

St. Matthews Limited

# Hawthorne 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

Hawthorne House is a residential care home providing personal and nursing care to up to 102 adults across seven separate wings. People living at Hawthorne House have various needs which include dementia, physical disabilities, mental health needs and rehabilitation for acquired brain injuries. Each of the wings is adapted to meet the needs of the people living there. At the time of our inspection there were 72 people were living at the service.

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

People felt safe living at Hawthorne House and relatives told us improvements had been made since our last inspection. Risks to people's health and well-being had been identified and assessed. However, we identified that locks in two cabinets which contained powder to thicken fluids were not effective and the rubber feet of three walking frames were worn which could increase the risk of falls. The registered manager arranged for these to be corrected immediately. Care records contained guidance to inform staff how to manage risks to keep people safe.

There were enough staff to support people safely and staff knew about people's individual risks and how to minimise these. There was a robust recruitment procedure which prevented unsuitable staff from working with vulnerable adults.

People received their medicines as prescribed. Medicines were ordered, stored, administered and disposed of safely. Good infection prevention and control processes were followed.

People's needs, and preferences had been assessed before they moved into the service. People's care and support was planned in partnership with them, those closest to them and appropriate health professionals. Records showed referrals had been made to other healthcare professionals when necessary to ensure people remained well.

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 had enough to eat and drink and gave positive feedback about the food. Guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet and their nutritional needs had been assessed.

Staff received training relevant to their roles and people told us staff were kind and treated them with respect. Staff told us they took pleasure in their role and enjoyed working at the service. We saw warm and friendly interactions between people and staff, and there was a friendly atmosphere within the service.

Following our last inspection in March 2020 the previous manager left the service and the new manager took over management of the service in April 2020. The new manager is referred to throughout the report as the registered manager.

The registered manager completed regular checks to ensure the service was meeting their legal requirements. This included checks on the environment, people's health care and the quality of care provided. Where improvements were identified, action had been taken or was planned. People knew how to complain and were confident they would be listened too. People, relatives, staff and health professionals provided positive feedback about the management of the 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 and update

The last rating for this service was Inadequate (13 May 2020) 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. The registered manager and provider attended regular meetings with an CQC inspector to monitor the actions they took to make improvement. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 13 May 2020. 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 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.

#### Follow Up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was 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** ●

# Hawthorne 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.

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 seven inspectors, two Experts by Experience and a Specialist Nursing Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 23 March 2021 five inspectors visited the service. One inspector gathered and reviewed information from the registered manager via email. One inspector spoke with staff over the telephone to gather feedback on their experience of working in the service. Two Experts by Experience spoke with relatives of people living at the service. One inspector and a Specialist Nursing Advisor returned to the service on 25 March 2021 to gather further information.

#### Service and service type

Hawthorne 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit. This was because we needed to arrange remote access to the services records so these could be reviewed

electronically by the inspector who did not physically visit the service. Because the service was inspected during the coronavirus pandemic, we requested information to be sure we were informed of and followed the provider's coronavirus risk assessment for visiting professionals before we entered the building.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 eight people who lived at the service and 20 relatives about their experience of the care provided. We spoke with 28 members of staff including the registered manager, nurses, clinical leads, senior care workers, care workers, a physiotherapist and a speech and language therapist employed by the provider and the chef. 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 35 people's care records and multiple medicines records. We looked at six staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received feedback from a health care professional who regularly visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection we found people were not protected from the risk of potential harm. 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. However, further improvement was required.

- At our last inspection prescribed thickener used to reduce the risk of people choking when drinking was not securely stored in line with guidance. At this inspection lockable cabinets were in place throughout the service however we found two locks did not work. The registered manager took immediate action to address this and on our second visit we saw the cabinets had been replaced
- New systems and checks had been implemented to identify risks posed by the environment and actions to reduce these were recorded. However, these were not always effective. We saw the rubber ferrules on three walking frames had worn down to the metal. This posed an increased risk of a person falling when using the frame. When we brought this to the attention of the registered manager they arranged for immediate replacements.
- People's risk had been assessed for both physical and mental health. For example, one person was at risk of seizures, they had weekly reviews with an epilepsy nurse and their care plan included information about what a seizure looked like for them and how staff were to support them.

