

Life Care Corporation Limited

Life Care Corporation Limited

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Life Care Corporation Limited is a residential care home providing personal care that can support a maximum of 41 people. Many of the people were living with dementia. At the time of the inspection 15 people were supported at the service. There are 25 staff employed. The service is split into two wings, within a large detached home. Each wing accommodates people across three floors. A communal lounge and dining room is located within each wing, with communal grounds offering access to outside space. One side of the building was closed due to the number of people living at the service.

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

Changes were made to ensure risks from the premises and equipment were mitigated. Examples included changes to design, signage and water temperature safety. Medicines were being safely managed. People were protected against abuse and neglect. The service had reviewed and implemented the guidelines for care homes during the pandemic. Improvements were still required for some infection prevention and control practices.

Improvements were made to ensure people's care was more effective. People were asked about their preferences, likes and dislikes and these were considered to help staff provide individualised care. Documentation of people's choices had improved. The building was decorated to ensure a better environment for people living with dementia. Improvements to the environment were in line with practice guidelines. Consent for care and treatment was obtained in the right way. The service had not obtained valid consent for the use of people's photos on social media websites. We made a recommendation about consent.

People said they were happy with the care workers and support received. During the pandemic, the service received regular complimentary feedback from families, even when they were not able to visit due to restrictions. Staff tried to keep people connected with their families and friends.

People's care plans and daily notes were more individualised. During the lockdowns, the staff had made an extra effort to prevent social isolation of people; the service recognised people were confined to their rooms more. Additional activities and more one-to-one time was provided to keep people entertained and stimulated.

There were improvements to the quality assurance systems. However, the service's continuous improvement plan was not always updated with the results of multiple audits completed each month. The statement of purpose did not contain the required information. There was satisfactory support from the provider's clinical lead and operations manager. Incidents and accidents were being correctly reported and there was review of the information by the registered manager. The service and management team worked collaboratively with the local authority, commissioners and other stakeholders.

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.

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 13 May 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in 'special measures' since 5 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in 'special measures'.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 coronavirus and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Life Care Corporation Limited

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.

Inspection team

The inspection was completed by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the clinical commissioning group and professionals who work with the service. We checked records held by other agencies, such as the Information Commissioner's Office, Companies House, the Food Standards Agency, the fire brigade and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people in the communal lounge. Most people remained in their bedrooms during our inspection and there were no visitors due to the continued pandemic. To establish the quality of care provided to people, we also observed the support they received and their interaction with staff members. We spoke with eight members of staff including the operations manager, clinical lead, registered manager, deputy manager, three care workers and the activities coordinator. We also contacted health and social care professionals in writing. Their feedback has been considered as part of our inspection.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at staff training and supervision documents. 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. We requested and received quality improvement records and other documents associated with the management of the service.



Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Call bells in communal areas and people's bedrooms were in place and accessible. We noted that in communal bathrooms, some pull-cord call bells were not the correct length and did not have the required plastic handles at the required heights. If needed, people may not have been able to reach them. We advised the registered manager who organised for this to be corrected.
- The service assessed the risks from the environment and took steps to mitigate the risks to people and others. Examples included more handrails and marking out steps and steep slopes. Doors that previously presented risk of injury were safely secured back. Wardrobes had been secured to prevent potential injury.
- Three bedroom doors had attached openers to allow them to stay open. The registered manager explained equipment was available to enable this, however most people's personal preferences were to have their door closed. Documentation confirmed this was people's preferences and we noted the necessary equipment was available if a person wanted their door held open.
- Procedures were in place to test shower and bath water temperatures before people received personal hygiene. There were associated records for staff to record this.
- People's risk assessments had improved. The electronic care system showed risk assessments were revised and updated to contain better strategies to ensure safe care. For example, there were targets for people's fluid intakes and fluid balances were recorded. Risk assessments about malnutrition were updated to ensure they reflected people's individual eating patterns and weight gain or loss.
- People were being repositioned in bed by staff to prevent skin damage. People with certain health conditions, such as epilepsy, now had plans related to their condition that staff could follow.
- Clinical and general waste located at the front of the building were still not adequately secured. We pointed this out to the registered manager.

