

Moreland House Care Home Limited

Moreland House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Moreland House Care Home is a residential care home providing personal and nursing care to people. The service can support up to 50 people. At the time of our inspection there were 43 people living there. The service is purpose built and care is provided to people on the upper three floors.

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

Care plans were not always person-centred, and people were at risk of social isolation and did not engage in meaningful or relevant activities. There were systems in place to make sure people received their medicines safely. We recommended the service ensure PRN protocols are consistent. The service was purpose built but not always adapted with people's needs in mind. We recommended the service considers the design and adaptation for people living with dementia or other sensory and communication related support needs.

Systems were in place to keep people safe from harm and risk assessments were designed to keep people safe. Recruitment practices were safe, and people received consistent care in a timely manner. The service was clean and well maintained. Accidents and incidents were analysed to prevent reoccurrence and keep people safe from harm.

Staff were supported through training and supervisions to provide effective care and support. People were supported to have their nutritional needs met and the service worked well with other health and social care professionals to provide holistic care and support and keep people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they found staff were kind and caring and they were involved in their care and support. People felt they were encouraged to be as independent as possible and treated with respect and dignity.

Information was provided to people in an accessible format. People and relatives told us they felt able to make a complaint and were confident that complaints would be listened to and acted on. The service was good quality end of life care for people and their views and wishes had been considered.

People, relatives and staff spoke positively about the service and said it was managed well by the deputy manager who was applying to be the registered manager. There were systems in place to manage and monitor the quality of the service provided and the provider planned to audit the provisions and monitoring of activities for people. The management team had regular contact with people using the service, their relatives and the staff. The deputy manager liaised with other health and social care professionals to ensure a high-quality service was being delivered.

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 was requires improvement (published 21 August 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained, and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about end of life care; allegations of abuse and the management of falls. A decision was made for us to inspect and examine those risks.

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

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moreland House Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to person centred care.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Moreland House 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, and one 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. The inspection was also supported by a Specialist Advisor in Nursing.

Service and service type

Moreland House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. This means that at present, only the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the service has a deputy manager who is going to apply to become a registered manager with the Care Quality Commission. All staff, people and relatives are aware of this plan.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people, 15 relatives and two visiting health and social care professionals. We also spoke to 15 members of staff including the deputy manager and the provider, the chef, nurses and care staff.

We reviewed a range of records. This included seven people's care records and 18 medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, specifically we discussed the call bell system and activities for people.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management. Using medicines safely

At the previous inspection on 21 August 2019 we identified pressure relieving mattresses being set at the wrong setting, people receiving insufficient fluids and medicines being stored in an unsecure environment and above the recommended storage temperature. This potentially put people at risk and was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Risk assessments were in place to reflect people's changing needs and risks. These included skin care and integrity, falls, bedrails, choking, moving and handling, mental health and personal care. For example, one person's bedrail assessment showed it was not safe to use them as the person was at risk of climbing over them and a suitable alternative of a sensor mat and crash mat was used. People's risk assessments were updated regularly. One staff member told us, "We read everything first, about them, what they need, how we do it, then we follow. Every problem they get, I report to the nurse, and they get updated."
- There were behaviour charts for people who displayed distressed behaviours. These were completed frequently and potentially useful to the mental health support teams who were supporting the home.
- Airflow mattresses were formally checked by nurses daily.
- People's falls were recorded with details of what happened and subsequent actions taken by staff. One person had a lot of minor injuries as they liked to move around a lot and were at risk of falls, but an assessment with positive risk taking was in place. This was a more supportive approach than trying to reduce injuries all together as this would have involved restricting the person.
- All environmental risk assessments were up to date including fire safety, electrical and water checks and other maintenance checks. Each person also had an up to date Personal Emergency Evacuation Plan (PEEP). They looked at whether people understood the alarm and guided staff and emergency services on how to keep people safe.
- Medicines were managed safely. One person told us, "I have medication on time." Administration records were accurate and there were up to date photos of people on their medicine records to ensure the right person could be identified.
- Medicines were stored and locked away appropriately. The temperature in the medicines room was monitored and recorded daily and was within the acceptable range. The service worked with their local pharmacist for medicines audits and the deputy manager reviewed medicine records monthly.
- There were people receiving medicines covertly; this was documented with the signature of GPs and

pharmacists. There were best interests assessments recorded and people's families had been consulted; it was clear that this was the least restrictive way of ensuring people receive their medicines to maintain their health and well-being.

