

Bupa Care Homes (BNH) Limited

Havering Court Care Home

Inspection report

Havering Road
Havering-atte-Bower
Romford
Essex
RM1 4YW

Date of inspection visit:
29 January 2021

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16 March 2021

Tel: 01708737788

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Havering Court Care Home is a residential care home providing nursing and personal care to people aged 18 and over, some of whom have physical disabilities and/or brain injuries.

The home can support up to 51 people and at the time of the inspection, 43 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

We found improvements had been made to the home since our last inspection on 17 and 21 October 2019. At our last inspection we found shortfalls in medicine management, assessing risks to people, staffing numbers and supporting staff to carry out their roles. We found care plans were not personalised and audit processes were not robust in identifying areas for improvement. Prompt action was not being taken to ensure people were safe at all times. We also noted there was not a positive culture in the home. During this inspection, we found improvements had been made in all these areas.

At this inspection we saw medicines were now being managed safely and there were robust procedures in place for the administration, recording and storing of all medicines. Risks to people's health were assessed appropriately and managed. There was sufficient information for staff to follow. There were appropriate numbers of staff and the provider had ensured staffing levels were increased and maintained to prevent the home being understaffed. Recruitment procedures were in place for suitable staff to be employed. Care plans were person-centred and detailed how to provide personalised support to people. There was a wide range of activities for people and staff engaged and interacted with them to prevent social isolation.

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. We have signposted the management team to resources around assessing people's individual risks around Covid-19.

Premises and equipment safety was maintained to ensure the home environment was safe. Quality assurance and governance processes were more robust. The safety and standard of the home was assessed by the provider to identify shortfalls and take action to ensure people received care that was safe, effective and responsive. The management team carried out audits and reviews to check correct procedures were being followed by staff. The provider was meeting regulatory requirements and notifications of incidents were submitted to us.

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.

Staff were respectful and kind towards people in the home. There was an open-door culture for staff to raise

issues. Meetings with staff were held with the management team to discuss important topics and go through concerns. Staff worked well with health professionals and other agencies to ensure people's health and wellbeing were maintained. Complaints had been managed in a timely manner. Systems were in place to obtain feedback from people and relatives.

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

Rating at last inspection

The previous rating for this service was Requires Improvement (report published 20 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 and 21 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment for people, staffing levels, person-centred care planning and good governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-Led which contain those requirements.

Before our inspection, we received concerns in relation to the provision of personal protective equipment (PPE) for staff for protection against infections. 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below. □

Good ●

Havering Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 a specialist advisor for nursing care.

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 because the previous registered manager had left their position. 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 service was being managed by an interim regional manager. The provider informed us they had recruited a new permanent manager who would register with us.

Notice of inspection

This inspection took place on 29 January 2021 and was unannounced. Inspection activity started on 29 January and ended on 1 February 2021. We visited the service on 29 January 2021.

What we did before the inspection

We met with the provider after our last inspection to discuss how they would make improvements to the

service.

We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the regional manager, domestic staff and nursing staff.

We reviewed a range of records. This included eight people's care records and medication records. We looked at 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 four relatives by telephone for their feedback about the home and 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.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider did not ensure that care and treatment was provided safely for people because medicines were not administered in a timely and effective way. 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, in relation to using medicines safely.

- At our previous inspection we found shortfalls in how medicines were administered during medicine rounds and how medicines were being recorded.
- At this inspection, we observed medicines being administered and saw that people received their medicines safely and as prescribed. For example, if medicines were to be given to a person before they had food, staff ensured they followed these instructions. We saw staff were patient, focused and engaged with people as they gave them their medicines.
- People told us they received their medicines at the right times and staff administered them safely. One person said, "Yes, I get my medication all the time." A relative told us, "Yes, [family member] has their medicines everyday. The staff understand how to give [family member] medicines."
- Medicines were managed consistently and safely in line with national guidance. Medicine Administration Records (MAR) contained sufficient information about each person, including a photograph and details of their allergies. MAR sheets contained details of each person's required medicines. This ensured the safe administration of their medicines. We saw that MAR sheets and medicine counts were completed accurately and were up to date.
- Medicines were managed by nursing staff who had received the relevant training and who underwent yearly assessments of their competency. Staff told us the systems had improved but still said it took a long time to complete medicine rounds. A staff member commented, "It takes a long time to do medicines and it will be good to have more help." Records showed that this issue was ongoing and senior care staff were being trained to provide additional support to nursing staff when they had to deal with emergencies or other nursing matters.
- Medicines were kept securely in locked trolleys in a secured medicine room at a suitable temperature. There were daily checks of medicines and audits to identify any concerns and address any shortfalls, which staff were aware of. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.
- We looked at how controlled drugs, which are medicines that are at risk of being misused, were managed

and saw these were stored securely. Records of their administration within a controlled drugs register were accurate.