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

At our last inspection the provider's systems and processes for safeguarding people from abuse were not always operated effectively so they could immediately investigate any allegations or evidence of abuse. This was a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives felt safe. One person told us "I feel safe. I have my call bell and someone (staff) is always around if I need them." A relative described how the prompt action taken by the registered manager

when they raised a concern assured them of their relatives' safety.

- [People were able to freely move around the unit they were based. Some people had care staff who provided one to one care to ensure risks to themselves and others were managed safely.
- Where people had behaviours that challenged others, they were closely monitored. Any changes in their behaviour were recorded and followed up with health professionals where needed to ensure any increase in their anxiety levels was managed.
- All staff had received additional training about how to identify and report safeguardings. Staff's competency and knowledge about safeguarding was checked by the registered manager regularly.
- Improvements had been made to how safeguarding concerns were recorded and monitored. A lead safeguarding role had been created which meant there was consistent oversight of any safeguarding concerns and a single point of contact for other agencies.
- We asked staff how they got to know about any poor practice or unexplained bruising. They told us, "We do body maps every day, if we notice any changes to their skin, we have to document it and report it."
- A representative from the local authority told us that there had been an improvement how safeguarding concerns were managed and there had been improvement of communication between the service and the safeguarding teams.
- The registered manager told us that they had been involved in a pilot scheme with the local safeguarding team to improve communication and how actions from safeguarding investigations were shared. The registered manager told us this pilot was not complete but already had improved their relationship with the safeguarding team.

## Staffing and recruitment

At our last inspection people did not consistently receive the support they needed. 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.

- At our last inspection there were not enough staff available to support people safely. During this inspection people and relatives told us staff availability had improved. One person said, "There are enough of them [staff], they come when I press my call bell." A relative said the staff are "absolutely fabulous. They notice little but important things, like the right cup to drink from."
- The registered manager had reviewed people's individual needs and increased staffing levels. They described how staffing levels were temporarily or permanently further increased if a person's needs changed. This ensured staff were available at the times people needed them
- A member of staff told us there had been "massive improvements in staffing" and this helped them to feel more confident that they could spend time to support people in a caring manner rather than feeling rushed to complete another task.
- Agency staff provided cover for staff vacancies. Arrangements were in place to request the same agency staff to provide people with consistency of care and reduce the risk of cross infection during the Coronavirus pandemic. Agency staff confirmed they always worked with permanent staff (as opposed to other agency staff) to help them learn about people's needs and how to support them safely.
- The provider had an active recruitment campaign in place.

## Using medicines safely

- At our last inspection medicines were not stored or administered safely. During this visit we found



improvement in the storage, administration and ordering of medicines in line with best practice guidance.

- The registered manager had worked with their local GP and pharmacist to improve the systems they used and to reduce the number of errors made.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.
- Regular audits, and spot checks on the administration of medicines ensured recent improvements to policies and procedures were being consistently followed by staff.
- Some people were prescribed an anti-psychotic medication which required regular blood tests and monitoring to prevent potentially harmful side effects. Specific training had been provided to staff and agency staff to understand the requirements and to help prevent medication errors.

### Preventing and controlling infection

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

### Learning lessons when things go wrong

- The registered manager completed a weekly analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents and incidents was shared with the staff team, and at a provider level, to drive forward best practice.
- Staff demonstrated the understood how to report and record accidents and incidents.
- Staff who administered medicines reported any errors they made, and these were investigated, so that further training and learning reduced the risks of future errors.

# 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.

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 we found systems in place did not consistently ensure people's consent was sought lawfully within the MCA framework. 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

- The management team and staff were working in accordance within the Act.
- Staff received training about the Mental Capacity Act and understood their responsibilities to support people in the least restrictive way.
- Where people had restrictions placed on their liberty, appropriate DoLS applications were made to and authorised by the local authority.
- Care staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.
- Records confirmed people's capacity to make decisions had been assessed and when necessary 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals who knew the person well.

