

Rosewood Lodge Care Home Limited

Rosewood Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
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

Rosewood Lodge is a residential care home providing personal care to people aged 65 and over, some of whom may have dementia.

The home can support up to 19 people and at the time of the inspection, 17 people were living in the home. The home is an adapted two floor building with facilities, including en-suite bathrooms.

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

The provider was not always assessing, monitoring and improving the quality and safety of the service. We found procedures were not in place to ensure there was effective and safe recruitment practices and safe management of controlled drugs. We have made a recommendation for the provider to review criminal background checks of staff who had been working in the home for more than five years.

The provider had re-registered the home under a new limited company in 2020 but they had not updated or reviewed most of the home's policies and procedures over the past four years. The manager of the home was reviewing quality assurance systems to ensure action was taken to improve the service but they had not yet identified all the shortfalls we found.

Risks to people were assessed but changes to people's health risks were not reflected accurately in their risk management plans. People's care plans were personalised but not always consistent with each other because some care plans contained more information than others. There was an activities programme in place but people told us they had little to do and felt unstimulated. We have made a recommendation about reviewing activities to help people avoid social isolation.

People were protected from the risk of abuse. There were suitable numbers of staff available to provide support to people. The provider ensured infection control procedures were in place and there was guidance for people, staff and visitors during the Covid-19 pandemic to keep them safe.

Premises safety was maintained to keep the environment safe from hazards but bathing equipment was not always being serviced in accordance with the provider's moving and handling policy. Incidents and accidents in the service were reviewed and analysed to prevent reoccurrence.

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 were treated well by staff, who were kind and respectful towards them. Staff told us they were supported by the management team and they received supervision to discuss their performance and any concerns they had. Staff received training to ensure they had the right skills to support people whose behaviour could challenge.

People maintained their health and nutrition with food and drink of their choice. Their communication needs were assessed. There was a complaints procedure for people to use. There were systems to obtain people's and relative's feedback about the service. Meetings with staff were held with the management team to discuss important topics. The service worked with health professionals and other agencies to ensure people's health and wellbeing were maintained.

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

Rating at last inspection

This service was registered with us on 7 April 2020 and this was the first inspection. The previous rating for this service was Good (report published 31 October 2017) under the previous provider.

Why we inspected

This was a planned inspection because the service had not been inspected since registering with us under the new provider. The inspection was prompted in part due to concerns received about staffing, recruitment and medicines. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, 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. The provider has taken some action since our inspection to improve the service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was 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 ●

Rosewood Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of one inspector 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

This service is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager of the service was new and they told us they would be submitting a registration application to us.

Notice of inspection

We inspected the service on 22 June 2021. The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with the new manager of the home and seven staff, including domestic and kitchen staff. We also spoke with the provider, who was responsible for supervising the management of the service.

We reviewed a range of records. This included four people's care records and four staff recruitment files. A variety of records relating to the management of the service, including audits, surveys, internal reports, policies and procedures were reviewed.

After the inspection

We spoke with two relatives by telephone for their feedback. We continued to seek clarification from the provider to validate evidence found. We contacted other professionals for their feedback about the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Robust systems were not in place to recruit staff safely.
- We did not find a current recruitment policy in place for the home, which meant the provider was not ensuring procedures for recruiting staff were carried out safely, legally and in accordance with best practice. We found long serving staff had not had recent criminal background checks to confirm they were still safe to work with people.
- It is good practice for staff who are working with vulnerable adults or children to have checks with the Disclosure and Barring Service (DBS) for any undisclosed criminal convictions or offences, at least every three to five years. We found some staff, who had worked in the home for more than five years, had not had a re-check in the past five years. This meant the provider could not be sure if staff remained safe to work with people in their care.
- New staff employed in the home had these checks carried out to ensure they were safe to work with people. One staff member who had worked in the home for more than ten years required their immigration and work permit status to be confirmed. This had yet to be completed or followed up by the provider. The manager said, "This is something I am working on. I also understand we need to check DBSs more."

We recommend the provider follows best practice guidance to ensure all staff have a current criminal background check.

