

Mornington Care Ltd

Mornington Hall Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mornington Hall Care Home is a care home which provides nursing and personal care for up to 120 people. The service provides support to older people who may be living with dementia, physical disability or sensory impairment. The home is divided into 2 buildings. At the time of this inspection one building was unoccupied and closed. The building in use was divided into 2 units. There were 57 people using the service at the time of inspection.

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

People were safeguarded from the risk of harm or abuse. Staff were recruited safely and there were enough staff on duty to meet people's needs. People had risk assessments to reduce the risk of harm they may face. Building safety checks were carried out as required. People were protected from the risks associated from the spread of infection. The provider had a system in place to learn lessons from accidents, incidents and complaints.

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 their care needs assessed prior to admission. Staff were supported with regular training opportunities, supervision and appraisals. People's nutritional, hydration and healthcare needs were met. The service had an ongoing maintenance and refurbishment programme in place.

We observed caring interactions between staff and people using the service. People's cultural and religious needs were met. Staff understood how to form positive relationships with the people they supported. People and relatives were involved in decision making about the care. Staff promoted people's privacy, dignity and independence.

Care records were detailed and personalised. There were a variety of activities offered to people and plans in place to enhance what was offered. People's communication needs were met. The provider had a complaints procedure and complaints were dealt with appropriately. People's end of life care wishes were documented.

People, relatives and staff spoke positively about the leadership in the service. The provider had regular meetings with people, relatives and staff where they could be updated on the service development. The provider worked jointly with healthcare professionals to improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service under the previous provider was requires improvement (published 9 December 2021). At this inspection, under the new provider, we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service. A new provider had taken over and we wanted to check they were continuing to work on making improvements to the service. This was the first inspection under the new provider.

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.

Recommendations

We have made a recommendation in relation to medicines management.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

Mornington Hall Care Home

Detailed findings

Background to this inspection

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

Inspection team

The inspection team consisted of 2 inspectors, a pharmacy inspector, a specialist nurse 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

Mornington Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mornington Hall Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

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. The provider was not asked to complete a Provider Information Return (PIR) prior

to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 3 relatives. We spoke with 17 staff including the registered manager, maintenance person, chef, 2 domestic staff, laundry assistant, activities co-ordinator, clinical lead, 4 care staff, 2 nursing assistants and 3 nurses. We looked at a range of management records including, medicines, quality audits and building safety records. We reviewed 12 people's care records including risk assessments and 6 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

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

At our last inspection under the previous provider, we rated this key question requires improvement. At this inspection, under the new provider, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had a detailed medicines management system in place which meant overall medicines were managed safely. The provider carried out regular weekly, monthly and quarterly medicine checks which meant issues identified could be resolved quickly. The provider carried out regular stock counts including for controlled drugs. Controlled drugs are medicines that are subject to strict legal controls and legislation to prevent them being misused or causing harm to people. We checked the stock balances for a sample of boxed medicines and these reconciled with expected totals.
- We found a few items in use requiring an opening date which had none added. However, we noted the items found were only recently dispensed so were within the safe period to use. The provider took immediate action and labelled the items with the opening date. We were assured the provider's medicine checks would have picked this up.
- Record-keeping was overall clear and accurate. However, we found a few examples where records were not clear. For example, minor discrepancies in the controlled drugs records had been dealt with by crossing out with incomplete explanations. We raised this issue with the management team who took immediate action with the staff members concerned. We were assured this would have been identified by the medicine checks.

We recommend the provider seek best practice and guidance around medicine management.

- Following the inspection, the provider introduced a daily medicines check with immediate feedback to the clinical team on duty to resolve issues identified.
- People prescribed 'as needed' medicines had guidelines in place. This meant staff knew when these were needed and how to administer them correctly and safely.
- The medicine rooms were clean and tidy. Medicine room and fridge temperatures were monitored and found to be within the acceptable range.
- People prescribed anticoagulant medicines had a clear care plan and risk assessment in place which gave guidance to staff about when and how to escalate concerns. The provider used a system to detail where skin patches prescribed for pain relief had been applied. This was in line with guidance to ensure the same site was not reused for three or four weeks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse. People told us they felt safe at the service. Comments included, "I trust the staff and that gives me a feeling of security" and "I'm as safe as houses here because they want to do the best for me."

- Relatives confirmed people were safe at the service. Comments included, "My [relative] is in a safe place here because the carers know how to help [them]" and "I know [relative] is comfortable here and [they] are in safe hands."
- Staff knew what action to take if they suspected somebody was being abused including what and who to escalate any concerns they may have. A nurse told us nurses had the authority to suspend staff for 24 hours if needed until management could address the issue.
- The provider notified the appropriate authorities about any safeguarding concerns.