## Staff support: induction, training, skills and experience

- People and relatives thought staff had the skills they needed to effectively support them. One person commented, "We are well looked after. Staff are attentive and polite."
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies they needed to carry out their role effectively.
- Staff received training related to the specific needs of the people they supported. A Speech and Language Therapist (SALT) employed by the service had recently provided training about how to support people with swallowing difficulties.
- Another member of staff told us how they had been supported by the registered manager to create an information pack for agency staff about a specific medicine which required certain monitoring.
- Staff were supported to complete national vocational qualifications in health and social care.
- The registered manager maintained a record of staff training, so they could identify when staff needed to refresh their skills and told us that agency staff were invited to attend all training sessions offered by the provider.
- Staff were supported through one to one meetings with their manager, regular appraisals and team meetings. All staff told us they felt supported by the management team.

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

- Prior to people moving into the service, the registered manager undertook a comprehensive needs assessment. This was done in consultation with people, advocates, family members and the local authority. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- [The registered manager explained that due to Covid-19 restrictions they have had to adapt how they complete these assessments and they have not been able to complete face to face assessments when a person has been in hospital. They stated that they have built up relationship with the staff at the hospital and provided feedback about the quality of information provided to them.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

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

- People spoke positively about the quality and choice of food and drink available. One person told us, "Food is plentiful. I don't have a big appetite but there is usually something I fancy. If not, I will ask for a sandwich and there are always snacks."
- People's dietary preferences were met and respected by staff. For example, where people required a soft diet, pureed diet, or were vegetarian, different food options were available.
- People were referred to healthcare professionals when dietary guidance was needed. One relative whose family member was underweight prior to moving to Hawthorne House, told us, "They (person) were so thin but they've put weight on nicely, they've come on leaps and bounds since they've been there. The food must be good!"
- Where people were assisted to eat their meal, staff took their time and provided people with support to eat at their own pace.

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

- Since our last inspection the service had been redecorated after consultation with people. The different areas of the service were designed to support people with their specific needs and decorated to reflect the preferences of the people living there.
- People had been supported to personalise their bedroom doors with photos or objects important to them to help them feel at home.
- The service has an outside garden area, at the time of our inspection work was being done to improve the access to it.
- The service had been designed with people's needs in mind, for example, it had level entryways and wide doorways to assist people with mobility accessibility. Signage around the service gave people information about the facilities, which also helped people to understand their immediate surroundings.

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

- Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings, staff briefings and alerts on the electronic care records to share information amongst staff. This meant staff knew when changes occurred that might affect people's support needs.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff checked if people were anxious, felt well, or needed help with their daily tasks.
- People had access to health professionals, including their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people and their representatives to ensure they understood how this might impact on their health.

# 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 told us staff were kind. Comments included, "The staff are very nice and friendly.", "We are looked after well. They listen if I have something to say and get me what I need." A relative told us "There's a wonderful commitment tree in the reception area where staff write notes. One said 'I want to care for the people in here as if they were my own family' which I thought was nice to read and it is. It is like a big family now."
- Staff communicated with people in a warm and friendly manner. People's responses, body language and actions indicated they were well treated and enjoyed the company of staff and each other.
- The provider and staff respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care.
- Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.

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

- People had communication plans which instructed staff on how each person communicated and the best ways to involve people in decision making. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- People had regular reviews to discuss their health and support needs with their representatives, to make decisions about how their care should continue to be delivered. The registered manager explained that due to current COVID-19 restrictions meetings had not been held in person but instead support needs were discussed by phone or tele-conferencing.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and take an active part in their own care and support, where they could. One person described how they were planning on move to an independent living service in the

community because staff had supported them to regain their independence.