- After our inspection, the manager sent a new recruitment policy and told us they were reviewing all staff's DBS and work permit status to confirm they were clear and up to date.
- There were suitable numbers of staff in the home. We looked at staffing rotas and saw the required number of staff on duty. We saw staff attended to people promptly when they called for assistance.
- The manager told us they were recruiting more staff at a senior level to ensure there was more management support and oversight of the home. Agency staff were used when required. Staff told us they did not have concerns about staffing levels and felt they had enough support to be able carry out their duties and tasks. People and relatives told us staff were available when needed. A relative said, "Oh yes, there is always staff on hand. They are very good."

Using medicines safely

- There was not a suitable policy or procedure for managing and administering controlled drugs (CD). These are medicines subject to legislative controls because there is a potential for them to be abused or cause harm.
- There was no guidance for staff to ensure they followed safe protocols in line with national guidance on

controlled drugs. We saw that CDs were stored in a secure cabinet and records of their administration were entered into a controlled drugs register. These were accurate. However, the lack of a formalised procedure meant the provider could not be sure staff were handling, storing, recording and disposing of them in a safe way and followed best practice.

- After the inspection, the manager sent us a new controlled drugs policy and procedure for the service.
- A medicines refrigerator was available but not in use at the time of the inspection. The temperature of the refrigerator was being recorded. We looked inside the refrigerator and found medicines belonging to a person no longer staying in the home. The medicines, which contained some personal information, had already passed their expiry date, which was in April 2021. They had yet to be found and disposed of by staff. The manager asked staff to dispose of it but we were concerned no one had realised it was there until we opened the refrigerator. This meant improvement was needed with medicines processes and checks.
- Records showed people received their medicines as prescribed from trained staff. We noted there were issues with the supply of some people's medicines from the pharmacy. The manager was taking action to ensure the medicines were supplied when needed to prevent people going without their medicines. We did not find evidence people were being put at risk because of this.
- Medicines were stored securely in locked trolleys at a suitable temperature. Staff completed medicine administration records (MAR) records after they were administered and we saw these were accurate and up to date. There was guidance for PRN medicines which are taken when required.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed but we found changes to people's risks were not always being updated in their assessments. For example, one person had developed diabetes within the past 12 months and was prescribed medicines to help control this condition. Their risk assessment had yet to be updated to include risks around diabetes and how these risks could be mitigated. This meant new staff would not be fully aware of all the person's health risks. The manager said, "We will update the risk assessment. I am still going through all the care plans and will make sure everything is up to date."
- After our inspection, the manager showed and confirmed they had revised and updated the risk assessment.
- Most people did have suitable risk assessments which included risks around people's dementia, mobility, fluid and nutrition. Another person with diabetes had a current risk management plan in place. Risk assessments contained actions for staff to help them reduce identified risks, such as falls, from occurring. Some people at risk of falls, had sensor mats which alerted staff when people left their bed.
- The provider carried out checks on systems such as water, gas and electrics used to assist people. People had personal evacuation plans in the event of a fire or other emergency.
- Bath lifts to help people in and out of the bath if needed, were being used but they were not being regularly serviced. We spoke with the provider who told us they did not have contractors to carry out this work but staff would inform them if they had concerns with the equipment and their safety. We saw no reports to show the equipment was faulty. However, staff may not always identify faults in the equipment, which could put people at risk of harm. The provider's manual handling policy stated this equipment would be "subject to regular inspections by the manufacturers (bath lifts)" but we did not see this being put into practice.

Learning lessons when things go wrong

- Accidents or incidents that took place in the home were reviewed and action taken to ensure people remained safe.
- Records showed the management team and staff learned lessons from incidents to prevent reoccurrence. For example if people had persistent falls, staff ensured people wore appropriate footwear and contacted their relatives to bring in replacement footwear.

Safeguarding from abuse

- People told us they felt safe. One person said, "I do feel nice and safe. The doors are secure so people from outside can't just walk in. Yes, they are quite good here." A relative told us, "[Family member] is very safe and looked after. Whenever I see [family member] they are always looking well."
- The provider's policy for safeguarding people had not been updated to include details of the local authority and local safeguarding team, to whom allegations of abuse is reported. The provider has a responsibility to ensure allegations of abuse are reported to the local authority and the Care Quality Commission. Records showed concerns were reported.
- We spoke with staff about their understanding of safeguarding people from abuse and how to identify, respond to it and report it. We saw they had received safeguarding training and knew how to identify different types of abuse, such as neglect. They also understood whistleblowing, meaning they could report concerns about the service to external organisations such as the CQC or local authority. One member of staff said, "I would report any concerns such as abuse to the manager immediately. We have to keep people safe."