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a

breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Changes were made to ensure people received their medicines safely.
- Consent was obtained for people who received their medicines covertly (in food or drinks).
- Thickening powder for drinks was locked away securely. Three care workers we spoke with knew how to prepare the powder specifically for people who had swallowing difficulties.
- Protocols were in place for people who received 'as required' medicines (such as pain killers). These ensured staff had the necessary information to ensure 'as required' medicines were given in line with pharmaceutical advice.
- Staff were counting stock levels to ensure medicines were accounted for and prevent running out or over-ordering.

Preventing and controlling infection

At our last inspection the provider had failed to ensure safe infection prevention and control measures were followed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

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

Learning lessons when things go wrong

- There were records of incidents and accidents. These were individually reviewed by the registered manager who made notes.
- There was evidence that some analysis of themes and trends about when things that went wrong occurred.
- An example incident and accident form was available to help staff when they needed to complete a report.

Staffing and recruitment

- There were enough staff deployed to provide safe care to people. All people had been moved to one side of the building to prevent care workers being spread out across the entire premises.
- A system was in place to ascertain the weekly required hours for care staff. This was based on how much

care and support a person needed within a 24-hour period. This was then totalled to determine the number of full-time equivalent care workers which need to be deployed.

- Staff were observed to respond to people in a prompt way when they needed help.
 - Staffing was adjusted appropriately in line with the number of people who lived there, as well as when additional time was needed due to the pandemic requirements,
- Systems and processes to safeguard people from the risk of abuse
- People were protected from abuse, neglect and omissions of care.
 - One person said, "...I feel safe living here..."
 - Staff received training during induction and on an annual basis about protecting people at risk of abuse and neglect. The training records indicated most staff had up-to-date training about safeguarding.
 - The service informed relevant bodies, such as the local authority, when there was an allegation of abuse or neglect. The service had worked alongside the local authority when any of the incidents required investigation or meetings.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to ensure the environment and premises was suitable for people living with dementia. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- Changes to the premises and environment were completed to promote suitable surroundings for people living with dementia.
- Doors were now completely painted and had room numbers visible, the mailbox replicas on doors were removed, signage was adjusted or removed; these measures helped prevent confusion for people living with dementia. 'Memory boxes' outside people's bedrooms had their photos displayed. Doors used by staff had signs removed, so that people did not accidentally attempt to enter them.
- Light switches were highlighted in suitable colours to promote people seeing their location and understanding what the switch was for.
- There was evidence the service had considered best practice guidelines when changes were made. The operations manager stated minor further changes were still required and some works were ongoing.
- Some changes to the premises to further reduce risks were not easily overcome. An example was a steep ramp at the back of the building that led to the visitor pod. This remained unsuitable for people in a wheelchair as the gradient was too steep, however remained in use. There was a risk assessment in place.

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 person centred care was appropriate and met the needs and specific preferences of people. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Improvements were made to care plans to ensure that these contained more individualised information.

- There was evidence that people were asked for their likes, dislikes and preferences. Where the person could not provide the details themselves, staff had used knowledge of the person's usual choices as well as information from relatives to plan care.
- Care plans for people's oral hygiene had improved. Daily notes showed better recording by care workers of people's mouth care.
- Food and fluid chart recording by care workers had increased. This meant more information about people at risk of dehydration or malnutrition was obtained to use in the care planning.

