

Jasmine Healthcare Limited

Nightingale Nursing Home

Inspection report

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Date of inspection visit:
08 December 2021
13 December 2021

Date of publication:
12 January 2022

Ratings

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

Summary of findings

Overall summary

About the service

Nightingale Nursing Home is a nursing and residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection 28 people lived at the service. The service can support up to 49 people in one adapted building over two floors.

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

People's needs were assessed, and any risks associated with their health conditions documented. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. Risks associated with the service environment were assessed and mitigated. There were enough staff to keep people safe. People received their prescribed medicines safely. The service was clean and the approach to cleanliness and infection control had improved since we last inspected. People were protected from the risk of abuse. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences.

Staff got the right training to meet people's needs. People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People were supported by staff to access healthcare services when required. The provider ensured the environment was suitable for people's needs.

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 supported to express their views about their care and daily lives and make their own decisions as far as possible. Relatives felt they were kept informed about their family member's care. People's confidential personal information was stored securely, and the staff team were clear about who should have access to this. We saw staff ensured people's privacy and dignity were respected.

People said that staff knew their likes and dislikes and respected their choices. Care plans were personalised and contained information about people's likes and dislikes. People's communication needs were clearly identified in their care plans; this helped staff understand how best to communicate with each person. The service had a policy and process for managing complaints, which was displayed clearly in the home. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.

The service was well-led. The provider and registered manager undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. Regular feedback was sought from people, relatives and staff about the quality of the service. Any

issues raised were acted on promptly, and everyone was told what action was taken so they could see what had been improved. The registered manager and manager and provider's nominated individual were open with the inspection team about where improvements had been made, and where there was still further work to do.

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 23 August 2021) and there were breaches of regulations. 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 23 August 2021. 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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nightingale Nursing 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 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 well-led.

Details are in our well-Led findings below.

Good 

Nightingale Nursing 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 comprised of one inspector, a specialist advisor nurse 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

Nightingale Nursing Home 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 and the local clinical commissioning group about the service. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with two people who used the service and observed how care and support was given generally. We got feedback from three care staff, including nurses, and five staff involved in activities, maintenance and catering. We spoke with the registered manager, the deputy manager, and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records including five people's care records and how medicines were managed for people. We also looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, which they sent to us.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We spoke with eight relatives and two care staff after the inspection visit to get feedback from them about the quality of the service. We continued to seek clarification from the provider to validate evidence found and reviewed the evidence they sent us.

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 Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to 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.

- Risk assessments and care plans were reviewed regularly with people and relatives and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. For example, staff carried out daily checks on people who were at risk of skin breakdown. This was to both check people's pressure areas and to ensure their pressure relieving mattresses were in good condition and at the correct setting. This meant people were protected from risks associated with poor pressure care.
- People's needs were assessed, and any risks associated with their health conditions documented. Since the last inspection, the provider had sent CQC regular evidence demonstrating they had reviewed people's health needs. The provider, registered manager and staff team had worked to put systems in place to ensure people's risk assessments and associated care plans were kept under regular review and updated to ensure they reflected people's current needs.

At our last inspection the provider had failed to assess and mitigate risks relating to the service environment. 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.

- Risks associated with the service environment were assessed and mitigated. The provider and maintenance staff had a clear system in place for regular checks on all aspects of the environment. This included legionella checks and checks on equipment such as hoists and slings. The building was undergoing a programme of refurbishment, and this was being done in a planned and safe manner.
- There were clear plans in place to guide staff in what to do in an emergency. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP). These had up to date information about people's mobility and support needs. This meant staff and emergency services would quickly know how to support people safely.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff available to meet people's needs. 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.

- There were enough staff to keep people safe. The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that generally, people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- People told us there were enough staff to support them. Three relatives said they felt there were occasions when there did not appear to be enough staff, but said if they called on staff, they were available. Five relatives felt the staffing levels were suitable for their family members' needs.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. The provider also had a system for regular checks on the professional registration of nurses. This all ensured staff were of good character and were fit to carry out their work.

Using medicines safely

At our last inspection the provider had failed to ensure 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.

- People received their prescribed medicines safely. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Preventing and controlling infection

At our last inspection the provider had failed to reduce the risk of acquired infections and the service was not clean. 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.

- The service was clean. People said they were happy with the cleanliness of the service. Staff said the approach to cleanliness and infection control had improved since we last inspected.
- We were assured that the provider was preventing visitors from catching and spreading infections. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. 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's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for people using the service and staff. We were assured that the provider was meeting shielding and social distancing rules.