Assessing risk, safety monitoring and management

- People had risk assessments in place to minimise the risk of harm they may face which included, falls, use of the call bell, moving and handling and choking. Staff understood what action to take if somebody developed pressure sores.
- Care records included guidance for staff in relation to managing people's anxiety or distress. A person's care plan stated, "[Person] likes to walk around at night time singing and talking loudly. Staff should explain to [person] other people are asleep. Offer cold drinks and reassure [person]."
- People had a personal emergency evacuation plan which showed the support they would need in the event they needed to leave the building in an emergency.
- The provider carried out required building safety checks. For example, a gas safety check was done on 29 November 2022 and portable appliance testing was completed during November and December 2022
- Records showed the maintenance person completed checks of the boiler temperature, window restrictors and rooms monthly. The maintenance person told us they were responsible for delivering fire safety training to staff.
- The fire risk assessment was last reviewed on 10 February 2022 and fire equipment had been serviced on 18 August 2022. Records confirmed monthly checks of fire equipment and weekly checks of the fire alarm, fire door releases and emergency lighting were completed and up to date.

Staffing and recruitment

- The provider recruited staff safely and carried out relevant recruitment checks before employing new staff. These included proof of identification, references and right to work in the UK.
- The provider carried out DBS checks for new staff and obtained regular updates for all staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider supported nursing staff to maintain their competencies and checked their registration with the Nursing and Midwifery Council was kept up to date.
- We received mixed feedback from people about staffing levels. A person told us, "I have the call system if I need help and they check on me from time to time. I even find there are staff around in the night and during the changeover and someone will check I'm ok." Another person said, "I do sometimes have to wait a long time after pressing my buzzer but they do apologise and explain why. I think they are sometimes slow to respond because they are short of staff."
- Relatives said they felt the service was short staffed. Responses included, "[Relative] gets left because they are too busy" and "The staff rush around which indicates they are short of staff."
- Staff told us there was usually enough staff to meet people's needs but there were occasional shortages due to sickness. All staff confirmed they were able to take breaks. However, one staff member told us the service would benefit from an extra staff member during the day and night. Another staff member said, "We can never have enough staff. If we had more, we could give more person-centred care."
- At the inspection we observed there were enough staff on duty to meet people's needs and records confirmed this. The registered manager told us they had a pool of bank staff they could call upon to cover planned and unplanned staff absences. They explained it could take a bit of time to find somebody to cover

short notice absences but if necessary they had a regular agency they used when nobody on the bank was available.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

The provider's approach to visiting was in line with government guidance. There were no restrictions to visitors at the time of inspection. Staff confirmed there were no restrictions and people who were at the end of life could have visitors 24 hours a day every day. A staff member told us, "For some [people], their family visit every day. There are no restrictions and the family can spend time in the lounge or they can go in the kitchen and make a drink."

Learning lessons when things go wrong

- The provider had a system of recording incidents and accidents. Records showed these were analysed to identify ways of preventing reoccurrence and lessons learnt were shared with staff.
- Staff confirmed lessons learnt from accidents and incidents were shared with them in staff meetings. One staff member told us if the lesson to be learnt could not wait until the next staff meeting, the message was passed to staff outside this forum to prevent it happening again.
- The registered manager gave an example of a lesson learnt. They said, "We had a lesson learnt after a medication error. I spoke to the nurse. It was a recording error. We learnt we need to monitor weekly."

Is the service effective?

Our findings

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

At our last inspection under the previous provider, we inspected but did not rate this key question. At this inspection under the new provider, this key question has been rated 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 care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments were detailed and included the support people needed with mobility, transfers, personal care including oral care, communication, mental health and physical health.
- The assessment process included the person's preferences around grooming, sleeping, food and drink. People's sexuality was documented. The provider had a system of putting an interim care plan in place on admission for the first week which was then expanded into a fuller care plan.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. People told us staff had the right skills to support them. Comments included, "All the carers know their jobs and they understand the support I need" and "The carers absolutely know what my issues are."
- Staff confirmed they received regular training opportunities. A staff member told us, "I find it very useful because I get to know everything about caring."
- The registered manager told us new staff received face to face training in core care topics such as, moving and handling and health and safety. They had 3 days of shadowing experienced staff and then were shadowed by a senior member of staff when they began to work on the floor.
- Records showed staff were up to date with training in health and safety topics such as, first aid, food safety, infection control and bed rails. Staff also received training relevant to the people they supported including dementia awareness and mental health awareness.
- Records confirmed staff were supported with regular supervision and an annual appraisal. A staff member told us they found supervision useful and stated, "[Management] ask us for any suggestions to improve the care quality here. If I miss something, [management] give more information and if they find I need more training, they provide that."

