

Nellsar Limited

# Meyer House Nursing and Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Meyer House Nursing and Residential Care Home is a care home service that accommodates up to 34 people across two floors in one adapted building. There were 25 people using the service at the time of our inspection.

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

We were not assured that the provider was preventing visitors from catching and spreading infections. The process for receiving visitors was not consistent and robust to prevent the spread of infections. The system in place for monitoring the quality of the service was not effective and did not identify the issues we found.

We made a recommendation about staff supervision.

The service had sought feedback from people, their relatives and staff; however, they did not have any improvement plans in place following these surveys.

People, their relatives and health and social care professionals were complimentary about the service. People received care and support that was personalised to their needs and they felt safe living at the service. People were protected from the risk of avoidable harm as potential risks to their health and wellbeing had been identified, assessed and they had appropriate risk management plans in place for staff to mitigate any potential risks. Medicines were managed safely. There were enough staff available to support people safely and people said they did not have to wait for long to be attended to. The provider followed safe recruitment practices and ensured staff were properly checked before they began working at the home.

Before people started using the service, their physical, mental, and social care needs were assessed to ensure their needs could be met. People received care and support from staff that had been supported through induction and training. People were supported to eat and drink enough amounts for their health and wellbeing. People were supported to access healthcare services where required. The homes design and decoration met people's individual needs.

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 received care and support from staff that were kind, compassionate, respectful and had developed a positive relationship with the people they support. People's privacy, dignity and independence was promoted. Staff understood the Equality Act and supported people in a caring way and without any discrimination. People and their relatives were involved in making decisions about their care and support needs and their views were respected.

Care and supported was planned and delivered to meet individual needs. Information was presented in formats that met people's communication needs. The service had an effective system in place to manage complaints. There were appropriate systems in place to ensure people's end of life wishes were respected and met. People were supported to engage in social and leisure activities of their choice.

There was a new manager in post who had demonstrated a commitment to provide high quality care and knew they had to be honest, transparent and open when things went wrong. The service worked in partnership with key organisations and health and social care professionals to deliver an effective service.

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

Rating at last inspection: The last rating for this service was good (published 19 July 2019).

#### Why we inspected

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to infection prevention and control in relation to Covid-19 protocols and good governance at this inspection.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our responsive findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Meyer House Nursing and Residential Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection was carried out by an inspector and an Expert by Experience made telephone calls to relatives to gather their views about the service. 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

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

The service had a manager in post who was in the process of applying to become registered with the Care Quality Commission. This means that (once registered) they and the provider are would be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced and was carried out on the 28 and 29 October 2021.

### 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 three people who used the service and 12 relatives about their experience of the care provided. We spoke with seven members of staff including the operations and compliance manager, the home manager, an assistant manager, two nurses and two care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures, accident and incident records, complaints and compliments, surveys and minutes of meetings were reviewed.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. The process for receiving visitors was not consistent and did not always follow current Covid 19 guidance. For example, temperature checks were not consistently taken. Where a visitor or professional had done their Covid 19 (lateral flow) test before visiting the service, staff did not consistently request them to show evidence of a negative test result.
- Visitors were admitted into the service using either of the two front doors depending on whether they had done a daily Covid 19 test or not. The entrance through which visitors were required to carry out a Covid 19 test did not have a hand washing facility or a hand sanitiser in sight to promote hand hygiene.
- Staff did not follow the provider's Covid 19 procedures and did not always prompt visitors or professionals to change their mask, wash their hands or use a hand sanitiser upon entering the service. Also, when a visiting workman whose Covid 19 testing status was unknown to staff, and had their mask under their chin whilst in the home, staff did not prompt or challenge them to wear their mask properly.
- A hand washing and a mask changing station was positioned in the middle of the lounge and dining area for visitors. People spend most of their day in this room, therefore this arrangement does not help to minimise the risk of the spread of infection.
- A Covid- 19 declaration form was not available, and staff did not ask visitors or professionals any Covid-19 related questions such as if they were having any symptoms before admitting them into the service
- We were also not assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised these concerns with the management team, and they informed us they would be reviewing their process to ensure it was robust to prevent the spread of infections.