- 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.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Nightingale Nursing Home. Relatives also felt their family members were cared for safely. One relative said, "I do feel they are safe. It has not really changed; I know they are safe and well." Another relative said, "Yes, generally they are thriving. They moved in on palliative care and is certainly better now than they were before they went there."
- Staff understood how to recognise and report concerns of abuse. Staff received training in safeguarding and felt confident to raise concerns.
- The registered manager and deputy manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw evidence relating to incidents where people were potentially at risk of harm. For each incident, staff and the registered manager took immediate action to ensure people were safe. The manager and provider also investigated incidents to ensure that action was taken to reduce the likelihood of them happening again. Learning from incidents was shared with staff to improve care.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the training and support needed to provide good quality personal and nursing care. 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.

- People and relatives felt staff got the right training to meet their needs. Staff we spoke with demonstrated good knowledge of people's needs, and said they had enough time to read people's care plans.
- Staff described the induction they had, and said it was good. Induction included training, shadowing more experienced staff and being introduced to people before providing their care and support. Staff told us they had regular supervision, where they could get feedback on their performance and discuss training needs. Staff also said they had spot-checks on their skills to ensure they provided consistently good care. Records we looked at supported this.
- The provider ensured there was regular daily communication between staff and management so key information about people's needs and the running of the service was shared.

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

At our last inspection the provider had failed to ensure people had enough to eat and drink. 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.

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was good. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- Staff assessed people's food and fluid needs using the malnutrition universal screening tool (MUST) and developed appropriate care plans that staff were familiar with. The service followed the advice of GPs, speech and language therapists and dieticians to ensure people received the correct supplements and diet.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or required special diets, for example, fortified diets or appropriately textured food

and thickened drinks.

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

At our last inspection the provider had failed to ensure the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were complied with. 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 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives said staff gained permission before offering personal care. Throughout the inspection, we heard staff ask people for their consent when offering care and support and encouraging people to make their own decisions about their daily lives. Staff understood the principles of the MCA, including how to support people to make their own decisions, and how to proceed if the person lacked capacity for a particular decision.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA.

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of skin breakdown. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.
- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been recorded. This was used to inform the care planning process to ensure staff provided care in line with people's needs and wishes.

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

- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist or optician whenever they needed to. Records we looked at confirmed this.
- Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and detailed what staff should do to help people maintain their health.

- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

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

- The provider ensured the environment was suitable for people's needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. The service had clear signs around the building to help people orientate themselves. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms.
- Bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.
- The service was undergoing a substantial programme of refurbishment, and the provider had plans in place to ensure the building environment was more accessible for people living there. We saw the range of improvements that had been made since our last inspection, and the provider was continuing to refurbish the service in a planned way to reduce disruption to people living there.

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.

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

At our last inspection the provider had not ensured people were supported to express their views and be involved in their own care decisions. 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 supported to express their views about their care and daily lives and make their own decisions as far as possible. Staff involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences.
- Relatives felt they were kept informed about their family member's care. One relative said, "Oh yes, they always discussed anything with me." Another relative said, "Yes, they keep me informed, they have gone through care plans and had a telephone conversation with the GP. I did look through the care plan a couple of months ago, they showed it to me as they were reviewing all care plans then. I am quite happy with it."

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had not ensured confidential personal information was stored securely. 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.

- People's confidential personal information was stored securely, and the staff team were clear about who should have access to this.
- We saw staff ensured people's privacy and dignity were respected. For example, staff knocked on people's bedroom doors before entering and waited for each person's response. We saw staff closing doors to ensure personal care was done in private. Staff had a good understanding of dignity in care and had training in this.
- People were asked how they wished to be addressed. For example, whether they preferred staff to use their first names or another name they preferred. People's preferences for this were recorded in care plans so all staff knew how to address people they way they wanted.
- Staff ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care.
- Relatives said they knew how to arrange visits, and felt staff supported them and their family members to

remain safe during the coronavirus pandemic.

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

● Relatives felt the staff supported their family members to make choices, listened to them and respected their choices. Relatives also spoke positively about the caring approach staff had. One relative said, "She loves them all, she has a favourite carer. She seems happy, which is most important." Another relative said, "The girls are lovely. [Staff member] came in even when she was not on duty and she sent me a text to tell me how my family member was. She did things above and beyond the call of duty."

● People looked clean, well presented and at ease in the presence of the staff who supported them. We observed a number of positive interactions throughout the inspection. It was apparent staff knew people well and how best to care for them.

● The provider had a range of supporting policies and training in place, which staff were required to understand and demonstrate when providing personal and nursing care to people.