Preventing and controlling infection

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

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed training courses to perform their roles effectively. Training topics for all staff included safeguarding adults, infection control, the Mental Capacity Act (2005), nutrition and hydration and moving and handling.
- New staff received an induction to help them get to know people and the home. The manager had reviewed staff training to identify which staff required their training to be updated or refreshed. Staff told us they were happy with the training they received. One staff member said, "Yes, the training is good and very helpful."
- Staff received supervision from the management team. This helped to ensure staff were supported in their roles. Staff also received a yearly performance appraisal to review their work over the year and discuss any issues. Staff told us they felt supported and were comfortable approaching the new manager with concerns. A staff member said, "[Manager] is very nice and approachable. I feel very supported and we all work together."

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

- The provider assessed people's needs and choices prior to their admission into the home to determine if the home was a suitable environment and staff were able to support them.
- Pre-admission assessments identified people's health conditions, risks, support needs and preferences.
- Although, bath lifts were used to prevent people slipping in and out of the bath only, the home was not suitable for people with advanced mobility needs. It was not the provider's policy to provide and maintain hoisting equipment to help transfer people in and out of bed. If people's mobility needs increased or they required the use of a hoist, arrangements were made for a more suitable placement to be found.

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).

- The provider followed MCA processes to enable people to consent to their care. Records showed that people's capacity and ability to make certain decisions were assessed. Capacity and best interest assessments were carried out, where applicable. If people were unable to consent to their care, records showed their relatives or representatives who were legally authorised, were consulted on their behalf.
- The manager had assessed and reviewed people's DoLS arrangements where this was applicable to ensure they were up to date.
- Staff told us they always sought people's consent before carrying out any personal care related tasks.

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

- People were supported to eat and drink to maintain their diet and health. A staff member said, "I try to encourage the residents to have fruit each day." People could choose from two or three options from a menu each day. One person said, "I enjoyed my lunch."
- They also told us drinks were provided to them and their meal preferences were catered for. One person said, "The food here is ok. Yes, I had a drink this morning." Another person told us, "I always have my own water so get plenty to drink. The food is ok but I'm a vegetarian. They do try and cater for me. Mainly I get the food I want like fruit."
- Records showed people's fluid and nutrition was monitored each day to ensure they were drinking enough fluids. There were entries for each hour to show the frequency people were being checked.
- We noted fluid charts did not always record the amounts people were consuming, which the manager had already identified. They said, "I am developing new fluid charts so we can record exactly how much people are taking compared to the recommended daily amounts." The manager told us drinks were made available and offered frequently to keep people refreshed and prevent dehydration.
- The manager had developed nutrition action plans for people whose food and fluid intake or weight was a concern and required monitoring. They ensured relevant professionals were contacted for their assessment and input.
- We spoke with the kitchen manager, who understood people's preferences and tastes. They were aware if people had choking risks or particular dietary requirements and prepared food accordingly.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed so they could remain in good health. The management team worked with two local surgeries who carried out regular health check-ups for people.
- Care records included the contact details of health professionals, such as doctors, dentists and psychiatrists. People attended their appointments and their health was regularly assessed. For example, staff monitored people's blood pressure and weight and alerted relevant professionals if concerns arose.
- Staff were able to tell us what actions they would take to report an emergency and we saw first aid facilities were available on site.

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

- The home was designed to meet the needs of people. There were communal spaces for people to have their meals and take part in activities.
- People's rooms were large, spacious and clear of clutter to make them safe to walk around. The home was cleaned daily but we saw elements of wear and tear in the building, such as broken tiles. The manager told us maintenance would be arranged for minor repairs to be carried out.
- People could move around freely and independently and were assisted by staff when needed.
- The manager told us they planned to make the home more personalised and dementia friendly by adding memory boxes to people's doors which contained personal items from their past that meant something to them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were kind, respectful and treated them with dignity. A relative said, "[Family member] has nothing but praise for the staff. They are lovely people and very kind and caring. [Family member] is always treated well by staff."
- People's independence was promoted and staff encouraged them to do as much as they could themselves, such as their own personal care and eating their meals without assistance. A staff member said, "Some people can wash and dress themselves independently and we support them. Other people need assistance with bathing and showering. We respect their privacy by closing the door. We must always ask for their consent and let them know what we are doing."
- Staff also told us they understood the importance of confidentiality. They understood their responsibility not to share confidential information about people in the service.