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

At our last inspection the provider had failed to protect people against the risks of malnutrition and dehydration. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People were offered enough amounts of food and fluid. The risk of people developing dehydration and malnutrition was mitigated.
- Due to the pandemic, many people remained in their rooms and did not go to the communal dining area. People in the communal dining room were socially distanced at tables. Some people liked to remain in the communal lounge for their meals. One person told us they liked sitting where they were and were happy to use a mobile table for their meal instead of the dining room.
- Condiments were on some of the tables. Menus were placed on the dining tables prior to lunch and then removed as the meals were served. This was so people could concentrate on eating and not have distractions. In addition, the staff showed people the menus prior to lunch, so they could make their choices. Menus displayed both text and pictures of food and drinks.
- The menu for the day was written on a chalkboard. People living with dementia may not have been able to read or comprehend the information. There were no pictures or symbols located nearby.
- The registered manager informed us that traditional 'cooked' breakfasts were available if requested by people.
- Snacks and treats were present in the kitchenette next to the dining room. This included sweet treats as well as health alternatives such as fruit.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure care and treatment was provided with consent from the relevant person. Furthermore, the provider had not followed the principles of the MCA. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- The process of gaining consent, and staff understanding of consent, had improved. However, the service had not always obtained and recorded all types of consent.
- Staff had attended training about the MCA to provide them clearer understanding of assessing a person's capacity, how people provided valid consent and if needed making decisions in the person's best interest.
- Care systems demonstrated that where necessary, an assessment of a person's capacity had been recorded. The service had recorded attorneys who could provide consent for health and welfare decisions. Best interest decisions were documented.
- Not all aspects of consent were assessed and recorded. The service had a social media account and had uploaded numerous photos of people to the internet site since our last inspection. As the social media account could be seen by the public, written consent was required before people's pictures appeared on the internet. The registered manager confirmed they did not have records of people consenting to appear on a social media site. There was a risk that people could be identified from the pictures.
- The registered manager advised us after the inspection that the social media account was subsequently deleted.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to provide care to people.
- Staff received regular training on statutory and mandatory topics such as fire safety, moving and handling, food safety and safeguarding.
- Eight staff members' practical moving and handling training was overdue. Moving or repositioning people, for example from a chair to a bed including using assisted equipment, is a high-risk care task. The management team acknowledged the overdue training. They stated it was difficult due to the pandemic. The service had not identified a way staff could be retrained despite the pandemic.
- Staff had supervision sessions with their managers. They were able to discuss a variety of topics. Some annual appraisals were complete; others were due later in the year.

Staff working with other agencies to provide consistent, effective, timely care

- The service had worked well with other agencies during the pandemic.
- Local authorities and other agencies were able to work together with the service to continue improvements, despite the pandemic and lockdowns.
- The service worked with two local authorities to agree an admission plan that meant people would be accepted in a coordinated manner. This would free up capacity of available places for people to live in the wider adult social care area.

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

- People had access to health and social care professionals when needed.
- Examples included the GP and district nurses. Other specialist community staff visited on an 'as needs' basis.
- Care documentation demonstrated the service's staff contacted external healthcare professionals when they had questions or concerns about people's health.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There were improvements to ensure that people were well treated and appropriately cared for.
- Recent letters and cards from relatives complimented the care people received from staff.
- These were mainly due to care provided to people during visiting restrictions. The compliments showed the efforts staff went to, to keep people connected.
- Comments included, "Thank you all so much for your hard work and continuous care. . .we appreciate everything you do" and, "[Staff member] is so good with her [(the person)] and kept us informed all day. She sent us videos and messages which was lovely. We were on [video chat] for 30 minutes or so. All of the carers were taking such great care of mum and it's a pleasure to see how much she loves them."
- People differences were respected by staff. Staff were knowledge about people they care for.

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

- People had a say in their everyday care.
- Increased emphasis was placed on documenting people's wishes, rather than always relying on family members to provide information.
- Remote inclusion of family or relatives was required during the pandemic. This included phoning, e-mailing or video chats with them to enable them to be involved in care planning and review.
- Relatives were grateful for verbal and written updates about people's care and support, especially if they could not visit people due to restrictions.
- One stated, "Thank you to [staff member] for always answering my queries, to [the deputy manager] for enabling me to have those video calls with him at the 'end', and also to [the team leader] who looked after him a lot in his last week and kept me informed of what was happening all the way through."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff encouraged people to be independent as possible.
- Doors were closed when personal care was carried out.
- People in communal spaces were well-dressed and neatly groomed according to their preferences.
- Staff worked calmly and gently when assisting people, for example during mealtimes. People were not rushed to complete tasks.
- Observations showed staff encouraged people to complete their activities of living independently. There were several examples where people moved around inside the service. One person was walking with an aid. The staff member supporting the person provided verbal prompting and encouragement.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection care plans were not reflective of people's individual needs. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Care documentation had improved. There was more reliable, accurate information recorded about people's personal care.
- Examples included what people liked to wear, preferences for food and drink, social histories, life stories and day-to-day routines.
- Daily notes showed care was individualised. Staff had recorded more information about a person's day, as well as the personal care choices. There was evidence that people's emotional and psychological wellbeing was included.
- Due to living with dementia, some people displayed behaviours that challenged. There were accurate details and strategies recorded for staff to follow when providing care or support if this occurred.
- The clinical lead continued to work with staff to improve the quality of care planning, recording and reviews of people's needs.