- PRN medication was administered and recorded appropriately. There were PRN protocols in place. However, in some cases they were not specific. For example, one person was prescribed laxatives and their records said this should be given for constipation and stated that bowel movements should be monitored; however, it did not say how many days of no bowel movement there should be before the medication should be given. For other people, their PRN protocols had no suggestions of offering non-pharmaceutical methods for pain, breathlessness or anxiety which should be tried prior to medicine administration.

We recommend the service reviews their PRN protocols to ensure they are consistently applied for all people.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to ensure people were protected from abuse. People told us they were safe in the company of staff; "I am never frightened, never scared." One relative said, "I trust [person] is safe."
- Staff were aware of safeguarding procedures, knew how to identify abuse and how report any concerns to protect people from harm. They said they feel comfortable and safe to raise an alert.
- We reviewed safeguarding records and found that notifications had been appropriately investigated and responded to and sent to the relevant organisations including the CQC.

Staffing and recruitment

- Records and observations confirmed there was adequate staff to safely meet the needs of people. Staff told me there was enough staff to meet the needs.
- We tested call bells to observe how promptly staff were able to respond to people and found staff responded quickly. One staff member reassured us they could get help if a person needed two staff, "Yes, there is always staff around to help anyone if needed." One person said, "[Staff] do come quickly if I press this [call bell]." On two occasions we found the call bell not working as it was not connected properly. Following the inspection, the deputy manager assured us these had been fixed.
- Safer recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of identity had been carried out as part of the recruitment process. This ensured that people were protected from the risks of unsuitable staff.

Preventing and controlling infection

- The service was clean throughout. There were systems to help prevent the spread of infection including managing soiled laundry. Staff told us they had access to all equipment needed to ensure the service was clean. People and their relatives told us they had not ever had any concerns. One person told us, "The room is cleaned every day," and one relative said, "It is clean and tidy."
- In the kitchens, food was stored appropriately and labelled with date of opening. We found that raw and cooked meats were kept separate. The kitchen appeared clean and tidy and staff were wearing proper protective equipment including aprons. The service had been awarded an environmental hygiene rating of four out of five, issues had been found with skirting and storage rooms; these issues has been fixed and the service was awaiting a re-assessment.

Learning lessons when things go wrong

- We reviewed accident and incident records and found patterns or trends were identified so action could be taken to reduce the risk of reoccurrence and learning from incidents took place. One person had dropped tea on their hand so moving forward, where relevant, people were served hot drinks beakers. A second

person was prone to skin tears so had a lightweight blanket purchased. Observations confirmed these resolutions were in place.

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.

Staff support: induction, training, skills and experience

At the previous inspection on 21 August 2019 we found not all staff training was up to date. This potentially put people at risk and was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found sufficient improvement had been made and the provider was no longer in breach of Regulation 18.

- All new staff received a detailed induction to support them in their role. As part of their induction programme, all new staff receive training in the home's policy quality assurance. It says, "The home is committed to providing its staff with as many opportunities as possible for training to improve the quality of its service."
- Staff received supervisions every three months in line with the service policy. One staff member said, "Supervisions are regular, we talk about our improvements, what we need to do more. With [deputy manager] I feel supported. Things are fair and done on time."
- All staff were up to date with training to enable them to provide effective care and support to people. One member of staff said, "They update us all the time, we do what we need to, for dementia, for COSHH, safeguarding." One person confirmed, "The staff are well trained, they do their job well."

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

- We found the décor of the home was mixed in its approach to supporting people living with dementia or other sensory and communication related support needs. There were limited contrasting colours handrails or toilet seats that would assist those with dementia and perception problems. There was some signage of direction and what the different rooms were, in large print with pictures, but this was not consistent.
- We did see some appropriate pictures on the walls, many from previous eras, but there were limited things of interest on walls in corridors or in communal spaces. For example, there were no memory boxes or similar items to support people with their memory and to feel more at ease in their home, and there were no sensory objects.
- We found a cupboard labelled, 'linen' that was open; inside there were paints that could have posed a risk to people. We also found the electrical storage room door open with wires hanging and exposed. We informed staff to lock doors at all times; however, risks were managed as people received one-to-one support in these parts of the home and these doors were then locked during the inspection.

- There was a large garden that was well maintained and easily accessible for people; there were benches if people wished to sit outside.

