with staff assistance. The person's relative confirmed that the service was supporting the person to stay as independent as possible, with the necessary support in place.
- Staff spoken with knew how to keep individuals safe. Electronic hand devices enabled staff to quickly identify changes to people's needs and obtain information about people new to the service. A member of staff told us, "It is very easy to gain info about people's needs and how to meet them. The most important information is scrolling across the top. For example, a person who had been here for 24 hours, we could see they were a high fall risk, and required their drinks to be thickened."
- Staff were not making best use of the electronic record system's risk management functions. Although staff recorded when drinks were taken or a person was repositioned, this information was only visible as part of an overview of all care interactions. It was, therefore difficult to quickly establish if the total fluid target had been met or how regularly a resident was repositioned over a 24hr period. The manager responded promptly to our comments to ensure the system was reconfigured to permit this level of oversight. On the second day of the inspection we saw this information was available.
- The premises and equipment were regularly checked, maintained and serviced. Some staff were attending fire safety training on the first day of the inspection and we saw clear and up to date personal emergency evacuation plans for each person using the service.

Staffing and recruitment  
At our last inspection the provider had failed to ensure there were sufficient staff to keep people safe and well. 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.

- Staffing levels at night had been increased by one care worker since the last inspection and the provider was actively recruiting a deputy manager. The manager told us the allocation of staff on each floor of the home was reviewed on a daily basis, taking into account staff skill mix and people's levels of dependency. Care and nursing staff told us they worked flexibly across floors to meet people's needs.
- Domestic, maintenance and kitchen staff were trained to provide additional help to care for people when there was a shortage of care staff available. The manager also provided care where needed. A relative told us, "A couple of weeks ago someone messed up the roster and there was no staff for downstairs, so the manager and a carer stepped in." Cover for staff leave was usually provided by bank staff or by regular staff taking on extra shifts. Occasionally, regular agency staff also covered shifts.
- Most of the time we observed care being delivered to people in a timely way. However, we observed three members of staff chatting with five people during a period of the day which was dedicated to supporting people to undertake a chosen activity. This meant a lot of other people using the service were likely to be alone. We also saw one person waiting 15 minutes for a soft drink whilst they ate their lunch in the dining room although two members of staff were involved in supplying it to them.
- People and relatives spoken with were happy with staffing levels. However, a relative told us, "It is sometimes difficult to find staff. It hasn't caused us any problems but sometimes they seem quite short-staffed."
- Care staff told us they would benefit from additional resources as they felt they could not always address people's needs quickly, particularly at lunchtime. We saw that staff were very busy at lunchtime, covering two dining rooms and people who were being nursed in their beds. We saw a member of staff forgot to give a person a spoon to eat their bowl of mandarins with and the person ate the fruit with their fingers. People had call bells in reach in their rooms but this was not always the case in communal areas. People who did not have access to a bell or could not use one called out for staff. We did not hear anybody calling out and not receiving help however the layout of the home would make it difficult to be heard unless staff were always close to the room. At lunchtime, in particular, this would be difficult.
- Recruitment practices were safe but staff recruitment files were not always complete. Although the correct procedures had been followed, documentation reflecting information such as background checks was not always filed correctly. The administrator confirmed that all files would be carefully checked in future.

#### Using medicines safely

- Medicines were administered safely by trained staff, whose competence was regularly assessed. Medication Administration Records (MARs) showed that people received their medicine as prescribed. People and relatives all told us they were happy with how their medicines were managed.
- People's records did not always contain consistent or sufficient information. For example, electronic records relating to medicines prescribed for external use did not clearly indicate for example, which cream to apply to which area of the body. Information about people's medicine sensitivities and allergies and medicines prescribed to be taken when required was not always clear and consistent. The manager said they would address these shortcomings promptly.
- Staff ordered and stored medicines securely to prevent them from being misused. Medicines requiring refrigeration had been stored at temperatures below the accepted temperature range, which could have led to these medicines becoming unsafe.
- Regular checks of people's medicines and their records were carried out. There was a system in place to report incidents and investigate errors relating to medicines, however, this had not recently been used. The manager agreed the need to record incidents that placed people at risk.