- Care staff respected people's individual privacy. One person told us "Carers knock the door and say, 'is it ok for me to come in?' they are all polite and nice."
- The service complied with data protection law. People's personal information kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

# 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

- Each person had detailed care plans and records to show their health and support needs. Care plans included information about people's life history, preferences and support needs.
- Care records were written with the person, their family members and professionals. Records were comprehensively reviewed and updated regularly. This meant care records were relevant and based around each person's individual needs.
- Care plans contained detailed information about people's interests to help support staff in meaningful discussions with people. One person told us how a staff member understood how they liked to look their best and had helped them to dye their hair. They went on to say, "It's nice to be pampered."
- A staff member told us how one person struggled to swallow, eat and drink. The GP had recommended a thickening agent be used in their drink. However, a family member did not feel the person would like this arrangement and it was agreed with the GP to stop the use of the thickener. It was agreed the person would be supported to have normal fluids but to sip them. This demonstrated person centred care to ensure the person received support in accordance with their wishes. The person's safety was considered by all staff at all times whilst supporting them with their wishes.

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.

- Staff demonstrated they knew people well and what support each person required to make decisions about their everyday lives. Where people had specific disabilities affecting their communication, the provider used a range of techniques to communicate with people such as large print, and pictures.
- Each person had a communication care plan detailing any communication limitations and how staff should communicate with people. For example, one care plan stated "Encourage [name] to stop and think before he asks questions as he tends to get a little anxious if he feels a lack of control. Staff to speak clearly and give simple replies, this can otherwise confuse [Name]"
- We asked a staff member how agency staff got to know about people. They told us, "We have regular ones that know the residents. Today we have an agency carer who has not been here before, so the senior talked

her through all the residents. Letting her know what to do and what each residents needs are."

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 relationships with those that mattered to them. During periods when COVID-19 visiting restrictions were in place people were supported to make regular telephone or video calls to friends and families.
- Areas had been made in the service for relatives and friends to visit whilst reducing the risk to other people. One person told us "My daughter comes to see me in reception which I enjoy." A relative told us "I book a visit whenever I like, they have PPE [Personal Protective Equipment] and test you but I look forward now to being able to hold hands again."
- Activities took place with individuals, based on their personal preferences. We saw one person enjoying knitting. The person was heard asking staff their favourite colours so that they could knit them a scarf. A relative told us "The staff know [Name] likes to fiddle with things, they were an engineer and they [staff] have come up with some good ideas for [Name]."
- Due to Covid-19 restrictions entertainers had not been able to visit the service however one relative told us, "The activity staff make a real effort to engage people.", Another relative described how the activity staff had created communal activity areas on each floor "For residents to join in and start socialising again." Throughout our visit we observed staff looked for opportunities to engage with people.

Improving care quality in response to complaints or concerns

- People and relatives knew how to and felt able to raise concerns or complaints with staff and the management team if they needed to. One person told us, "I complained there was no blackcurrant squash, they found me some on another unit." A relative told us "They're far from perfect but the new manager [registered manager] listens."
- The provider's complaints policy and procedure had been provided to people in an easy read format and large print. In addition, during meetings with an independent advocate people were asked if they any concerns or complaints.
- Staff demonstrated they understood the provider's complaint procedure and their responsibilities to encourage and support people or relatives to share any concerns.
- The service had a complaints log where all complaints were recorded. Where learning was acquired through people's feedback, the registered manager shared this with the provider and staff, to ensure improvements were made.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care.
- Advance care planning took account of people's wishes to meet their individual cultural and religious preferences.



# 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; Continuous learning and improving care

At our last inspection the provider's systems and processes for ensuring people receive quality care were not effective. 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.