We recommend the service ensures it is consistent in its design and adaptation for people living with dementia or other sensory and communication related support needs.

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

- People's needs were assessed before they began using the service. Assessments covered different areas of people's lives where they may need support. They included information about their health and welfare, their personal safety and risks, their social history and networks and a variety of other topics that provided insight into their needs and preferences.
- We also saw records from the local authority that provided more information about the person from other relevant health and social care professionals and enabled the service to understand the person better.

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

- Food and fluid charts were in place. People were receiving adequate hydration and nutrition. Relatives confirmed their loved one's weight and appetite had improved since moving into the service.
- People with diabetes had their blood glucose monitored according to need. This was person centred and staff were able to explain why these decisions had been made.
- There was an up to date list of people's diets with regards to halal and vegetarian and identified where people were on soft or pureed diet. People had access to a menu with a large variety of choice and during mealtimes they were offered a choice of drink.
- Feedback from people and their relatives about the choice of food was mixed. One person told us, "The food is good," and a relative said, "The choice of food has improved." However, another person told us, "I feel a bit disappointed with the choice of food," and another relative said, "There is no fresh fruit, too much sweet or processed food." The deputy manager told us they were working closely with the kitchen staff to improve menu choices and learn more about people's preferences.

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

- Staff told us, and records confirmed they worked well with other health and social care professionals to the benefit of people using the service. These included, GP, District Nurses, the Mental Health team, dietitians and pharmacists. One staff member said, "We get people to do an extra shift if someone has to go to hospital, so we can escort if family can't. We would never leave a [person] by themselves. It's nice there is one doctor so [people] can get familiar, they can learn to trust."
- Care plans contained contact details for professionals and guided staff to liaise with relevant agencies.
- The GP who visits the home on a weekly basis and has been doing so for approximately five to six months; they told us that they had no concerns and that staff were knowledgeable and responsive about the needs of people. The GP had been working with the service to reduce unnecessary hospital admissions and felt that staff were now referring to the GP surgery more often to avoid hospital. One relative said, "Doctor is excellent, visits every week, amazing doctor, looks after them really and co-ordinates well with the nurse."

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.

- Observations confirmed that before people received any care or support staff asked them for their consent and they acted in accordance with their wishes. Staff confirmed they would always for people's consent before providing care and support. We observed one member of staff support a person who wanted their glasses to be cleaned; they asked the person before removing them from their face, walking away with them to clean and before putting them back on the person's face.
- Staff understood the principles of the MCA; one staff member told us, "We assume people are able to make decisions for themselves and for their wellbeing, if a [person] says no we can try again later, we can't just do something to them or for them. If they don't have capacity, we step in and act on their best interest. [For example] if prone to sores, we would provide personal care as in their best interest."
- DoLS were in place where relevant and the deputy manager had applied for them in a timely manner. There were formal assessments of capacity and best interests assessments. Relatives confirmed they were involved in conversations regarding their loved one's capacity and what was in their best interest.
- However, we found some ongoing issues around the recording of consent and capacity in people's care plans. For example, where a person lacked capacity around receiving personal care and medication, in the care plan it stated that staff should get the person's consent. It was not always clear what was the specific decision e.g. one said for "social care needs" and another said, "food." We spoke to the provider and deputy manager about this during our inspection and they assured us all care plans would be reviewed.

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 treated in a kind, respectful and dignified manner. One person said, "Staff here really care about you." People and staff had positive relationships. We observed staff having cheerful conversations with people and laughing and joking. One staff member said, "I love it, it's a pleasure and an honour [supporting people]." Another staff member said, "Every day I know I have put a smile on someone's face."
- One person was being supported to prepare for lunch, but before they were given their food, they were supported to feed their doll. This person appeared relaxed, comfortable and happy as they were smiling and encouraging the doll to have their food before having theirs. A second person requested a drink, and while waiting for it to be prepared staff spent time with the person reassuring them to keep them relaxed.
- The service had an equality and diversity policy in place, "The policy is intended to reflect the values and principles of respecting diversity, equality and human rights." Staff told us they did not discriminate by race, colour or other characteristics. One staff member, "Everyone should be treated equally and fairly," and one person told us, "[Staff] treat you with respect."