- There was specific guidance for staff about administering medicines people could take as and when they were needed (PRN medicines). For example, staff ensured people had prescribed access to pain relief or laxative medicines, with suitable doses at regular intervals.
- Recordings of room temperatures and refrigerators where medicines were stored were logged in a book. However, the book was not always available because it moved between the two floors because there was a medicine room on each floor. We discussed this with staff and the regional manager because there was risk the book could easily be misplaced. They told us they would look into ways of avoiding this possibility.

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 in relation to assessing risks.

- Most people in the home required intensive management of their risks due to the number of conditions they had. There were risk assessments and plans in place to meet people's needs and minimise risks to them. Assessments of risks were carried out and these included risks around mobility, feeding and nutrition, catheter care and other health conditions such as multiple sclerosis, brain injuries and diabetes.
- Risk assessments contained detailed actions for staff to help them reduce the identified risks from occurring. There were plans in place for specific risks because some people had multiple risks and each required close observation. For example, if people were at risk of developing pressure sores they were repositioned at regular intervals. We saw repositioning records and they were up to date.
- Risks were reviewed as and when people's needs changed. Staff had a good understanding of people's needs and one staff member said, "The risk assessments are really helpful and have the information I need to look after people."
- We looked at how staff moved and assisted people using equipment. We saw staff were trained and they did this safely and appropriately.
- People and relatives told us the home was safe. One person said, "I feel very safe. I am looked after." A relative told us, "It is a very safe home, I have no concerns that my [family member] is not safe. They are well cared for."
- Checks on systems such as fire extinguishers, water, gas and equipment used to assist people were carried out. People had personal evacuation plans in the event of a fire or other emergency.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff to support people in the home. The home did not always have the required number of staff to provide a safe service. This was a breach of regulation 18 (Staffing) 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 18, in relation to staffing.

- People told us they were happy with the staffing numbers and said there were enough staff. One person said, "Yes I think there is enough staff at the moment." A relative said, "There seems to be enough staff. They are always there to help."
- Following our last inspection, the provider had reviewed and assessed the number of staff needed in each unit of the home. These included care staff and nursing staff. A system was used to establish the required number of staff and the length of each shift for days and nights.
- We looked at staffing rotas and schedules and saw that there had been an increase in staffing levels since our last inspection. The management team had recruited to all vacant positions. They had also brought in contingency measures to counter staff sickness and annual leave by recruiting extra staff who provided essential cover. This meant there was less reliance on agency staff.
- These measures ensured staff were able to provide care to people when they needed it and reduced the pressure on staff if a number of people required support at the same time.
- Staff told us they were happier with the staffing levels. One staff member said, "There are more staff now, it is better. We have more floating staff around to help out in each corridor." Another staff member said, "It is still difficult at times because a lot of people need two staff but we get support from the team."
- We looked at records showing how long staff responded to people who pressed their call bell for assistance. We saw staff attended to them promptly within one to two minutes. This gave us assurance there was adequate staffing in the home.
- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided two references and proof of their identity. This ensured the provider could determine if staff were suitable to provide care and support to people.

Safeguarding from abuse

- People were safe from the risk of abuse. The provider had a policy in place for safeguarding people to protect them from harm. The provider knew their responsibility to ensure allegations of abuse were reported to the local authority and the Care Quality Commission.
- We spoke with staff about their understanding of safeguarding people from abuse and how to identify, respond and report it. Records showed they received safeguarding training and knew how to identify different types of abuse, such as neglect or physical abuse.
- Staff 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 have had good training and awareness of safeguarding. Concerns are always reported to managers."
- People and relatives felt staff were able to protect people from harm. A relative told us, "[Family member] would tell me if things are not right. I think the staff are safe and they know how to care for people."