### Preventing and controlling infection

- All staff completed Health and Safety and Infection control training during their induction training and there were infection control leads whose role was to disseminate good practice.
- People and relatives spoken with were all happy with the cleanliness in the home. The premises were clean and tidy but we did note malodours in certain locations on both days of the inspection. The manager stated they were also aware of this and had taken action to identify the cause of, and remedy the problems.
- Most staff used good infection control and food hygiene practice. However, one member of staff was not wearing gloves when handling and serving ice-creams. We also raised personal hygiene concerns about another member of staff, which the manager and regional director were aware of and in the process of addressing.
- Complaints had been received from one relative about poor levels of cleanliness in their family member's room. The manager shared information and guidance with staff to ensure the identified problems would not happen again.
- The manager stated the kitchen was regularly 'deep cleaned' and people's bedrooms, bedding, curtains and carpets were cleaned on a rolling cycle. Health and Safety and Infection Control audits were conducted on a monthly basis and where any issues were identified, there was evidence that follow-up action had been taken.

### Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. These accidents and incidents were subject to review by the manager to identify any patterns or themes. This included a 'falls chart' review each month. Any learning identified was shared with staff and used to prevent similar incidents occurring again.

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

- Staff had received safeguarding training and knew when and how to raise a concern. There was relevant information in a communal area for people using the service and relatives, to guide them on how to report concerns themselves if they wished to do this.
- A matter reported to the local authority safeguarding team was managed appropriately by the manager. They demonstrated they understood their responsibilities in this area.

# 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 Requires Improvement. 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.

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

- People's needs were thoroughly assessed before they moved in to the service to ensure staff could provide them with the care they required. People and their relatives were involved in initial discussions which included establishing people's wishes and choices.
- Recognised assessment tools were used to assess people's needs. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance, including the use of technology such as a call bell system.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were routinely trained, supervised or appraised. 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 had undergone a comprehensive programme of training since our last inspection. Staff told us they regularly received good training which enabled them to provide people with effective care. People and relatives said they felt staff had the knowledge and skills to meet their needs. Fire safety training was taking place on the first day of this inspection.
- Care staff were encouraged to pursue training in areas of particular interest to them. Some staff received additional training in moving and handling, dementia and infection control and acted as 'leads'. Their roles involved supporting colleagues to deliver good quality care in these areas. The manager agreed that increased oversight of care delivery would help, particularly with less experienced members of staff and at weekends and that this would be facilitated by the appointment of a deputy manager.
- Nurses undertook training in areas specific to patients' needs, including wound care, catheterisation and percutaneous endoscopic gastrostomy (PEG) for people who could not receive their fluids and nutrients through their mouth.
- Staff told us they received regular supervisions and felt comfortable asking for assistance. One care worker told us, "I could go straight to the manager if there were any problems, or other staff – there doesn't seem to be a division."
- New members of staff followed an induction programme which involved training, shadowing and observation. They were required to complete the Care Certificate, a nationally recognised qualification

which ensures all basic areas of care training are covered. Staff had their competence assessed as part of their induction and thereafter on a regular basis.

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

- Records showed that staff used recognised tools to assess and monitor people's nutritional and hydration support requirements. Where there were concerns about a person not eating or drinking enough, they were monitored and actions were taken to improve their calorific and liquid intake. One relative told us staff were very alert to weight loss and assisted their partner to eat and have fortified drinks. Staff offered drinks regularly and we saw information posters on the wall reminding people of the need to hydrate in the hot weather.
- Staff and the kitchen staff knew people's dietary and hydration needs. A member of staff explained how they helped a person with impaired vision to eat. They said, "We are careful about where food is located on [person]'s plate. So I will say for example, your potatoes are at 9 o'clock on the plate and we put a white napkin at the side so they can more easily identify the side of the plate." The person and their relative both confirmed good support was provided.
- The staff had recently started to ask people to specify their favourite meals so that menus could be adapted to include dietary preferences. People told us they liked the food and that under the new manager, staff were encouraged to sit with them to eat their meals.
- We observed lunchtime and saw that meals were delivered on time and were hot. People were offered a choice of meals and alternatives were made if people did not like the food on the menu.