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

- People were supported to eat a nutritionally balanced diet and to stay hydrated. The menu was varied and nutritious. People could choose from two options on the menu. Staff could support them to make their choices using pictorial menus.
- People told us they were offered enough food and drink. Comments included, "I'll eat the meal, but if not, I ask for a sandwich and they'll make something else if I ask", "The food is acceptable. I have a cooked breakfast, so I often just have fruit for lunch" and "There's always a drink by my side. [Staff] are good at

making sure that happens."

- Relatives confirmed their relative's nutritional needs were met. Comments included, "[Person] is eating well and enjoys the food" and "[Staff] give [relative] finger food, but [person] still needs encouraging to eat."
- We observed lunch being served and saw people had a choice of drinks and could have second helpings of the meal. People seemed to enjoy the food and we saw one person had a second dessert.
- People who required support to eat their meals were supported appropriately while the staff member gently chatted with them. We noted staff did not rush people they were supporting and sat down at the same level of them.
- Care records contained details of people's dietary requirements including if they were on supplements or had any allergies. Where people were prescribed a pureed diet or thickened fluids, the consistency of food and the level of thickening needed was recorded.
- We observed food was stored safely and appropriately in the kitchen. Fridge and freezer temperatures were recorded and were within the recommended range. Opened food was sealed and labelled appropriately,
- Kitchen staff served salad with light meals in the summer and made homemade cakes. The chef told us people could request finger food and they could have a glass of wine with their meal if they wished. People could have mid-afternoon tea with cake or biscuits and evening snacks were offered.

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 healthcare services when needed. Care plans confirmed this. For example, records confirmed people had accessed the GP, dentist, chiropodist, optician and dietician.
- People told us they could see the GP if needed. A person said, "I can see a doctor if I ask and indeed I saw one last week."
- Care records contained information about people's healthcare appointments, the outcome of these and any changes in healthcare support needs. People's oral healthcare needs and preferences were documented in their care plans. Records also documented information about specific health conditions so staff would know how to best support people.
- Staff told us how they supported people with their healthcare needs including attending appointments when needed. A staff member said, "We check [person] and any tiny changes we report immediately to the nurses. With glasses, we always clean them. If they are using dentures, we make sure they are dipped in water when they are not wearing them."

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

- Mornington Hall is a purpose built care home with large communal areas divided into dining areas and lounge areas with comfortable chairs. The building was spread across two floor accessible by a lift. People had access to a garden area.
- At the time of inspection one building was closed and not being used. There was a plan for this building to be renovated for use in the future. The provider had a programme of works in place for 2023 to carry out refurbishment and maintenance of the grounds and the building in use.
- The building in use had a large fish tank at the visitor's entrance which people using the service could see on entry to the lounge. There was also information about activities for visitors to be aware of. A pictorial activities board was displayed on each floor which showed the variety of activities on offer for the week. This meant people could easily see what activities they could take part in each day. Chairs had been carefully placed in some parts of corridors so that people could rest if needed. The corridors had pictures on the walls, there were book shelves in various places and reminiscence items on shelves.
- People's bedrooms were personalised to their taste. We noted the seal on a few windows had blown causing the glass to be misted between the glazing. We raised this with maintenance staff who were aware

of this and showed us evidence they were seeking quotes for the work.

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 with appropriate legal authority. 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 the time of inspection, there were 16 people who had appropriately authorised deprivation of liberty safeguards (DoLS) in place and conditions around this were being met. There were 20 people who were waiting for the outcome of their DoLS application.
- Where people did not have capacity, records showed decisions were made appropriately using the best interests process. For example, a person had a best interests decision made in relation to their medicine but was able to make day to day decisions themselves. This decision was made appropriately and correctly recorded.
- Staff had received training in MCA and DoLS. Staff demonstrated they knew how to obtain consent before delivering care. A staff member told us, "When we give them food and drinks, we ask if it is the right time. We give them maybe three or four [options] for them to pick their choices."
- People had MCA's in place where appropriate to check their capacity to make decisions. For example, people had MCA's in place for the building entry door being locked.
- People had signed to consent to receiving care where they had capacity to do so.

Is the service caring?