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents that took place.
- Incidents, including safeguarding concerns, were reviewed and action was taken to ensure people remained safe. Records showed the management team and staff learned lessons from specific incidents to prevent reoccurrence.

Preventing and controlling infection

- We received information before our inspection that staff did not have access to suitable personal protective equipment (PPE), such as surgical and respiratory face masks. There were concerns staff were not adequately protected from airborne and respiratory transmission of the Covid-19 virus because some people in the home had respiratory needs and required tracheostomy care.
- We looked into this and we were assured that the provider had a sufficient supply of all types of PPE for

staff and was using PPE effectively and safely. This included 'FFP3' masks which are face fitted and used for respiratory borne viruses. Staff told us they were supported with sufficient PPE and the management team had regard for their personal safety.

- We were assured that the provider's infection prevention and control policy was up to date.
- 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 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 have also signposted the provider to resources to develop their approach around assessing people's individual risks in relation to Covid-19.

Is the service effective?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant that people's outcomes were consistently good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, staff did not receive sufficient support to carry out their roles effectively through regular supervision meetings. Staff did not feel supported or encouraged to express their views with the management team. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found improvements had been made and the provider was no longer in breach of regulation 18 in relation to staff support.

- Staff received supervision with their line managers in accordance with the provider's policy to have them at least once every three months. We saw this was ongoing and the management team were making efforts to provide all staff with supervision. This helped to ensure staff were supported, their concerns were listened to and they felt motivated to carry out their roles.
- Staff told us they felt more supported and more confident about approaching the regional manager and other senior staff. A staff member told us, "We have more supervisions now, it is much better than before. We can freely talk about concerns." Another staff member said, "I feel more supported yes. There has been a definite improvement in this area."
- Staff had completed mandatory training and refresher courses to perform their roles effectively. Records showed the provider had trained or retrained 96% of staff at the time of inspection. Training topics included safeguarding adults, infection control, moving and assisting and the Mental Capacity Act (2005).
- The regional manager told us about specialist training sessions they had introduced such as mouth and oral care and specialised behaviour support. This involved role plays where staff learned about specific types of behaviour and how to support people with mental health needs whose behaviour could challenge. This helped staff to understand the person's point of view, be more empathetic and feel more confident when supporting them. A staff member said, "It was very interesting. I really enjoyed it. I hadn't done anything like that before."
- Staff were also supported to pursue qualifications such as nursing, to help them develop their careers. A staff member told us, "The training has been very interesting and I am being supported to get more qualifications." The management team had oversight of training that had been completed by staff and when their training would expire.
- People told us that staff were skilled and professional in their approach. One person said, "The staff are very careful and know what they are doing." Relatives also told us staff were knowledgeable of their family

members care needs and were well trained.

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

- At our last inspection in October 2019, we found that assessments were not always detailed, particularly as many people had multiple health needs. We were not assured the assessment process covered all of their specific needs to determine if the service could support them. The management team told us they would review the assessment process.
- We saw that this had been completed. Assessments contained more information about each person's backgrounds, specific health conditions and support needs to assess the service was suitable for them.
- Reviews were carried out regularly so that people received support in accordance with their current circumstances. This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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).

- At our last inspection, staff were not fully confident about the principles of the MCA. At this inspection, staff were more knowledgeable and had received training in this subject. Staff told us that they always requested people's consent before doing any tasks. A staff member said, "If people do not have capacity we look at doing an assessment and see what we can do in their best interest."
- An MCA policy was in place. Records showed that people's capacity and ability to make certain decisions had been assessed. There were capacity and best interest assessments for different areas of support, such as the use of bed rails and bumpers to keep them safe.
- People consented to their care. If they were unable to consent, records showed their representatives were consulted and that they were legally authorised to consent on the person's behalf.
- People's ability to make decisions had been assessed and was included in their care plans was in place. A person told us, "Staff always check with me before doing anything." A relative said, "The staff ask for [family member's] consent and let them make choices."

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

- People were supported with meals to maintain a balanced diet and staff knew of their nutritional requirements.
- We received mixed feedback about the quality and standard of the meals. One person told us, "I never get a decent curry." Another person said, "The food is alright most of the time." However, we noted there were plans to improve the range of meals offered to ensure it met people's specific needs and tastes.
- We looked at records of people who required nutritional support, such as people with diabetes or people with percutaneous endoscopic gastrostomy (PEG) feeds, which is a tube passed into their stomach. There were plans in place for these areas of support and details about their dietary needs.
- Records showed where nutrition specialists were involved, for example, if people were at risk of choking. There were details of the type of foods they needed to eat such as pureed diets or food thickeners.