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

At our last inspection the provider had not ensured people's views and information about their lives were available to support all staff in providing 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 said that staff knew their likes and dislikes and respected their choices. One person said, "They (staff) know what I like, and they are very kind to me."
- Care plans were personalised and contained information about people's likes and dislikes. For example, favourite television programmes, hobbies and interests and their community networks. Staff said and records showed that people's care plans were regularly reviewed with them where possible to ensure they reflected people's current needs.
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture. For example, one person was supported to get a regular newsletter relating to their faith. The person told us they enjoyed receiving this. This was documented in care records, and we saw evidence that people were supported with their needs.
- The provider had recently employed an activities coordinator. Relatives spoke positively about this, with one saying, "Recently, they have employed an activities person. They sit with my family member and talk with them. They were chatting whilst putting the Christmas tree up and they also did a jigsaw together."
- Although activities outside the home had been impacted by the coronavirus pandemic, the activities coordinator had arranged for the local school choir to sing Christmas carols. This was done safely, with the choir outside in the garden, and meant people could still enjoy this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service followed the principles of the AIS. People's communication needs were explored as part of the care planning and review process, during which the service looked at how to support people to have access

to information, in a format they could understand. For example, documentation could be created in large print with pictures for people with sight problems.

- People's communication needs were clearly identified in their care plans; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required, for example, speaking clearly and slowly and providing simple instructions one at a time.

Improving care quality in response to complaints or concerns

- The service had a policy and process for managing complaints, which was displayed clearly in the home.
- None of the people we spoke with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed.
- Records showed that the service dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes. Two relatives we spoke with gave examples of issues they raised with the registered manager, which were addressed promptly.
- Relatives also told us about regular meetings offered with the registered manager to discuss care and improvements in the home. Any feedback from people, relatives or staff was acted on. The registered manager sent relatives and staff regular emails, updating them in service improvements and what had been done in response to feedback.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.
- One relative told us they were happy with the way they and their family member were supported during end of life care. "In the later stages I stayed overnight for 3 nights in their room. In the night staff came in every 2 hours. If they were asleep, staff left them and if they were fidgety staff moved them and helped them settle. They always asked my opinion whether it was alright to move or leave them. They included me in every decision."
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

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

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

At our last inspection the provider had not ensured systems and processes to assess risk and monitor quality were sufficient and effective in driving improvements. 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.

- The service was well-led. The provider and registered manager undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in. We saw evidence where action was taken to improve. For example, staff had worked to reduce the number of falls people had, and to reduce the risk of people developing pressure sores.
- There was a plan arising from audits to show what action was required and who was going to do it. Since the last inspection the provider had regularly shared their improvement plans with the CQC. From reviewing these and looking at the evidence found on this inspection, we could see clear progress in all areas of care. For example, there were now enough staff on each shift to provide safe care. The monitoring of people's food and fluid intake had improved, and people were getting enough to eat and drink.
- The provider notified the CQC of significant events as they are legally required to do. This meant the provider was informing us about events that occurred in the service which assist us to monitor the quality of care.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had not always acted on feedback from staff, learned from incidents, or acted on feedback received from health and social care professionals in a timely manner to reduce risks to people. 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.

- Regular feedback was sought from people, relatives and staff about the quality of the service. Any issues raised were acted on promptly, and everyone was told what action was taken so they could see what had been improved.
- The management team had an ethos of involving all staff in assessing the quality of care. For example, the daily walk round checks had formerly been done by the registered manager or deputy manager. They told us that when they involved staff, they identified more areas for improvement, and that this then helped to make the whole team included in decisions to improve people's experience of care.
- The provider used a digital tool to seek regular feedback from staff on all aspects of the service. This included asking for positive comments as well as areas for improvement. The tool helped the management team give staff feedback on their performance, and they were working to create a culture where high quality care and teamwork was celebrated.
- The provider encouraged people, relatives and staff to celebrate good care by having an internal awards system. This helped to improve staff morale and boost pride in the care they delivered.
- The registered manager and provider's nominated individual were open with the inspection team about where improvements had been made, and where there was still further work to do.

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

- The service had a positive, caring culture. People and relatives knew who the registered manager was and spoke positively about the staff team and the support they received. Staff spoke positively about the support they got to carry out their roles and told us they felt part of a big team all working together to improve people's lives. Staff also spoke about the opportunities they had to develop their skills through training. This included working towards formal qualifications and being encouraged to apply for more senior roles.
- Relatives spoke positively about the change in management. One relative said, "They are better than the previous manager. It's better timing, more caring and more organised. [Staff name] is lovely. In fact, they have moved the office to be more in the centre of the home. So, it's just near the reception desk, lounge and dining room. It was a super thing to do. You can see [the registered manager] around the building, it is a really good move to put them into the centre." Another relative said, "I think they have improved, in every way."
- Staff held a handover meeting in between each shift change to discuss each person. Notes of meetings included identifying if any issues had arisen in the night or day. Staff also had a short meeting mid-morning each day, which included care staff and staff from the housekeeping, kitchen and maintenance teams. Actions from these meetings were documented and followed up to make sure they were done. This ensured staff followed up on any required actions in a timely way.

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 had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.