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

- People were protected from the risk of abuse. One person said, "I am safe here, I have no concerns." A relative mentioned, "Mum is as safe as can be."
- The provider had a safeguarding and whistleblowing policies in place. Staff had completed safeguarding training and knew of their responsibility to report any concerns of abuse to their line manager. Staff also knew of the provider's whistleblowing policy and told us they would escalate any concerns to senior managers, local authority or CQC.

- The manager knew of their responsibility to protect people in their care from harm and to report any concerns of abuse to the local authority safeguarding team and CQC.
- Where there had been a concern of abuse or neglect, the service had acted to ensure people remained safe.

#### Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Risks to people had been identified, assessed and they had appropriate risk management plans in place to minimise or prevent the risks occurring.
- Risk assessments and management plans covered areas including personal care, nutrition, medicines, moving and handling, skin and continence care.
- Where risks were identified, for example with urinary tract infections appropriate risk management plans were in place which included guidance such as encouraging the person to drink more fluids. Staff we spoke with told us of the support they provided to minimise these risks.
- Risks to people were, rated, monitored and regularly reviewed to ensure people remained safe. Monitoring charts, including eating and drinking, continence and repositioning charts were completed to help minimise risks occurring.
- Each person had a personal emergency evacuation plan in place to ensure staff and emergency services knew of the level of support they would require evacuating the premises safely.
- Health and safety checks including weekly fire tests, fire drills, gas safety, portable appliance tests and emergency lighting checks were carried out to ensure the environment and equipment was safe for use.

#### Staffing and recruitment

- There was enough staff to support people's needs. We had mixed views from people and their relatives about staffing levels. A relative told us, "When I was there, I rang the bell and they came straight away." Another relative told us, "Sometimes they are a bit short staffed and they have to do a lot."
- The manager told us a dependency tool was used to calculate staffing levels based on each person's needs. Staffing rotas we reviewed showed the number of staff on shift was consistent with the numbers planned for.
- Staff told us that the staffing arrangements in place was enough; however, where staff cancel their availability close to the start of their shift, they sometimes struggle to find cover, especially during weekends.
- The management team informed us that the home was fully staffed, however where required, agency staff were used to cover vacant shifts or staff absences. They said a recruitment process was actively in place to increase the workforce.
- The provider had appropriate recruitment policy and procedures in place. Pre-employment checks were satisfactorily completed for all staff before they began working at the service. These checks included two references, right to work in the United Kingdom and a criminal records check. Nurses were also supported to maintain their registration with the Nursing and Midwifery Council.

#### Using medicines safely

- Medicines were managed safely. There were safe systems in place to acquire, store, administer, dispose of and monitor medicines; including controlled drugs. One person told us, "I am happy living here, I get my medicines on time."
- Staff responsible for supporting people with their medicines had completed medicines training and their competencies were assessed to ensure they had the knowledge and skills to safely support people.
- Each person had a medicines administration record (MAR) which included their photograph, list of medicines, dosage, frequency, how they would like to take their medicines and any known allergies.
- Records showed that people were receiving their medicines as prescribed by healthcare professionals. We

checked and confirmed the number of medicines in stock matched with the number of medicines recorded and we found no gaps in the MARs.

- Where people were prescribed 'as required' medicines (PRN) such as pain-relief or laxative, there was a PRN protocol in place for staff on when they could administer these medicines.
- A GP carried out regular reviews of people's medicines to prevent the risk of overprescribing and to ensure people were only taking medicines they needed.

#### Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents. The provider had accident and incident policies and procedures which provided staff with guidance on how to report and record accidents and incidents.
- Staff told us of actions they took including pressing the emergency buzzer for other staff support or dialling emergency services. Where accidents or incidents occurred, staff followed the provider's policy by reporting and recording it. They also acted promptly and updated care and risk management plans to prevent repeat occurrences.
- Records showed that any lessons learnt from these events were shared with staff through meetings or reminders to prevent reoccurrences.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not receive regular supervision sessions in line with the provider's policy. It was the provider's policy to ensure that staff received appropriate ongoing or periodic supervision in their role to make sure that competence was maintained. A supervision matrix showed 18 out of 29 staff had received one supervision session since January 2021 and the remaining 11 staff had received two supervision sessions. Also, four out of four nurses had received one supervision session in the year 2021; this included a new staff nurse who started working at the service in May 2021.
- Despite this record, staff we spoke with told us they felt supported by management staff. A member of staff said, "I love the change in management, and I feel supported in my role."
- We raised these issues with the management team and they told us due to the Covid 19 pandemic and the change in management, staff supervision was lacking but the home manager had an open door policy and staff could approach them to discuss any support they required. Following our inspection, they also sent us an appraisal planner starting from November 2021 to support staff.