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

- People were involved in their care and support. Records showed that people were signing their own care plans and during a relative meeting one person attended to understand what was happening at the service.
- Staff told us relatives were involved in all elements of care planning where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One staff member told us about a person who had become more independent since moving into the home; "When [person] arrived [they were] a bit nervous, with personal care. We try and encourage [person] and we don't want to take that freedom away. We point to body parts, like teeth, [person] tries a little bit now and brushes [their] teeth where [they] can. [Person] is coming out of [their] shell." One person confirmed, "[Staff] support me to be independent. They let me do things my own way."
- Visitors were welcome to visit at any time. One person told us, "My two daughters come to visit me." Another person said, "I call this place my home." This shows people's independence was promoted.
- The service worked in a manner that ensured people's privacy and dignity was respected. Staff knew how to protect confidential information of people they supported and told us they would not share the information with people that were not authorised. The service had relevant policies and procedures on

confidentiality.

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 now deteriorated to requires improvement.

This meant people's needs were not always met.

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

- There were care plans in place for such things as personal care, oral health, medication, falls, communication and manual handling. Although these plans were up to date, they were not always person-centred. Specifically, in relation to people's communication support needs, their interests and how they enjoyed spending their time.
- For example, one person's communication care plan only considered how the person could communicate their medical and care need without considering their social needs. In a second care plan there was evidence of copying another person's care plan. A third person's care plan said staff could reassure this person through, "Having a long conversation with me," but this person was deaf and therefore staff were not able to verbally communicate with him.
- Activities for people were limited, not always available for people who stay in their bedrooms and not tailored to meet individual preferences. The service had a full-time activities co-ordinator who had been on leave for approximately one year and we were advised they were due to return shortly. During our inspection we met one member of staff who advised they worked on a part time basis to cover activities; however, we found the service had failed to ensure people continued to be engaged with in a meaningful way.
- Observations and records confirmed that most people who were bed bound were not being interacted with other than for personal care reasons. At one point there were three staff in the communal lounge; all three were completing records and not interacting with people. During a relatives' meeting, relatives told us they felt staff dedicated more time to writing notes than spending time with people. One relative felt their loved one's health had deteriorated due to boredom.
- At times the televisions were showing inappropriate and potentially distressing shows. One relative told us, "It has to be for the [people] not the visitors."
- Staff told us activities were limited. One staff member said, "I feel we could do a few outings, we could do more." Another told us, "We are busy making sure those in bed are positioned, but we need to try and talk to people more otherwise they just are asleep."
- People's care plans and records tracked their involvement in activities. For five people, records confirmed they hadn't engaged in activities for a period of one week to one month. On some occasions staff had given reasons including the person was asleep, being seen by the doctor or toileting.

The service had failed to ensure people using the service received care or treatment that is personalised specifically, for them. This demonstrated a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, staff had a good knowledge of people's preferences and their likes and dislikes. One staff member told us they enjoyed speaking with people and learning about their, "Stories and backgrounds."
- The provider and deputy manager acknowledged more could be done for activities and told us they were planning to implement some changes including individual reviews of activities and to recruit one more additional activities co-ordinator.
- Following the inspection, the deputy manager contacted us to let us know the full-time activities co-ordinator had returned to work and there was a new, detailed activities plan in place.

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.

- The service provided information to people about their care in an accessible format. Support care plans had information about people's communication needs. One person told us, "[Staff] all communicate and speak with me in a good English." Another person confirmed, "I use technology to communicate with the team." Staff had a good understanding on how to communicate with people and responded to people's needs in a person-centred way.
- Information was provided to people about the running of the service, and other activities, in a format which suited them. One person told us, "I'm happy to read my papers, I choose what I like." Another person who wore glasses was seen to have signs in their bedroom in a larger print to make it easier for them to read and understand.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. The service responded to all complaints in a timely manner; one relative had expressed concern about the changes in management and the provider had reassured them by inviting them to an upcoming relatives meeting. One person confirmed, "If I had a complaint, I would go to the reception or speak with the nurse and they would tell the manager. It gets sorted."