Ensuring people are well treated and supported; equality and diversity

- We observed staff providing dignified and respectful care to people during our inspection. They assisted people around the home and were patient and considerate of their needs. One person said, "They are kind people here. It is nice."
- Staff told us they understood how to make sure people felt comfortable and safe. They were aware of people's protected characteristics such as race, disability, religion and sexual orientation and the support required to ensure people's needs were met. People's cultural and religious needs were understood and respected.

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

- People were involved in the decisions made about their care and support and in consultation with their relatives. Care plans showed they consented to their care.
- People's choices and preferences were set out in their care plans. Their views were also included and staff told us they understood and respected their views. For example one person's care plan said, "I don't much care for or like activities. I was always self sufficient and prefer to have a proper conversation."



Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- There was a programme for activities in the home. However, we received mixed feedback about it and some people in the home told us they felt lonely and had little to do. One person said, "I am absolutely bored here, nothing going on, I don't get in the garden much or sit out there which would be good, it's boring same old thing every day." Another person also mentioned they felt bored at times. A relative said, "[Family member] always says she is bored, doesn't go anywhere and has nothing to do. Not even in the garden which is a shame as it is a nice garden."
- We did not see anybody access the garden during our inspection, despite it being a warm day. Only one person told us they sat in the garden on occasion. Staff told us they sometimes took people to the local park that was next to the home. However, there were no records to show how often this was and it did not appear a regular activity. The manager said the COVID-19 pandemic meant visits to the park were reduced.
- We noticed some people have little interaction with staff or other people during most of our inspection. They sat on their own for long periods of time watching the television and only moved to have their lunch before going back to their seat. However, during the lunch service, there was a more sociable atmosphere and people chatted amongst themselves.
- During the afternoon, we saw there was some stimulation for people, such as a ball game and a sing along that staff organised. The activities programme was facilitated by the care staff as there was no designated staff member for activities. Other activities the home provided included chair exercises, quizzes, games and arts.
- There were no relatives booked to visit people during our inspection and we noted only a small number of people had visitors for that week. The manager said, "Unfortunately not many relatives have been able to visit for various reasons but we hope it improves."
- The activity programme included one to one time between staff and people individually, to help relieve any social isolation people felt.
- People's choices and preferences for activities were included in their care plans, such as singing and painting. However, we did not see much of this on display in the home with only a few colourful pictures people had painted on the wall.

We recommend the provider explores best practice guidance on how to further develop a range of meaningful activities in the home for people to take part in and help avoid social isolation.

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

- People had care and support plans which included details of their preferences for their care and

information about their personal choices, likes, dislikes and cultural or religious beliefs. For example, one person's care plan said, "[Person] is very proud of their appearance and would like staff to assist them with their make up to check they look presentable." This helped staff to provide a person-centred approach to people's needs and wishes.

- The manager was in the process of auditing the care plans to check they were all up to date as there were some inconsistencies. For example, some people had a life story booklet with information about their past lives but some people did not. The manager told us they would work on improving this.
- People's care and support needs were reviewed monthly or when needed. Records showed staff provided updates during shift handovers and shared important information about people's health.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information about the service that was accessible and easy to follow. Their communication needs were described in their care plans. For example, people with hearing impairments or whose first language was not English, had specific communication requirements. These included the use of picture cards to help aid conversations with staff.
- Staff told us they understood how best to communicate with people and in a manner that was calm, considerate and respectful.

End of life care and support

- At the time of our inspection, the home did not support people needing end of life care. However, people's end of life wishes were discussed with them and recorded upon their admission to the home. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place for some people and these were signed with their knowledge and consent.
- The manager told us that should they support people with end of life care in future, an end of life care plan would be put in place and they would seek advice from relevant professionals. District nurses would be contacted if required to ensure people's health needs were maintained and people were treated with dignity and respect.

Improving care quality in response to complaints or concerns

- Systems were in place to receive and respond to complaints. There was a complaints policy and people were provided an easy read version. People and relatives told us they knew how to make a complaint. A relative said, "I would speak with the manager. [Family member] would tell me if anything was wrong."
- At the time of inspection, no complaints had been received by the service. The manager told us complaints would be dealt with appropriately and they would take action to investigate them should they arise.