We recommend the provider consider national guidance when supporting staff with supervision.

- Staff were supported with induction and completed training the provider considered mandatory. This training included safeguarding adults, infection control, medicines, food hygiene and health and safety to ensure they had the knowledge and skills required to perform their role. A relative commented, "Staff seem well trained."
- Staff also completed training relevant to individual needs including dementia care, end of life care, diabetes and dysphasia.
- Staff professional development was promoted; all staff had completed a level 2 or 3 diploma in health and social care and were supported to achieve higher qualifications to improve people's experience of using health and social care services.

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

- Before people moved into the service, their needs were assessed by management or nursing staff to ensure the service was suitable and could meet their needs.
- People, their relatives and relevant health and social care professionals were involved in these assessments. The assessment covered people's physical, mental and social care needs and included their health conditions, preferences and their likes and dislikes.
- When admitting new people into the home, the service followed best practice guidance and used

nationally recognised assessment tools such as malnutritional universal screening tool (MUST) to predict nutritional risks.

- Where required, appropriate health and social care professionals including GPs were involved in assessing needs to ensure people received the appropriate care and treatment.

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

- People were supported to eat and drink enough for their health and well-being. One person told us, "The food is lovely here." A relative told us, "The food is nice, and I have had a few meals too."
- Care plans included people's nutritional needs; their likes, dislikes and preferences. People were provided with a menu for each mealtime. Where people requested different options, their preferences were catered for.
- Meals were freshly cooked at the service and people had a choice of where and when to have their meals. Individual dietary requirements for those that required for example pureed food was being met.
- Staff encouraged people to eat their meals independently. Where additional support was required staff provided this. For example, by cutting-up people's food into bite sizes or helping them to eat.
- People were weighed monthly to ensure they maintained a healthy weight. Healthcare professionals including GPs, dieticians and SALT were contacted where any concerns were identified.

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

- People were supported to access health care services. A relative told us, "There are dentists and opticians available."
- Records showed people received regular treatment from healthcare professionals including visiting GPs, dentists, chiropodists, physiotherapists and opticians.
- Where required, people's relatives' or staff supported them to attend health appointments.
- Monthly multidisciplinary team meetings were held with health and social care professionals including a GP to share information about people's health and wellbeing and the care to provide.
- The 'red bag scheme' was in place which enabled the provider to share important information with emergency and hospital teams. The red bag contained relevant records, personal belongings including clothing to help create a better care experience whilst people were in hospital.

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

- The home environment was suitably designed and adequately maintained. The home was purpose-built spread over two floors. There was one lounge/dining area and alternate floors could be accessed using the staircase or the elevator. The home appeared clean and without any odours. A relative confirmed, "The cleanliness is brilliant and not smelly."
- Each person lived in a one-bedroom en-suite which was personalised and decorated to their wish.
- People's rooms were identifiable using pictures or a memory box to help them familiarise.
- Corridors were narrow, however they had handrails to support people mobilise.
- The entrances to the home was accessible to people living with a physical disability. However, it was unclear which door visitors should use to enter the home in line with their Covid 19 guidelines.

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.

- People's rights were protected because staff sought their consent before supporting them. One person said, "Staff always ask for my permission."
- Staff understood the need to work within the principles of MCA. They told us people could make decisions about their day-to-day care and support needs including their food, clothing and how they would like to spend their day.
- However, where people were unable to make specific decisions for example about the use of call bell, bed rails, medicines and receiving Covid 19 vaccines, appropriate mental capacity assessments and best interest decisions were in place.
- Where applicable the service documented people's lasting power of attorney to ensure they were involved in making specific decisions in their best interest.
- Where people living at the home had been deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions placed on them were being met and kept under review.