- Food and fluid intake charts were completed by staff when required and we saw they were up to date and accurate.

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

- People were supported to access healthcare services when needed. Care plans and records showed there was input from health care professionals such as dietitians, speech and language therapists and doctors. People attended their appointments and their health was regularly assessed.
- Care records included the contact details of health professionals, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us what actions they would take to report an emergency, for example if someone became unwell or got injured.

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 improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection, we found that care plans had not been updated or personalised to ensure people received high quality person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care from staff. Care plans were person-centred and detailed their specific needs, likes, dislikes and interests. Care plans detailed people's needs around their personal care, nutrition, mobility, mental health and continence.
- We found care plans to be more consistent and up to date. They contained information about the person's background and their 'life story'. Details of their personal choices and the activities they enjoyed were included.
- People were able to express how they wished to be communicated and mention their favourite hobbies, such as the music they listened to and the television programmes they watched. For example, in one person's care plan they described what music they liked to listen to, at what volume and how they liked to be seated when listening to it. This information guided staff on how to arrange this for them and provide a personalised service.
- People told us they received person-centred care. A person told us, "Yes the staff are very caring and understand my needs. They know what I like and don't like." Relatives told us their family members received care from staff who understood their likes and dislikes. A relative said, "Yes they are very good. They know [family member] well."
- Staff told us they found the care plans helpful. A staff member commented, "The care plans are helpful. I sit down and read them to get to know each person."
- Staff completed daily notes about each person and the information was provided at shift handovers. This meant anything important that required attention could be followed up.

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 we found some shortfalls in how people's communication needs were being met because they were not always included within care plans. We found improvements at this inspection.
- Communication plans were much clearer and were integrated into people's main care plan.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. An AIS policy was in place.
- Some people in the home could only communicate in specific ways, such as facial expressions or using electronic devices. There was guidance for staff on how to communicate with people effectively to understand their needs and choices. A staff member said, "People communicate in their own way. One person is hard of hearing so I have learned some sign language."

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, we found the activity programme to be limited and there was little interaction or engagement with people, which could make them feel isolated. We saw improvements at this inspection.
- We observed people participating in a group activity involving some painting. One person said they were enjoying themselves. There was a full programme of activities for each week. Activities included meditation, arts and crafts and quizzes.
- Activities were arranged to ensure there was suitable social distancing, and in small groups. People told us they enjoyed the activities, events and displays put on by the provider.
- Records showed staff engaged more with people in the home and helped them participate in activities. People's equality characteristics were taken into consideration. For example, people's cultural or religious beliefs were respected and staff supported them to pursue their interests, should they not wish to participate in activities.
- A monthly leaflet was sent out to relatives informing them of forthcoming events and activities. A member of activities staff said, "I love being involved with activities. You really get to know people such as their favourite colours, smells and foods. It is more intimate and person-centred. The activity programme is coming together beautifully."

Improving care quality in response to complaints or concerns

- We looked at how complaints about the service were managed. There were systems to ensure complaints were investigated and responded to in a timely manner.
- Complaints were dealt with according to the provider's policy. People and relatives told us they knew how to make complaints.
- Complaints were managed appropriately by the management team. There were details of actions taken to investigate complaints, and their outcomes were communicated to people and relatives.

End of Life Care and support:

- If the home supported people with end of life care, staff discussed their wishes with them and their relatives. People's cultural requirements or religious beliefs in relation to end of life were taken into account.
- We viewed records of people receiving end of life care. There were clear plans in place to ensure their wishes were respected and understood.
- Support was received from end of life care health professionals. Staff received the appropriate training to support people with end of life care needs.

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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

We have improved the rating of this key question to good because the provider has had more than 12 months to make improvements since our last inspection on 17 October 2019. We saw enough evidence of improvement and good practice.