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.

This is the first inspection for this newly registered service. This key question has been rated 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;

- The provider was not ensuring robust procedures were in place in the home. We found a large number of policies had not been reviewed or updated since 2017, when the service was registered under the previous provider. This meant procedures were not always up to date with current law and guidance.
- In some instances there was no existing policy in place such as on safe recruitment, controlled drugs or in equalities and diversity. The new manager had only been in post for a few weeks at the time of our inspection, after the previous registered manager had moved on from their position in May 2021. They informed us they had received a handover from the registered manager and the reviewing of policies was discussed as an action. We were concerned that this action had yet to be taken since the home was re-registered in April 2020.
- Other concerns we found included people's risk assessments not being updated to include changes to their health needs, people's medicines not being disposed of after they had left the home and people's care plans not being consistent with others. External professionals had not been booked to carry out maintenance or inspections of equipment that was being used.
- The new manager had identified shortfalls in other areas that required further improvement after they had carried out a number of audits in the home. These included medicine records, DoLS records, staff training and people's nutrition and care plans.
- These issues meant the provider was not always assessing, monitoring and improving the quality and safety of the service. They were not always maintaining an accurate and complete record in respect of each person.

We found no evidence people had been harmed but effective procedures were not in place to ensure there was continued good governance in the home. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to these concerns during and after the inspection. They confirmed that action had been taken to develop policies that we found were missing and people's risk assessments were reviewed and updated.
- We found the manager to be responsive and pro-active. They had already begun to take action to improve the service where they had identified issues. They understood their responsibility and their role and informed us they had begun the process of applying to register as manager. They told us they were supported by the provider who visited the home regularly to check how staff and people were doing. A

relative said, "The previous manager was wonderful, amazing. I am looking forward to meeting the new manager."

- Staff we spoke with understood their responsibilities to keep people safe. They told us the management team was supportive and approachable. A staff member said, "We have a very good new manager. They seem very nice. The previous manager was also very good and the owner is good. [Owner] sorts out any problems when we report them. [Owner] is a bit like a father."

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

- There was an open-door policy for staff, people and relatives to speak with the management team. A relative said, "Since [family member] moved in a couple of years ago, I have found all the staff and managers to be welcoming and friendly." A staff member said, "The managers here have been really good, excellent and easy to talk to. I like it here, I don't want to leave. It's a nice place to work."
- The management team ensured social distancing rules were followed but did not restrict or impose on people's ability to speak with another or take part in activities.
- The service helped people achieve positive outcomes such as continued independence and good health.

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 provider acknowledged when things went wrong or mistakes had been made. The management team notified the CQC of serious incidents and safeguarding concerns that took place in the home as is their legal responsibility to do so.
- The provider notified also notified the relevant authorities if people had tested positive for COVID-19 and implemented their self- isolation and infection control procedures.

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

- The provider involved people in the home. Meetings were held with them to discuss menus, health and safety and any concerns or feedback. People's characteristics were respected, such as their disabilities, religion and cultural backgrounds.
- Relatives were able to visit people in the home in accordance with government guidelines. PPE was available for use throughout the home for people and visitors. A member of staff said, "Visitors can book now, there are slots available. They can come in at any time including weekends. We have a set amount of visitors per session and I can plan visits."
- Relatives were kept informed of developments in the service and were invited to attend online virtual meetings.
- Staff attended meetings with the management team to go through updates and information that needed to be shared. Staff also completed surveys to provide their own feedback about working in the home.

Continuous learning and improving care

- Systems were in place to for continuous learning and improving the service. Results from surveys and questionnaires of staff, people and relatives were analysed so that further improvements could be made.
- The manager was aware of the improvements needed and we were assured they would be taking action to drive these improvements.
- We noted that feedback about the activities in the home from people and relatives was not as positive as other responses and we have made a recommendation, as seen in the Responsive section of this report.

Working in partnership with others:

- The provider worked in partnership with other agencies such as health professionals and local authorities to ensure people were in the best possible health. This helped to ensure people's changing needs were being met.
- The provider had established links in the care industry over a number of years to help keep them informed of latest developments in the sector.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not always assessing, monitoring and improving the quality and safety of the service because there was a lack of robust procedures. The provider was not always maintaining an accurate and complete record in respect of each person.</p>