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

- People were supported to access services from external agencies. People we spoke with confirmed that GPs and other healthcare professionals were called out when needed. A Nurse Practitioner visited on a weekly basis. A relative told us, "They get the medical people in really quickly if anything is wrong." Another relative said they were confident that staff would identify any emerging issues promptly and seek appropriate advice.
- We spoke with a visiting healthcare professional who confirmed that staff were taking appropriate action to support a person with a complex wound. We saw that staff provided them with all the information they required and were available to answer any questions. Records showed the manager and staff had been vigilant in their efforts to ensure the correct treatment was provided to this person. Another healthcare professional told us that they did not have any concerns about the provision of care to people in the home.
- There was evidence of some poor communication between the visiting Nurse Practitioner, the surgery and the home. This had not impacted on the quality of care but had caused some confusion and concern. It was not clear how the breakdown in communication had occurred but the manager was committed to ensuring improvements were made and planned to meet on a regular basis with the GP and members of the multi-disciplinary team.
- The electronic care system produced Hospital Readiness Packs, which promoted the safe transfer of people to another care setting. These contained key information about a person's individual health conditions and support needs.

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

- There was a welcoming atmosphere in the home and the garden was accessible to people with mobility difficulties. Some of the rooms and a communal area downstairs did not benefit from a lot of natural light however, people told us they were happy in their environment. Corridors and rooms were individually decorated to help people to orientate themselves.

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.

At our last inspection the provider had failed to ensure that staff sought consent from people and supported them to make their own decisions as required. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had been trained in the MCA and demonstrated a good understanding of its principles and how to apply this within the service. One care worker told us, "Seeking consent is vital, it's important people feel safe and asking consent is part of this. But if people can't consent safely, it's a best interest decision." We observed staff asking people's consent before assisting them and people we spoke with confirmed this regularly happened. Staff gave examples of how they helped people to reach their own decisions, which showed they were promoting the least restrictive option for people's care.
- Records showed that capacity assessments were undertaken and best interest decisions had been made in line with relevant legislation and guidance.
- People and relatives told us that consent was appropriately obtained, however we could not see evidence of this. The manager said they would arrange for signed paper records relating to consent to be scanned in to the electronic record system as a priority.

# 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 Requires Improvement. At this inspection this key question has now improved 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

- People and relatives were all full of praise for the kind and caring support they received from staff. One person said, "The girls are all lovely, they get a lot of stick but they are always pleasant." Another person told us, "I really like the staff here. I like that they use your first name and they will always chat to you."
- We observed all staff addressing people in an affectionate tone and displaying warmth towards people when they engaged with them. They supported people with kindness and compassion.
- One person said, "If it's your birthday, they make a fuss of you. They will make a lovely sponge for you and they take it round on the tea trolley." Another person said, "The staff greet you every time they see you." A relative told us, "The staff are fun and lively and know everyone's names. They can tell me stories I know could only come from them talking with [family members using the service]."
- The manager led by example, showing kindness and a truly inclusive and welcoming approach to people. They told us how they employed a member of staff with a certain disability and said, "What someone may lack on one level, they have bucket loads of good things in another way, I don't always think about it, it's just second nature."

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

- Staff knew people well and adapted their communication and approach to support them to express their views. This included for example, kneeling down to speak to people, using uncomplicated sentences or interpreting facial expressions. People's communication support plans were clear and promoted this.
- People's relatives were welcomed to accompany people in discussions about their care. There was a friendly and relaxed atmosphere, which helped to put people at ease and facilitate open communication.
- Monthly resident meetings took place, enabling people to share their views and requests about care delivery.
- People were given choices as far as possible in their decisions for the day. We observed people who were participating in group activities being asked if they required assistance and being given choices about how they were helped.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure that people were always cared for in a dignified way. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

regulation 10.

- All staff had completed dignity and respect specific training and there was positive feedback received from the trainer.
- Staff clearly described how they respected people's dignity and privacy. This included ensuring people were supported to bathe with appropriate privacy and not discussing care issues in earshot of anyone other than the person.
- A relative told us, "The staff are great. I was taking my [family member] out last week and a carer spent ages getting them ready. They did their hair, make-up, painted their nails and got their best clothes out. They looked a million dollars."
- Staff promoted people's independence and encouraged people to try to do things for themselves. For example, one member of staff told us, "One person like to have a particular sandwich at tea-time every day. I thought I would bring them the ingredients instead of the ready-made sandwich to see if they would like to make the sandwich themselves. And they did! This always happens now."

# 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.

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

At our last inspection the provider had failed to ensure that people received personalised care that met their individual needs. 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.