Our findings

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

At our last inspection, under the previous provider, we rated this key question good. The rating for this key question under the new provider has remained 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 told us they were supported by caring staff. Comments included, "I really can't thank them enough for the quality of care I get from them. They are so kind to me" and "The staff are very nice. I have lots of fun and laughter with them. They are always very respectful."
- Relatives confirmed staff were caring. Comments included, "The staff are always welcoming and offer me a drink. They are respectful and [relative's] dignity is maintained" and "[Staff] are respectful and pleasant when they come in [relative's] room. They do care."
- We observed caring interactions between staff and people using the service. For example, one person complained about not being able to talk properly so the nurse reassured them, gave fluids and stayed until the person was comfortable again.
- Staff described how they got to know and support the people they cared for. Comments included, "My aim is to make them feel at home, like they are my parents" and "The best way is to read the care plan. We introduce ourselves and try to make a friendly attachment."
- Staff described how they delivered an equal service to people. A staff member said, "In activities, we celebrate all the different cultural events. We respect everybody's [sexuality]."
- The registered manager explained a catholic priest visited the service to give communion and they were trying to arrange for an Imam [prayer leader] to visit for people who were Muslim. They added, "We support [people who identify as lesbian, gay, bisexual and transgender] to have their meetings with their partners."

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

- People were supported to express their views and be involved in making decisions about their care. Records confirmed this.
- The registered manager told us relatives were invited to come in for care reviews and some had provided their email so they could receive updates and messages about their loved ones.
- Care records detailed contact with relatives, friends and other professionals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. We observed staff knocked on people's doors before entering the room.
- Staff described how they promoted people's privacy and dignity. A staff member told us, "When we are doing personal care, we only uncover the part we are washing. We always close the doors and curtains."
- People's independence was promoted. Comments from staff included, "We encourage but don't force

them. If [person] can do it, it is better for them" and "Some people like to do for themselves. We explain first and then encourage."

Is the service responsive?

Our findings

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

At our last inspection, under the previous provider, we rated this key question good. The rating for this key question under the new provider has remained 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

- People were provided with care according with their wishes. People told us their preferences were met. Comments included, "I prefer a female carer and they try to make that happen" and "I choose my own clothes and as you can see, I'm well presented."
- Staff understood how to provide personalised care. Comments included, "I have to respect their wish. Everything is their wish" and "The better way is to communicate with the [person], so we ask them what they need. If they do not have capacity [we] talk to their family."
- Relatives told us they were involved in the care planning process. Records showed people's care plans were regularly reviewed.
- Care records were detailed, pictorial and contained people's likes and dislikes. For example, a care plan stated a person disliked a noisy atmosphere, being disturbed and being ignored.

Meeting people's communication needs

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

- The registered manager understood their responsibilities to meet the accessible information standard. They said to support people with a visual impairment, "We have a service in the borough that will support us with tools like braille." They explained they could read the information to people as needed.
- The registered manager explained for people with a hearing impairment, they had implemented folders with specific questions they answer yes or no. They said, "We can get equipment from the audiology [department]. Also, we can have written information."
- Care records contained details about people's communication support needs including needs around hearing and vision.

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 had access to a range of activities including outside entertainers and were supported to maintain links with friends and family. The activity co-ordinator held meetings with people to draw up the activity plan.

- People told us they were involved in activities. Comments included, "I take part in things, like knocking balloons about, bingo and dominoes, which is my favourite" and "I will go in [the lounge] when there's things going on like the games with balls, bingo and so on."
- Relatives confirmed activities were offered. A relative said, "[Relative] takes part in the exercises. The activity co-ordinator is very good. [They] will involve [relative] like getting [them] dancing."
- We observed people enjoying taking part in activities with the activity co-ordinator including word games, singing, clapping, dancing and chair-based movement to music exercises.
- The activity co-ordinator told us birthdays and other special days including spiritual festivities were celebrated. Relatives received a newsletter with pictures of the previous month's activities and key events for the month.
- We noted people could choose to have a daily newspaper to read. People could choose a film from up to 3 options to watch at the in-house cinema where they could buy tickets on the door with fake money and popcorn was provided.
- Records showed garden activities were offered in the warmer weather including barbecues with live entertainment. A spiritual leader regularly visited the service and a personal trainer attended monthly to offer 30 minute exercise sessions.
- The registered manager told us people could connect to the home's internet to access prayers and languages. They said, care staff could take people to their chosen place if worship if they wished.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and a system in place to record complaints and concerns. Records showed 2 complaints had been made since January 2023 and these were dealt with appropriately to the satisfaction of the complainants.
- People told us they knew how to complain if they were not happy with their care. Comments included, "I never have any cause to complain", "If I was unhappy, I'd tell my daughter but there's nothing to be sad about" and "I would talk to any nurses or staff if I wasn't happy. That's how confident I am with this place."
- Relatives confirmed they knew how to raise a concern if they needed to. Comments included, "If I were unhappy, I'd speak to head office" and "[Named staff member] is lovely and is so easy to talk to if I have a concern. [Another named staff member] is lovely too."