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.

At our last inspection information was not provided to people in a format that enabled them to make decisions related to their care. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People's sensory impairments and disabilities that may affect understanding of information were recorded in the person's electronic care system.
- There were improved details about how to provide information to people who required it in another format.
- There was a lack of alternatives when information needed to be presented to people in a visual format. For example, the dining room and activities board did not have pictures or symbols which would help people living with dementia understand routines.

We recommend the service reviews the requirements of the AIS and other practice guidance regarding people living with dementia.

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 social activities were not personalised and did not enable people to follow their interests. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- The service had a very good social activities programme to keep people stimulated during the lockdowns and pandemic. This help prevent social isolation.
- A visitor's pod was created on one side of the building. Visitors and people could see each other inside of a communal area which was situated away from other people. The room was divided in half with a protective glass wall between each half. Precautions were made to ensure this was safe. There was a good system in place for visiting, which included pre-booking, screening of visits and following government guidance when no visiting was permitted by law.
- The activities coordinator was passionate and dedicated. She explained the many methods she had used to ensure people (required to stay in their rooms at times) received social interaction and access interesting activities. These ranged from completing crosswords with people to focused conversations on topics, to trigger memories and emotions.
- Documentation of the activities by the staff member was detailed and individualised. There were day-by-day accounts of people's social lives, and some pictures in the records to capture the special moments.
- People's choices were better respected by staff. Observation showed they were asked questions before a care decision was made, and if people could not make a choice, staff guided people to make decisions in their best interests.
- Care documentation had improved to include people's 'voice' and opinions in the care planning and review.

Improving care quality in response to complaints or concerns

- A satisfactory process remained in place for people and others to voice their concerns or lodge complaints.
- These were taken seriously and details were recorded of each concern or complaint.
- The registered manager was responsible for investigating concerns or complaints, and responding to the complainant.
- There was a suitable system in place for recording complaints; this showed relevant points for preventing similar complaints.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- People's end of life wishes and preferences were recorded in their notes.
- Documents showed how decisions about 'do not resuscitate' orders were made. These indicated the person was included, as far as possible.
- Throughout the pandemic, there had been some deaths. We did not speak with relatives, but read many complimentary comments received after people had passed away.
- An example included, "We would like to thank you and your brilliant staff team for looking after [the person] and for keeping her happy and content for the final years of her life, which was due to the excellent care she received."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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 quality assurance programme in place did not always highlight issues or concerns effectively, leading to people and others being at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- There were improvements in the leadership and quality assurance processes of the service.
- Further improvements are still required to ensure that the service consistently ensures good governance, compliance with regulations and always meets other statutory requirements.
- After our April 2019 inspection, we took enforcement action against the registered persons by imposing conditions on the provider's registration. This was to drive improvement at the service and ensure safety. This required monthly submissions of action plans and associated evidence. At our January 2020 inspection, we found insufficient improvements. Due to the pandemic we did not undertake further enforcement; instead we required the provider to continue sending us regular updates.
- The last action plan update we received was August 2020. This showed the service's steady progress towards working on compliance with continued breaches from prior inspections. Updates were regularly added, listing changes and any improvements over 22 pages.
- Although the service did not provide updates to us after this, we requested the registered manager send us their continuous action plan after this inspection.
- We received a continuous improvement plan that commenced on 1 January 2021. The plan listed issues the service identified from audits, the action(s) required, target dates for making actions, who was responsible for any changes and when they were completed.
- The operations manager also sent copies of 29 audits to us after the inspection; dates of the audits varied between December 2020 to February 2021. Areas audited included health and safety, care documentation, staff files, medications, nutrition and others. Items that required action, or recorded as non-compliant were listed at the end of the audits.
- We compared the audit results with the continuous improvement plan. No entries were added to the main plan after 21 January 2021, even though actions were identified in the February 2021 audits. This indicated

