

Windsar Care QECC Ltd

Queen Elizabeth Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Queen Elizabeth Care Centre is a residential care home providing personal and nursing care to up to 74 people in one adapted building. The service provides support to people with various physical and mental health needs, this included people living with dementia and learning disabilities. At the time of our inspection there were 39 people using the service.

The home accommodates people over three floors, however, due to the reduction of people moving in since the last inspection people resided only over two floors.

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

Right Support: People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We found concerns with some risk assessments in people's care plans and it was unclear if staff were always aware of people's individual risks. However, the management team had started to review all care plans. People received their medicines at correct times. However, there were some inconsistencies with the management of medicines, such as incorrect recording of topical creams and inconsistent counts of homely remedies.

Right Care: We saw improvements to person-centred care and the new permanent staffing team knew people's individual needs well. Care plans didn't always contain person-centred detail. Staff were kind to people and we saw staff respected people's privacy. People didn't always have access to activities that were in line with their hobbies and preferences.

Right Culture: Since the last inspection improvements had been made to the culture of the home. People, relatives and staff members were more included in meetings and making decisions about their care. There were still inconsistencies of how effective the changes were and how embedded they were to ensure sustainability.

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 was inadequate (published 21 September 2022) and there were breaches of

regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also added a condition to their registration, this ensured we could monitor their progress whilst they were in special measures.

At this inspection we found some improvements had been made. However, there were still some concerns which meant the provider remained in breach of regulations. These breaches were in safe care and treatment, good governance, person-centred care and consent. This service has been rated requires improvement or inadequate for the last three consecutive inspections.

This service has been in special measures since 21 September 2022. During this inspection the provider demonstrated that improvements in some areas had 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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

We found no evidence during this inspection that people were at risk of harm from concerns found. Please see the Safe and Well-Led key questions of this full report. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to safe care and treatment, consent, person-centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Queen Elizabeth Care Centre

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 Health and Social Care Act 2008.

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 4 inspectors and a specialist advisor.

Service and service type

Queen Elizabeth Care Centre 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. Queen Elizabeth Care Centre 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 not a registered manager in post. A new manager had been in post

for one month and had submitted an application to register with CQC. We are currently assessing this application.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We also observed interactions between staff and a number of other people who used the service. We spoke with 8 members of staff including the manager, registered nurses, senior care workers, care workers, chef, activities lead. We also spoke with a health professional that works with the home and 2 social care professionals.

We reviewed a range of records. This included 6 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment and staff supervision and a variety of agency profiles. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. The provider had also failed to have good infection control practises in place.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People were not always kept safe from the risk of harm and safe infection prevention and control practices were not being followed. One person was a risk to themselves and others due to past behavioural responses. To manage this risk, the care plan detailed 2 staff needed to support the person at all times. We saw occasions where there was only 1 member of staff supporting the person. This meant it was more likely the person and staff could be at risk of harm when the person became distressed.
- Staff did not always manage people's health condition related risks well. One person was supposed to be regularly turned every 2 hours to avoid skin breakdown. Records showed that sometimes only 3 to 4 turns had been recorded per day. This meant they could be at an increased risk of skin damage.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw examples of dirty toilets, seat cushions and general scuffs and marks on walls. The manager informed us when a permanent maintenance staff is recruited, they will be addressing these as a priority.
- There were some improvements required to the general decoration of the home. Some walls were marked and damaged and communal floors weren't always free of dirt and discarded food and tissues. The manager explained there was a renovation plan in place and they hoped to start re-decorating soon.

We found systems had not been effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some risk assessments were in place on the new care planning system. This included a person who was diabetic. The care plan offered detailed advice and guidance for staff to follow. We also saw evidence of regular blood sugar level checks being completed with the person.
- We found that sluice rooms were now secure and organised and were monitored by the manager's daily checks.

- Since the last inspection we noted all people had personal emergency evacuation plans (PEEPs). This ensured people could be safely evacuated by emergency services if needed.