End of life care and support

- The provider had an end of life care policy which gave clear guidance to staff about how to provide this type of care.
- Staff demonstrated they understood how to provide dignity, privacy and where possible pain-free care to people who were at the end of their life. Records showed staff had received training in providing compassionate end of life care.
- People had an end of life care plan in their care records. This included details about the person's end of life care and support wishes.
- People had a 'do not attempt to resuscitate' agreement form in place, correctly completed as appropriate.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection, under the previous provider, we rated this key question good. The rating for this key question under the new provider has remained good. This meant the service was consistently managed and well-led. Leaders and culture they created promoted 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

- At the last inspection, we made a recommendation around management support at weekends and night times. At this inspection we found the provider had acted on this recommendation.
- Staff confirmed there was always somebody they could talk to if the registered manager was not there including senior care staff, the nurses, head of nursing and the deputy managers. Records confirmed there was management support available at all times.
- Staff told us they were given a handover at the start of each shift so they could be updated on people's welfare and any changes in their wellbeing.
- The provider had a system of carrying out regular checks including spot checks, infection control, call bell response times, health and safety and home audits.
- We reviewed 5 daily meeting minutes carried out during March 2023 and saw topics discussed each day included, appointments, outings, incidents, staffing and people's wellbeing.
- We reviewed the 3 monthly home audit carried out in November 2022 and the annual home audit carried out in February 2023. Areas checks included out of hours management cover, home environment, housekeeping, catering, activities and fire safety arrangements. Actions identified were signed off when completed.

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

- The provider promoted a positive culture which was inclusive, open and empowering. This meant people, relatives and staff felt they had a voice and were listened to.
- People using the service spoke positively about the management of the service. Comments included, "[Registered manager] is friendly; lovely actually", "[Registered manager] is pleasant" and "[Registered manager] is friendly and we speak in passing."
- Relatives spoke positively about the management of the service. A relative told us, "I have spoken to [registered manager] and [they] seem pleasant. All carers are easy to talk to."
- Staff told us they were reassured by the management of the service. Comments included, "We can go to [registered manager] and talk to them at any time. There is that comfort" and "[Registered manager] is very good. I am very comfortable with [them]."
- The registered manager told us, "We have an open door policy so anytime staff have any issues they are more than welcome to speak with me."

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 understood their responsibility under duty of candour. They said, "We always need to be transparent and giving the right information of any incident that may happen. We need to inform family members, CQC and social services. We need to apologise."
- The provider had notified the local authority and CQC of safeguarding concerns and serious injury to people as appropriate.

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

- The provider had systems in place to involve people using the service, relatives and staff in the development of the service. This included regular meetings and feedback surveys. Staff told us all staff were treated equally and the management were supportive and responsive. Staff said managers and staff worked well together as a team to ensure people's needs were met.
- Regular meetings were held with people using the service. Minutes from the meeting held on 24 March 2023 showed topics discussed included people's satisfaction with the care, activities, meals and environment. For example, people were told the chef was reviewing the menu to increase to 3 options offered for lunch and it was noted some people would like spicier food to be offered.
- Relatives had regular meetings to be updated on service development. Minutes from the meeting held on 9 December 2022 showed topics discussed included the recent local authority inspection, activities, Christmas raffle and giving feedback about the service.
- The provider held a number of meetings with staff which included a general staff meeting, nurses meeting, day staff and night staff meetings. Minutes of these meetings held in February and March 2023 showed topics discussed included training, care given to people, record keeping, audits and whistleblowing.
- We reviewed the 2022 analysis of feedback from relatives and noted overall relatives thought staff were courteous, people were treated with dignity and respect and were satisfied with the activities and meals offered to people.
- The provider kept a record of compliments received about the service. We saw 4 compliments had been received since January 2023. For example a relative said, "I am grateful and would like to thank everyone especially the nursing staff who took care of [relative]. The communication with [staff] was professional, caring, and friendly."

Working in partnership with others

- The provider worked in partnership with other agencies and care records confirmed this.
- The registered manager told us they worked very well with the speech and language therapist, palliative care nurses and tissue viability nurses. They said, "They respond very quick when we refer, and they visit quickly."
- Staff confirmed what the registered manager had told us. Responses included, "The tissue viability nurse is very good" and "The tissue viability nurse visits the unit promptly and puts the plan into place which staff follow."
- Staff told us there were monthly multi-disciplinary meetings consisting of the registered manager and nurses from the service, the GP, palliative care team and the mental health team where people of concern were reviewed. A staff member said, "Overall services in the borough work well together."