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

At our last comprehensive inspection, we found the provider had continuously failed over two inspections to establish good governance systems in the service to ensure people were safe at all times. We found repeated breaches of regulations, which meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At this inspection we found improvements in all the areas that we identified at the last inspection. These included medicine management, risk assessments, care plans, staffing levels, staff support and quality assurance. The provider was meeting requirements we made against regulations 9 (person-centred care), 18 (staffing) and 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
- Governance systems in the service were robust and there were effective quality assurance systems to help identify shortfalls and improve on them.
- There was not a registered manager in place because this post had been vacated by the previous registered manager. The service was being managed by a regional manager in the interim until a new manager was recruited. We found the regional manager had worked with other managers from the provider and senior staff to improve the service. The regional manager said, "I work really well with the regional director. They come in a lot to see how things are going. We have done a lot of work. I aim to help make this home outstanding."
- The provider gave us assurance that the service would be able to maintain a consistent standard once a new registered manager was appointed.

- The regional manager understood what improvements they needed to make. We looked at the internal action plans in place detailing, under each regulation, where we identified shortfalls and how they would improve. We saw that for each action, work was either complete or on schedule.
- Managers and staff were clear about their roles and responsibilities and knew how to keep people safe. The management team monitored staff performance and carried out audits of care plans, risk assessments, medicines and people's individual records, such as repositioning and fluid charts. This helped to maintain the safety of the home. Staff told us they received supervision and regular training to refresh their knowledge and skills.
- At our last inspection we did not find a positive culture that was open and inclusive to staff, people and relatives. Staff did not feel confidence in the management team and did not find them approachable. We found this had improved. Staff told us they enjoyed their work. One staff member said, "I love coming to work each day."
- Other staff told us the regional manager was very supportive, kind and friendly. Another staff member commented, "Morale is a lot better. There is more communication and staff work together. [Regional manager] has been really good. Very positive and approachable." A relative said, "The service is very good. [Family member] always seems positive when I speak with them about the service."
- We observed staff being friendly and kind towards people. Records showed staff supported people to achieve good outcomes from their care such as improved health and nutrition. One person said, "The staff are very caring and nice."

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 management team acknowledged when things went wrong or mistakes had been made. They responded to complaints according to the home's complaints procedures and contacted people and relatives to explain what had happened.
- The regional manager notified the CQC of serious incidents and safeguarding concerns that took place in the home as is their legal responsibility to do so.
- They also notified the relevant authorities if people had tested positive for Covid-19 and used the track and trace system to inform people they may have been in contact with, such as staff or other visitors.

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

- We noted that not all staff and people were positive about the home. There were systems in place to ensure they were listened to and their concerns were addressed. Records showed there were some staff disciplinary issues and complaints and these were being managed and investigated.
- The regional manager told us they would support staff with concerns and anxieties they had. They also walked round the home everyday speaking to people and looked into complaints people had. One person said, "Yes I see the manager around a lot. They are good."
- The provider ensured people and relatives were engaged and involved in the home. Newsletters and other information was distributed with updates about developments in the home. A board was also on display called "You Said, We Did" showing how the staff responded to people's requests.
- Relatives were able to visit people in the home but were restricted to staying outside in accordance with government guidance. The provider had recently introduced a visitor's pod for relatives and people to use in a separate part of the building so that they could have more privacy. PPE was available for use. Relatives were kept informed of developments in the service such as this. A relative said, "If I can't visit, I can speak with [family member] on video calls. The staff help arrange it."
- Staff attended meetings with the management to go through updates and share information. Managers and nursing staff also met regularly to identify actions that needed to be completed and areas of concern.

Staff were encouraged to share their views, ideas and make suggestions. A staff member said, "I think we are listened to a lot more than before."

- The provider surveyed staff to gather their feedback about working in the home. We saw that responses were mostly positive. An 'employee of the month' reward scheme had been introduced to recognise staff and their work.

Continuous learning and improving care

- Systems were in place to for continuous learning and improving care. Results from surveys and questionnaires of staff, people and relatives were analysed so that further improvements could be made and action plans developed.
- The provider worked towards Health and Social care regulations and made improvements to the service based on their own internal inspections and CQC inspections.
- The regional manager informed us that following the last inspection, they had suspended the number of admissions of people with Percutaneous Endoscopic Gastrostomy (PEG) feeds and other complex needs. This was because the home already supported many people with this need. The provider felt staff and managers needed more time to reflect and learn how to support the people who were already in the home and improve the service.

Working in partnership with others:

- Staff told us they worked in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.
- The provider had established links with the local community such as schools and colleges to help develop meaningful activities for people.