the action plan was not updated contemporaneously by the management team. When new actions arising from audits were identified, they were not always added to the continuous improvement plan.

- There was a risk that actions identified from the large number and range of audits would be missed because they were not included in the single continuous improvement plan the service used.
- The service had submitted their updated statement of purpose to us in 2020 without realising the most important information was missing. A statement of purpose contains important information about a service, such as contact details and aims and objectives of care.
- We reviewed the statement of purpose again at the inspection. The location's statement of purpose did not contain the required information, in line with regulatory requirements. The provider had not identified this through their audits.
- We pointed this out to the registered manager at the inspection and provided the opportunity for them to send us an updated version. We received a new version of the statement of purpose which contained the required details.
- The registered manager of this service also manages another care home registered and regulated by us. Therefore, they shared their time between the two locations, which were located within a reasonable distance of each other. In discussion with the management team, we were assured that this was safe practice at the time of our inspection. The registered manager supervised one deputy manager at each service, and was supported by an operations manager and clinical lead who also worked across both locations.

Continuous learning and improving care

At our last inspection the provider failed to consistently assess, monitor and improve the quality of the service in line with their legal obligations and regulations. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- There was some evidence of learning to improve the service via acting on feedback and findings.
- A staff questionnaire in July 2020 received 16 responses with varied feedback.
- The registered manager had enough feedback to collate the findings into an action plan. This included meeting with one staff member who wished to discuss their feedback separately and go into more detail about their responses.
- One staff member said, "[The registered manager] has an open-door policy and is always willing to listen to staff ideas for improvements."

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

- There was an improved focus on ensuring a good life experience for people at the service. The service's culture was still in a period of improvement.
- There were staff meetings. Topics varied between meetings. These included infection prevention and control, policies and procedures and the completion of accident or incident forms.
- The January 2021 meeting stated some staff were still reluctant to approach management. The registered manager spoke of alternate contacts such as the deputy manager, operations manager or clinical lead.
- A visiting area was created to protect people. This was created using government guidance in place at the time. Although there was restricted visiting, and at times no visiting, people had some access to see a relative or family member.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager continued to understand their responsibility if things went wrong.
- The registered manager acted transparently with external stakeholders such as local authorities and clinical commissioning groups during the period of improving the service. An example included when people were suspected or confirmed as having Covid-19 during the pandemic.
- The rating poster from our previous inspection was prominently displayed at the entrance to the service.

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

- People who used the service were given the right to voice their opinions. This included in person to care staff or directly to a member of the provider's management team.
- Evidence of meetings with people showed they had a say in the management of the service.
- In the February 2021 meeting, a person commented she was grateful to all the staff working hard to keep everyone safe, whilst they must also be worried too; they keep the morale up for residents (people who lived there).

Working in partnership with others

- There was evidence that the service had continued to work with others throughout the pandemic to improve safety.
- Examples of joined up working included with GPs, rapid response teams (for people's health needs) and infection prevention and control services.
- A doctor from the rapid response team wrote, "I have been visiting the home for many months and even before the pandemic. Always when I have arrived, everyone is helpful - staff, carers they were very caring to their patients [people] and knew a lot about their care/medical history, medication etc. I felt they were thorough and well updated with them."
- The registered manager explained that admission restrictions by external stakeholders were recently eased, allowing new people to move in. The registered manager was knowledgeable about how they would satisfy the commissioners' requirements for admission.
- There was a good bond between the district nurses who visited people and the service. The service had specified an entrance door for the nurses and ensured they completed the correct Covid-19 testing before seeing people.