End of life care and support

- Records confirmed people's end of life care preferences and choices were discussed and documented. One person had expressed their wish to be visited by a priest, and who they would like to be buried with.
- We spoke with an end of life facilitator who works with the home. They helped them to ensure staff receive the necessary training, advance care plans were in place, people's symptoms were well managed and unnecessary hospital admissions were avoided. They told us staff worked well and were keen to learn and follow advice. Furthermore, there was a low turnover of nurses which mean they could build positive working relationships to deliver good end of life care for people. The team held monthly meetings to review and improve end of life care.
- Staff, relatives and professionals told us people's care had significantly improved in the last five to six months as there was now one regular GP visiting the home, which meant end of life care was better managed by relevant health and social care professionals.
- Detailed Do Not Attempt Resuscitation (DNAR) forms were in place; there was evidence of consultation with the people and their relatives. We found one DNAR had not been reviewed since the person left hospital; we advised the deputy manager and were assured this would be looked at.
- One relative had recently lost a loved one and they told us that the quality of care towards the end was positive. One staff member told us, when supporting people at end of life, "I encourage them to stay hydrated, to have a drink, we try, we are kind." This showed that the service would be able to provide

appropriate end of life care to people.

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 requires improvement. At this inspection this key question has remained the same.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the previous inspection on 21 August 2019 we found there were ineffective quality assurance and monitoring systems. This potentially put people at risk and was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- The service had systems in place to monitor most elements of care and support. These included audits of care plans, MAR sheets, daily notes and health and safety checks. Staff received regular supervisions and ongoing support and the deputy manager completed observations of staff to monitor their delivery of care and ensure people were safe and well looked after. However, we found there was no quality assurance of activities and social interaction. We spoke to the provider and deputy manager about this. They discussed with us their plans to manage activities better and how they would include this area of support in their quality assurance audits. These audits would enable them to have better oversight of ongoing activities and people's social interactions and wellbeing.
- Staff were positive about working in the home and felt since the deputy manager had stepped up, the culture of the service had improved. They supported the deputy manager's application to become a registered manager. One staff member told us, "[Work is] much better with [deputy manager], things are getting done, more kitchen units, everything is much better, I feel under a lot less stress, now it is brilliant, things get done. [Deputy manager] is very approachable which is good." Another staff member confirmed, "We work so well together." One relative said, "Now [deputy manager] is here, I am happier than ever."

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. Continuous learning and improving care

- We attended a relative meeting where 11 relatives attended. The provider spoke in an open and honest manner about findings from the previous CQC inspection, the recent change in management and the impact this has had on the running of the service. They apologised and reassured relatives they were putting plans into place to manage this and ensure people received high quality care and support.

- Furthermore, the provider reiterated the importance of relatives reporting everything to staff, no matter how small it seemed, so the management team could track concerns and respond appropriately to ensure people's care was good.
- The deputy manager was aware of their legal responsibilities and of their duty to notify the Care Quality Commission (CQC) of significant events. All notifications to the CQC had been submitted in a timely manner and evidence of ensuring people were safe was recorded.

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

- Monthly team meetings were held where staff discussed topics including infection control, safeguarding, training and oral healthcare." One staff member confirmed, "We get on well with relatives, there is excellent communication."
- The service requested feedback from people, relatives, staff and health and social care professionals through annual surveys. The service's quality assurance policy said, "The home's long-term goal is to obtain the highest possible level of satisfaction from [people] and relatives. Everyone receiving the services of this home should expect the highest quality care."
- Surveys from professionals were handed out in January 2020 and they had not yet received any feedback, but we know from speaking with the end of life facilitator and GP that there is a positive working relationship between the service and other professionals.
- We found surveys from relatives was mostly positive. Surveys asked how welcoming staff were, about the cleanliness of the home and do they feel their loved ones needs were being met. One relative said, "We have no worries or concerns at all." During a relatives meeting, relatives did acknowledge they could go to staff to discuss any of their concerns, "We know we can talk about anything."
- Staff surveys were also mostly positive and asked questions about job satisfaction, access to training, activities and health and safety. One staff member said, "The atmosphere at the work place and friendliness of staff towards everyone is good" Another staff member said, "I love working at my place of work, where I am appreciated, caring for other people makes me feel valued."
- Due to the support needs of people living at the service, it was not always possible to gain feedback about they felt their care and support was through specific surveys. Instead, the provider, deputy manager and staff assured us that people's wellbeing and interactions with staff within the home was closely monitored and any concerns were responded to, to ensure they were happy and well.

Working in partnership with others

- The deputy manager evidenced they engaged well with other health and social care professionals and with their management team to provide the best care possible to people. They attended regular networking meetings to keep themselves up to date with the latest regulations and practices.
- The deputy manager was open and receptive throughout the inspection. They showed they were keen to improve the service where possible and took guidance well.

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of people did not always meet their needs and preferences and people were not supported to engage in meaningful activities. Regulation 9 (1)(3)(b)(c)(e)