- Person-centred planning was supported by the electronic care plan system and individualised and up-to-date care plans were being implemented. Staff knew people's needs well and we heard examples of people achieving good outcomes. A relative told us, "[Family member] was falling regularly and very isolated in their flat. To see them bowling now, that is just brilliant. There has been a significant reduction in the times they are falling."
- Staff treated people as individuals. A care worker described how they interacted with someone whose deteriorating eyesight made it difficult for them to continue painting. They told us, "I was giving personal care and I must have taken about ten minutes describing the buddleia and foliage to them. They asked me 'did it look like lace?' I knew they were imagining how they would paint it."
- There was an open and inclusive approach to care planning. Where possible, people using the service were encouraged to participate in care planning and health discussions. Relatives for people using the service were also included in these processes. People told us they had choice and that staff met and respected their individual preferences.
- Staff welcomed relatives and friends to spend time with people and this included during mealtimes if it was helpful for the person using the service. The service had supported a person of a particular religion to eat and share prayer time with their family in private.
- People were encouraged to participate in a range of activities including pizza making, indoor games and gardening. People's views had been sought regarding activities and they told us they were happy with the range of options offered.
- People and staff told us they liked the 'down tools at 11.00 am' initiative which had been introduced by the manager. This involved staff completing their care task and then spending half an hour with people, doing whatever they wished to do. A member of staff said, "It reminds us why you do this job." We saw this time was used to support some people to enjoy the views and the wildlife at a nearby river. It was not possible for staff to spend time with everybody during this half an hour and most of the time we saw staff with people who were not being nursed in bed. The manager told us that staff could spend time with people

during the rest of the day as well.

#### 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.

- People's communication care plans were clear and supported staff to interact with people. A staff member told us, "[Person] can't communicate verbally, but they scowl and smile when you say or show things and you go by that."
- The manager told us they would provide documentation in audio, large type, braille or different languages to assist people if need be.
- Menu cards were available to support people with communication problems to make a choice, although on the first day of the inspection they did not show the food that was served. Staff told us this was an oversight on their part.

#### Improving care quality in response to complaints or concerns

- Complaints received were investigated and appropriately responded to. The manager acted upon and shared with staff issues arising from three logged complaints. This demonstrated there was a commitment to using the complaints process to improve care delivery. For example, a complaint about the quality of a meal resulted in measures being put in place to monitor people's meal time experiences.
- One relative complained about their family member not receiving their food at the correct consistency and missing out on some meals and drinks. The person needed to be positioned correctly whilst eating and ensured they were clean after eating. The manager investigated fully and responded appropriately to the concerns and additional guidance and support to staff was immediately given.
- People and relatives told us they felt comfortable raising concerns with staff or the manager and the complaints procedure was pinned on a notice board in the entrance area to the home. Staff were able to tell us how they would document and escalate concerns and complaints.
- The manager had worked hard to develop a trusting relationship with people and relatives since coming into post. We saw evidence of ongoing communication between the manager and one relative in relation to a person's care. Concerns raised by the relative were always responded to promptly however, they were not recorded centrally. The manager told us that going forward, all significant concerns as well as formal complaints would be logged, so they could be included in complaint monitoring.

#### End of life care and support

- The service was accredited to provide the 'Six Steps' end of life care programme, which is nationally recognised as a best practice approach. The manager was undertaking the 'Six Steps' training and showed commitment to ensuring high quality end of life care delivery by making training on this area mandatory for staff.
- People's records contained person-centred end of life care plans and information indicating whether they wished to be resuscitated in the event of heart failure. Relatives we spoke with confirmed that end of life arrangements had been discussed with their family members.
- The service had recently introduced an approach whereby a yellow ribbon would be attached to a person's bedroom door handle if they had passed away. This was to show respect for the person and to inform other people of the event. The manager told us that staff planned to create a 'Comfort Basket' for people when they were at the end of their life. This would contain items such as a favourite book or CD or preferred perfume, to give comfort to the person and relatives.

## 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.

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

At our last inspection the provider had failed to maintain a positive culture and drive improvement through internal quality assurance mechanisms. 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.