# Is the service caring?

## Our findings

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

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

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

- People were supported by staff who were kind, caring and respectful towards them. One person told us, "It's a very lovely place and everyone is friendly." A relative said, "The staff are brilliant, they are wonderful and cheerful."
- People received care and support from staff that were attentive and understood their individual care needs. A relative informed us, "My loved one can be challenging but the staff are always empathetic."
- We observed positive interactions between people and staff. We saw staff addressing and talking to people in a friendly and respectful manner and without any discrimination. A relative commented, "The staff are caring and jovial with my loved one and they have a good banter and interaction."
- Staff understood the Equality Act and supported people in a caring way. People's diverse needs had been identified and their care plans included guidance on how staff should support them. For example, where people wished to practice their faith they were supported to do so.

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

- People and their relatives had been consulted about the care and support needs. A relative told us, "They call me and discuss my loved one's care plan."
- People had been provided with choice and control of their day to day lives. One person told us, "The staff always ask me if I want this or that, they are ever so pleasant."
- Each person had a monthly review of the care and support in place and this included their needs and progress. A relative told us, "We have monthly updates."
- People were provided with a service user guide which included important information about the home and the standard of care and support people should expect, so they could make informed decisions for themselves. A relative said, "I am also contacted by e-mail and I get a newsletter."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "Staff shut the door and they call me by my name."
- Information about people was kept confidential and stored securely. Staff told us information was shared only on a need to know basis. Staff had digital devices which they updated regularly with the care and support provided.
- Staff said during personal care they promoted dignity by ensuring doors were shut, curtains closed, they covered people with a towel where required and sought consent from people before supporting them.

- People's independence was promoted. One person said, "Staff encourage me to do the things I could do, they cut up my food and I eat it by myself." Another person said, "I wash my face and wash where I can reach, and the staff do the rest." Staff informed us they encourage people to be independent, so they could maintain their live skills.

# 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 good. At this inspection this key question has remained the same. 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

- Care and support was planned and delivered to meet individual needs. One person told us, "I had my injection last week and I am feeling a bit weary, but the staff are taking good care of me." A relative told us, "Mostly my loved one's hair is done, and her clothes are clean, and she is in her own clothes."
- Each person had an electronic care plan which provided staff guidance on how their needs should be met. Care plans included people's physical, mental and social care needs; including health conditions, any allergies, preferences, their likes, dislikes and the level of support they required.
- Where staff were required to monitor and record the care and support delivered, this was being completed. For example, food and fluid and repositioning charts were being completed as required.
- Care plans contained people's life histories to help staff build a positive relationship with them. The service had long standing staff who knew people well and the support to provide. During our inspection, we observed positive interactions between people and staff.
- Care plans were kept under regular review and people and their relatives were involved to ensure their changing needs were met. Daily care notes we reviewed showed the care and support provided was in line with the care and support planned for.

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 needs were met. People and their relatives confirmed information was presented in formats that met their needs.
- Each person's care plan contained information about how they communicate including the language they spoke, their hearing, eyesight and speech.
- Care plans also included guidance for staff on the support to provide to ensure people's communication needs were met. This included supporting people to wear their glasses, hearing aids and support with oral hygiene to promote their communication and social interactions.
- Staff told us where required, they used body language, eye contact, came down to a person's level and spoke with the person in a slower voice. Staff said they also showed people alternatives where required to ensure they make informed decisions for themselves.
- The home manager informed us information was presented in the standard format for people and their relatives, where required information would be presented in the preferred format to ensure their needs were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with those important to them. The home continued to promote and support relatives to visit their loved ones and take people out where this was planned for. A relative informed us, "I can always get an appointment to visit and still do lateral flow tests."
- The home encouraged and enabled people to contact those important to them through telephone, video and other communication modes. One person showed us their iPad and a phone which they used to contact their family and friends. A relative informed us, "During Covid they sent us a card with dad's picture, which was really nice." Another relative said, "They have done video calls during Covid... The staff really help to keep links with the family."
- People enjoyed social and leisure time of their choice. A relative informed us, "It is a nice atmosphere and they really do try and particularly the activities coordinator." We learnt of a recent cruise ship activity where people were provided with passports and boarding passes to be on the cruise line. The cruise liner made stops in various countries in the world and the home was decorated to depict the country, staff dressed up and various cuisines were prepared to reflect the country they were in.
- People were engaged in various activities including music, quizzes, bingo, puzzles, singing and dancing. Where people did not engage in group activities, one-to-one support was in place. On our first day of inspection, there was a Halloween party, the home was decorated in the theme and staff were dressed for the occasion, there was a guest entertainer and people were engaged and enjoyed the performances.