Using medicines safely

At our last inspection the provider had failed to ensure systems had been established to manage medicines in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not always safely managed. We found examples where people did not have 'as and when required' protocol for a medicine to manage extreme moods and behaviours. This is particularly important as staff need to know what the problems or symptoms are for which it should be given and when they are likely to appear in each individual. This meant staff may not have known what non pharmaceutical methods could be used before using this medicine as a last resort.
- The provider had introduced an online system to record medicines. However, there were issues of where to record some medicines accurately. For example, when staff were supporting people with certain creams there were not always body maps in place. This meant some staff may not have known where the cream was last applied to a person and therefore not be following the prescription as needed.
- Not all medicine stock had been recorded accurately. We found examples of homely remedies incorrectly recorded. One homely remedy was recorded as 500 millilitres, however, this was not in stock. Another homely remedy that did not have any paperwork or Medicine Administration Record (MAR) for staff to record if given to a person. This meant people could have been administered these medicines and it would not be recorded as to when it was safe to provide the next dose. This put people at risk of harm.

Systems had not been established to monitor all areas of medicine management. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other areas of medicine management were safe. Regular temperature checks were completed to ensure the safe storage of various different medicines, some of which were temperature controlled.
- Staff supported people well with timed critical medicines. The nurses set alarms on their systems to ensure all timed medicines were administered to people at the correct time.

Staffing and recruitment

At our last inspection we recommended the provider review their processes in how they deploy staff to ensure sufficient and safe levels of staffing. The provider had made improvements.

- We found improvement had been made since the last inspection, each floor of the home had staffing levels appropriate to the people they were supporting. Staff appeared relaxed and did not appear rushed in their daily routine tasks. One person said, "Staff are always available and respond quickly if I ring my bell."
- The manager followed safe recruitment processes. This included interviews, reference requests and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were knowledgeable about safeguarding processes and how to identify and report any safeguarding concerns.
- People and relatives told us they felt safe at the home. One person said, "Oh yes, I feel very safe." A relative also told us, "I feel that a lot has changed since last year and [person] is very safe."
- There was a safeguarding policy in place. We saw evidence of safeguarding concerns being reported to the correct professionals and action taken as a result.

Learning lessons when things go wrong

- The provider had recruited a new manager who was prioritising learning from the previous breaches of regulation and enforcement CQC had taken. The manager had an ongoing improvement plan that identified improvements and an action plan to drive improvement in the home.
- Since the last inspection many lessons learned were documented. The provider had instructed an independent company to support improvement in the home as a direct response to the last CQC inspection. This company had implemented a variety of quality assurance audits, however, they had only been in post since November 2022. We noted an immediate improvement, but it was difficult to see how and when this would be embedded in the service.
- There was an accident and incident audit. For example, this reviewed all falls in the home and from this analysis trends and patterns were identified. We saw evidence of changes made to prevent reoccurrence such as the introduction of walking aids or sensor mats in people's bedrooms, where appropriate.

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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always following MCA principles. For example, 2 people's care plans did not have decision specific assessments and best interest decisions for locked doors.
- One person had bed rails in place. There had been no separate capacity assessment or best interest decision for this. Whilst we acknowledge this was to keep the person safe, this meant there were restrictions in place that had not been legally authorised.

The principles of the Mental Capacity Act 2005 had not been followed and this was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection we saw some improvements to the general management and monitoring of the

MCA procedure. A person who had been previously restricted to when they had access to cigarettes had now been assessed and had a new management plan with consent to ensure education around smoking and health. The person had been educated and supported by staff and taken up smoking alternatives to reduce their smoking.

- A new review and audit process had been introduced but it was not clear how quickly this would be embedded to provide management oversight or be fully effective. However, the foundation of a good system was in place which would drive improvement if fully embedded.

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

At our last inspection the provider had failed to ensure systems had been established to ensure person-centred assessments of people's needs had been undertaken. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People's initial assessments were not always detailed to ensure their choices had been considered. We saw examples of assessments that were designed in a 'tick box' format. This did not have detail of people's individual needs and preferences. Some people living in the home had electronic care plans, this was going through a process of transition so not everyone had these plans. People that did have electronic care plans had more detailed initial assessments.
- People and relatives told us they were not always involved with the assessment and their care plan. One person said, "I've never been involved or asked my choices." A relative said, "The assessment, in a word, underwhelmed. It didn't really feel as if they were taking into consideration their choices."
- We saw examples where care plans had notes made by staff stating "ask family" and blank areas where individual needs and choices could be recorded. This meant new members of staff may not know this personalised detail to provide care in line with people's choices.