- The registered manager led by example and created a caring and positive working environment. The working culture and commitment to providing high quality, personalised care was embedded. A member of staff said, "I love it here. It's rewarding knowing you're making a difference to people's lives. I think because we're now more positive, we know we've got the support, so that brings the best out of us." People and relatives referred to the positive changes that had occurred. A relative told us, "This new manager is much better than the last one. As soon as they arrived as the deputy you knew they were going to be good. The atmosphere is much better, the staff are much happier and that has an impact on the residents."
- Considerable improvements had been made to the service by introducing new systems and approaches to working, which staff had embraced with enthusiasm. There was a sense of team working and shared goals. A care worker said, "We now work as a team." and a care team leader told us, ""We hope our new manager stays with us. It would be really lovely because there's lots more we can do." A relative told us, "The manager seems much better, they seem to get things organised and they are friendly and approachable."
- Management and staff shared a common purpose of putting people at the heart of everything they did. The manager was very visible and approachable. They told us, "Everyone is just as important as the other. I've fixed leaks, emptied sink traps, worked in the kitchen and covered care shifts." A relative told us, "The manager comes round twice a day to see everyone" and a person using the service said, "I like the new manager very much, they seem very friendly."
- The service consistently delivered personalised care and achieved good outcomes. The manager had embedded an ethos and practices within the service where any concerns or issues could be identified. They clearly strove for service improvement and responded positively where areas of further development were required.
- Most people and relatives were very happy with the care they received and spoke about the improvements made to the service. A person said, "I don't think there is anything that can be improved." Another person told us, "I am so well looked after here. The staff will do anything for you." A relative, whose family members

had moved in recently told us the service was 'amazing'.

- The manager demonstrated a good understanding of and commitment to their duty of candour. They told us, "We need to be open and transparent, we have a duty to be open and honest and build good relationships with people and relatives."

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

- The manager invested in and supported staff to develop professionally. We were given examples of how they had achieved this by identifying staff member's areas of interest. The manager also instilled in staff a forward-looking outlook. A member of staff told us, "We feel valued, safe and supported in a way we haven't been before. It feels positive to be here now."
- The manager recognised the need for effective governance of the service and saw this as being integral to service improvement. People's care plans and risk assessments were reviewed and updated regularly and the manager oversaw regular auditing across the service. They told us, "I am dip sampling care records twice a week, if I am concerned about everything I will have a look." The manager was aware of their regulatory requirements and their application to become a registered manager was being processed at the time of the inspection.
- More robust and documented monitoring of the electronic care records would drive further improvement. We noted that some care plans would benefit from greater detail and some care records contained information which was not always consistent. Records relating to contact with health care professionals in the electronic care records were also not easily available and staff were not consistently documenting multi-disciplinary team visits in the same place. Some staff reported that electronic notes did not always update quickly so they were not aware of tasks completed by their peers. The manager committed to addressing these aspects with the provider's training representative. Further development of the system and training of staff should ensure it's multiple functions are used fully and to optimum effect.

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

- The manager and staff were open to feedback from people using the service and their relatives. The manager told us they held monthly meetings with people and three monthly meetings with relatives to share information and gain their views. Action plans were put in place after the meetings and where possible suggestions and requests were acted upon. Annual surveys were held, including an activity-specific survey, as a result of which the 'down tools at 11.00' initiative was instigated. There was also a suggestions box in the entrance area to the home for people or relatives to use.
- Staff told us they could make suggestions to management and that their views were listened to. They spoke of an open and friendly working culture in which they felt comfortable to speak up if they wanted to. Staff meetings were held regularly.
- The service engaged with community groups, developing and strengthening links with local organisations and across different sectors of society for the benefit of the people using the service. This included a local school and children came into the service to do carol singing. The service was due to hold a garden fete over the summer, which we saw local people contributing items for during the inspection. The service had also made links with a nearby sheltered housing scheme and two people had moved from there to the home.

Continuous learning and improving care

- The manager had made significant improvements since the last inspection. The service was no longer in breach of regulations under the Health and Social Care Act 2008. People were happy and received individualised and dignified care from caring staff. Staff felt valued, supported and motivated. New systems

of working had been implemented and embraced by staff, who told us they knew what they were doing and why they were doing things differently. They supported their manager and were enthusiastic about collectively developing the service further.

- The manager recognised there was further work to do and was dedicated to building on the improvements already made to the service. They told us, "I think we've overcome a lot of the key challenges. I absolutely know this home can be outstanding with this team and staff and that is my aim. There is so much potential here and it's such a lovely place."
- There was a home development plan in place which demonstrated a structured and thorough approach to the process of driving up the quality of care provision.

#### Working in partnership with others

- The service worked with external professionals, such as healthcare professionals from a variety of settings, social workers and commissioners from the local authority.
- The manager had made links with the City College in Norwich and had supported a student studying for a Health and Social Care and Health Studies qualification. They said they hoped to take on another student for work experience during the next academic year. Students worked under the supervision of employed care staff and provided an additional perspective to people's experiences.