Improving care quality in response to complaints or concerns

- There was a system in place to handle complaints. The service had a complaints policy and procedure which provided guidance on how to raise a complaint and the timescales for responding.
  - People and their relatives knew how to make a complaint. A relative told us, "I've not made a complaint, but I have mentioned odd things and they have been dealt with straightaway."
  - A complaint log we reviewed showed an average of one complaint was being made each month. The service had followed its complaints procedure and for example arranged meetings with the complainant to ensure they were satisfied with actions taken to address their complaint.
  - Any lessons learnt from complaints was shared with staff teams for example the level of support required during night time.

End of life care and support

- People and their relatives had been consulted about their end of life care needs. People who did not wish to be resuscitated had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place which had been agreed with them, their relatives where appropriate, staff and completed by their GP.
- People had advanced care plans in place to ensure their end of life wishes were respected.
- Where people were on end of life care and support, appropriate professionals were involved in their care delivery including palliative nurses and the GP to ensure their pain levels were safely managed where required and their end of life wishes met.

# Is the service well-led?

## Our findings

### 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The were systems and processes in place for assessing and monitoring the quality of the service. However, these did not identify the shortfalls we found regarding staff supervision, infection prevention and control and Covid 19 protocols.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this with the provider who told us the new management team were in the process of planning and implementing new ways of improving the quality the service.

- People and their relative were complimentary of the management team. One relative said, "The new manager is so nice nothing is too much trouble." The manager had applied to register with CQC and was being supported in their role by the operations and compliance manager and a deputy manager.
- Staff knew of their individual roles and responsibilities. Staff spoke highly of their managers and told us they felt supported in their roles and were given opportunities to develop. Despite this we found inconsistencies in staff practices.
- Various audits were carried out in areas including care plans, staff files, medicines, accident and incidents, weight management, skin integrity and the home environment. Where issues were identified for example on how some medicines processes were recorded appropriate action was taken to drive improvement.

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

- People and their relative views were sought to improve the quality of the service. Results of a survey carried out in March 2021 on Covid 19 was positive. For example, 100 percent of people said they were provided with information from the service on Covid 19 and how this my impact their relative's care and 100 percent also said they knew how to make a complaint. However, where 40% of people said they had ideas on how the home could improve on their communication this was not followed-up on to improve the service. This area requires improvement and we will check on it at our next inspection.
- A staff survey was also completed in April 2021 on Covid-19 and the results were positive. However, 19

percent of staff gave a neutral answer and 4 percent disagreed about not feeling rushed when delivering care. There was no action plan on how staff experiences could be improved. This area also requires improvement and we will check on it at our next inspection.

- Regular staff meetings were held to update staff about best practice and to gather their views about the home. Staff told us they found these meetings useful as their views were taken into consideration. Minutes of meetings showed topics discussed included, Covid-19 requirements, whistleblowing and any staff concerns, activities and person-centred care.

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

- People and their relatives were complimentary of the care and support provided. A relative told us, "It is a lovely small home and welcoming." Another relative said, "I would say the care is at the top of the list. There is no room for improvement."

- There was a positive atmosphere and an inclusive culture, where people, their relatives or staff were encouraged to communicate openly with management team to ensure people achieved good outcomes.

- The new management team demonstrated a commitment to improve care and told us of plans they had to bring in new ideas which would improve people experience of using the service.

- Daily staff meetings were held by the various representatives from each department to discuss and update each other of important information such as any new or hospital admissions, staff absences and any issues of concern. These meetings informed staff of any additional expectations and how individual needs should be met.

- The manager understood their responsibility under the duty of candour that they needed to be open, honest and to take responsibility when things go wrong. Where required, they had informed CQC of significant events that had occurred at the service.

Working in partnership with others

- The home had a working relationship with the local authority, clinical commissioning group, a community hospice and other health and social care professionals to plan and deliver an effective care and support. A health and social care professional was complimentary of the home; however, they acknowledged the recent change in management and the impact this could have on the service.

- The home also had good relations with other organisations in the local community including schools and churches to support people's interest and wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Appropriate precautions were not in place to minimise the risk of visitors catching or spreading infections.

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The systems in place to monitor and assess the quality of the service were not always effective in identifying and driving improvement.