Systems had not been established to ensure people's individual needs and choices were assessed effectively. This placed people at risk of harm. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager had started to introduce a new online care planning system. We saw new care plans were thoughtfully completed with additional detail on people's preferences, needs and choices being included. However, this had not been completed for all people who lived in the home at the time of our inspection.

Staff support: induction, training, skills and experience

- Staff were supported, they received access to training and supervisions. Staff told us they felt a lot more supported. One staff member said, "I feel there has been a definite change in the quality of the training since last year. I feel more confident in my role."
- The manager had good oversight of the training that was required, upcoming and in date. This ensured the manager could book training for staff effectively. This also included the induction process. This ensured new members of staff completed all relevant training as well as a period of 'shadowing' an experienced member of staff.
- Some of the staff had completed the Care Certificate as part of their induction. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and

social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Since our last inspection new systems had been introduced to ensure everyone received a balanced diet. People's needs relating to food and drink were known by all staff. The kitchen staff were aware of people's preferences and texture modified diets.
- People and relatives told us staff would make food in line with their preferences. One relative said, "[Person] needed a soft diet for a week and we as relatives were asked by different members of staff constantly what we would suggest to make sure [person] kept eating through this time."
- We observed a mealtime and staff were seen to support people, where appropriate, with eating and drinking. People appeared to enjoy the food and we received positive comments about the food served on the day.

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

- Staff worked with other health professionals to ensure people received support in a timely way. For example, we saw referrals had been made to the speech and language therapist team since our last inspection.
- Where people had experienced long periods of time in bed or in hospital advice and guidance from physiotherapy teams or occupational therapists were recorded and staff were seen to follow this.
- People and relatives told us staff always supported them to make appointments with various healthcare services. One person said, "I can see the doctor whenever I want, I just ask staff and they arrange it."

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

- People lived in a home that had design features to meet their needs. Where people were living with dementia there were clear signs to signify bathrooms and communal areas. This ensured people could navigate their way around the home and minimised their confusion.
- People had decorated their bedrooms to suit their preferences. We saw multiple pictures and personal belongings in people's rooms.

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 we rated this key question requires improvement. At this inspection the rating has changed 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

At our last inspection we recommended the provider review their current processes to ensure care plans are personalised and respectful. The provider had made improvements.

- Care plans had improved since our last inspection, they were now written respectfully and reflected people's needs.
- People and their relatives told us staff were kind and caring. One relative said, "Staff are just very kind. Before they never had the same staff, now they have more permanent staff that have got to know [person] as a person, not just a number."
- Staff treated people with respect. Staff approached people asking them how they would like to be supported. One member of staff approached a lady who was trying to pick up her cup and said, "Can I help you with that? Where did you want to sit for lunch? Can I help you get there?"

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were the decision makers in their care, had their independence promoted and had their privacy and dignity respected. People and relatives told us they had choice about their care. One person who liked to spend time on their own said, "The staff are good. They leave you to yourself which I like."
- We were also told staff always encouraged people to make decisions. One relative said, "They're always asking [person] what she wants to do, what she wants to wear, and then they support her to follow that decision."
- People and relatives told us how staff had improved various areas of their care, which made them feel they were being treated with more dignity. One relative said, "I have noticed the laundry has drastically improved. [Person] has always liked to look presentable and the new staff have made sure that she has kept her dignity once more and made sure her clothes are beautifully washed. Along with a haircut they are back to looking how we know they want to."
- We saw staff respecting people's privacy. Staff were seen to knock on people's doors and waiting for an answer before entering. They were then seen to clearly introduce themselves and ask again for permission to enter.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to show details of person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- Some care plans lacked person-centred detail and activities were limited. Care plans had a lack of detail in life histories and preferences, as a result staff may not be aware how to provide care in line with people's preferences. However, the new care planning system was being introduced and from the care plans that had been completed we could see these had been thoughtfully completed with personalised detail.
- Since our last inspection the provider had recruited activities staff. However, during the inspection there was very little in way of activities happening. People were seen to spend extended periods of time in their chairs or private rooms.
- Activities that were available in the communal areas appeared to be limited. For example, we saw a colouring activity laid on tables for people. However, many people ignored this activity and did not engage with it.