- People, relatives, staff and professionals told us that since the registered manager took over the management of the service everything changed, a more positive culture had been created and improvements made throughout the service.
- The registered manager was visible and accessible. One person told us, "The [registered] manager comes in every day to check staff are doing their jobs properly and that we are all okay." A relative said, "I feel staff morale has gone up since the new [registered] manager was in place. People are open and honest, and we have happier staff members. Another relative said "We can chat to the management now which we couldn't do in the past, so a lot of issues have been resolved."
- Staff, without exception, spoke positively about the changes made since our last inspection. One said, "I'm really happy working here, improvements have been massive, and they are all down to the new [registered] manager. She makes time for all of us and has an open-door policy. She has tried to improve the culture." Another member of staff said, "Last April (2020) things were dreadful, everything is much better now. The [registered] manager is really good and there have been massive improvement's in staffing and communication." A third member of staff said "This is the best service I have worked in."
- A health professional told us "We always had faith there was light at the end of the tunnel and that shining light turned out to be [registered manager] and her team. Since they took over, we have seen a dramatic change in the atmosphere, culture and management style of listening, inclusivity and person centred care."
- The registered manager took over management of the service in April 2020 and was supported by the provider to bring about and embed improvements. The provider fully supported the registered manager to make these changes with support to increase staffing levels, access additional training and visited the

service regularly to monitor the changes made.

- The registered manager had implemented a number of new systems and processes to improve the care people received, including weekly clinical meetings to review any new or ongoing risks and to identify actions required. The new processes had become embedded by the time of our inspection and staff understood how to escalate concerns.
- The provider had systems and processes to monitor the quality of the services provided. The registered manager undertook audits and looked for continuous ways where improvements could be made. Audits included checks on medicines, infection control and health and safety.
- We reviewed 16 audits completed by the registered manager and provider between April 2020 and February 2021. These audits identified where actions were required, however, we identified that not all of the systems were fully effective at identifying environmental risk. We identified two cupboards with locks that did not work and three walking frames where the rubber feet were worn through to the metal which could increase the risk of falls for people using them. When we brought these matters to the attention of the registered manager action was taken immediately to replace the cupboards and equipment. Following our first day of the inspection the registered manager showed us that they had added additional actions into their audit process to mitigate future risk.
- All actions from audits were added to an action plan the registered manager and provider oversaw. The actions were completed in a timely way and monitored to see if the changes were effective or if further action was required. The audits and action plan helped the provider to monitor and improve care for the people using the service.
- The provider shared learning across their other services, through regular governance meetings with their management team. Items discussed, included learning from accidents and incidents, and best practice guidance.

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

At our last inspection the provider failed to notify us of two incidents where a person living at the service had been exposed to abuse which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- The service was led by a registered manager, who with the provider's support, strived to deliver the best person-centred care possible in accordance with the regulations.
- The staff team understood their roles and responsibilities toward people living in the service and embraced further learning and developmental opportunities, so people received the best care and support possible.
- The registered manager had introduced new ways of reporting and monitoring concerns about a person's safety, this included a series of checks to make sure actions were taken to prevent further risk and that all relevant organisations were informed.
- The registered manager worked alongside staff to ensure their practices met requirements and expectations and best practice. For example, the registered manager assisted people and staff to develop relaxed, positive relationships during which they discreetly observe the way staff supported people, so performance was continuously reviewed.
- The registered manager was aware of their regulatory responsibilities which include notifying us of certain incidents.

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

- The registered manager sought regular feedback from people, relatives, staff and professionals who worked with the service. This included sending quarterly questionnaires and suggestion boxes placed throughout the service.
- From feedback during the covid-19 pandemic the registered manager identified relatives were not always satisfied with the level of communication. To improve this a new telephone system was installed to make it easier for relatives to contact the correct staff. Initiatives were also put in place to increase how often staff contacted relatives to provide updates. Relatives told us there had been an improvement in communication over the last six months.
- One relative had taken on a voluntary position with the service to act as a "liaison" for people, staff and relatives. This created an additional method to raise concerns or make suggestions for improvement.

Working in partnership with others

- The registered manager was honest that prior to them taking over management of the service relationships had been damaged with health and social care professionals and that many did not have positive experiences of the service. The registered manager has worked to rebuild the reputation of the service and to foster positive and honest relationships with other professionals.
- A representative of the local authority told us the registered manager and staff have worked closely with them over the past 12 months, listening to and implementing their suggestions resulting in further improvement's being made.
- A health professional commented, "The service is run very efficiently and effectively now with robust policies and procedures and there are clear lines of accountability for staff and the roles they lead. This has in turn lead to a reduction in staff turnover and increased moral within the team."

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 registered manager worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.