The lack of person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were told how some staff had encouraged a person to join in some of the activities to avoid social isolation. One relative said, "[Person] used to be so social and then with age and frailty they started to spend a lot of time in their room. The activities staff have been great at getting [person] out into the communal areas for mealtimes and the odd activity and always update us of the progress they're making."
- The activities team had also introduced a 'resident of the day' where they took a person on an activity out in the community. For example, for a coffee or a shopping trip. People's records showed this had a positive impact on their wellbeing.

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.

- People had communication care plans which detailed their individual needs. For example, one person always wore glasses and this was in the person's daily notes as a reminder for staff to ensure these were available, so the person was able to read if they wanted to.
- Staff communicated well with people. For example, we saw a member of staff talk softly to someone and offer them support to mobilise to the table and the person responded with a smile.

Improving care quality in response to complaints or concerns

- There was a complaints policy which showed investigations had taken place to look into the causes and to find solutions for all concerns and complaints raised.
- People and relatives told us they felt listened to in the past when they raised concerns. One relative said, "I do feel listened to, the problem is there have been a lot of different managers, but the new manager seems to take things seriously."

End of life care and support

- Everyone was supported to have an end of life care plan. The amount of detail was inconsistent, some care plans had a good amount of details, and others were blank with no detail. However, this may be due to some families not wishing to discuss this area of care.

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

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

At our last inspection the provider had failed to show good governance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found the foundations of a comprehensive range of audits had been introduced, that would provide oversight of the home, these had not yet been embedded in the service to see how effective they could be. A number of audits had been introduced to address the concerns found in the last CQC inspection and visits from the local authority. These had been implemented for only a short period of time and had not identified all of the concerns found at the inspection.
- The provider had not ensured a suitably experienced manager was in post until 6 months after our last inspection. Unfortunately, this was only the month previously to our inspection.
- Where we found concerns some areas had already been checked by the audit system and not identified these concerns. For example, one of the homely remedies had been the incorrect amount since the last administration, however, it had been marked as checked twice since the last administration.
- Supervision had been scheduled and planned, however, not all staff had started to receive regular supervision. This was documented on the improvement plan as to start imminently.

The lack of effective management oversight and governance arrangements meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvement had been made to the support the provider was offering the home. An independent consultancy team had been instructed to drive improvement at the home.
- Even though the manager had only been at the home a short period of time we recognised the improvement that had already been implemented. This included a daily checklist that the manager completed to drive improvement and identify any concerns in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

At our last inspection the provider had failed to show good governance. This was a breach of Regulation 17 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 this area of regulation 17.

- People, relatives and staff were engaged by the manager and the staff culture had improved which was having a positive impact on people. People and relatives felt changes had been made for the better. One relative said, "I think a lot of people had issues with the laundry and this has now greatly improved, it's nice to know they're listening and trying to change for the better."
- Since our last inspection regular resident and staff meetings had been introduced. This ensured people could feel listened to and have a space to voice any concerns or suggested changes.
- We saw examples of the new care plans that were in the process of being implemented. The manager explained they wanted them to be converted properly. We could see evidence of this as all care plans on the new system promoted person-centred care with a lot more detail of people's likes, dislikes, hobbies and life history.

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; Working in partnership with others

- Since the last inspection the provider and manager had worked with health and social care professionals to drive improvement at the home. One professional said, "We can tell they're trying. Is it happening as quickly as we would have liked? Maybe not, but it's going in the right direction."
- The provider and management team had reported to relevant professionals following incidents. For example, CQC expects to be notified of specific incidents, we confirmed from records that all relevant notifications had been sent.
- The manager was keen to continue working with professionals to ensure the improvement of the home continues at a reasonable rate to ensure sustainability. The manager said, "I am confident we will get there, I am passionate about changing things around."
- We saw from records that the home worked well with a range of health and social care professionals. This ensured the best chance of effective care as a result of partnership working.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Systems had not been established to ensure people's individual needs and choices were assessed effectively. This placed people at risk of harm.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the Mental Capacity Act 2005 had not been followed.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Systems had not been established to monitor all areas of medicine management. This placed people at risk of harm.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of effective management oversight and governance arrangements meant there was a continued breach of Regulation 17.

