

Voyage 1 Limited

Rookery Cottage

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rookery Cottage is a residential care home providing personal care to six people at the time of the inspection. The service can support up to six people. The service cares for adults living with a learning disability, autism, physical and sensory impairments. At the time of the inspection, 20 staff were employed at the care home.

The care home accommodates six people in one adapted building. People live on one of two floors, each with their own bedrooms. Communal facilities include bathrooms, lounge room, dining room and kitchen. There is a large yard that surrounds the back and side of the building.

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

People were protected against abuse and discrimination. There were appropriate risk assessments in place for their care. Some risks related to premises, for example fire safety, were awaiting remedial works to commence. There were sufficient staff deployed to meet people's needs. The management of medicines was safe; incidents were appropriately reported if there was an error with medicines. Infection prevention and control was satisfactory. Investigations into some serious injuries were ongoing.

We made a recommendation about adaptation, design and decoration of the premises. Staff received appropriate training to ensure they could care for people in the right way. People received food and drinks to prevent malnutrition and dehydration. The service complied with the principles of the Mental Capacity Act 2005.

The staff were kind and caring. People were encouraged to remain as independent as possible. People's dignity and privacy was respected and protected by staff.

People's care plans were satisfactory. The service had recorded people's communication and sensory impairments; further work was required to ensure that providing information to people in the right way met the NHS Accessible Information Standard. There was an appropriate complaints management system in place.

There was a positive workplace culture. There were clear aims and objectives for the care and support people received. There was a quality improvement system in place, however some remedial actions were delayed by the pandemic. The home manager and operations manager provided evidence and assurance that planned changes were underway.

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.

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

The service was able to demonstrate how they were meeting most parts of the underpinning principles of Right support, right care, right culture. Some improvements are required. The model of care is satisfactory; it ensured that people could live their lives how they chose and as an individual member of society. People had choice and control in their life. The care was person-centred and promoted people's dignity, privacy and human rights. The positive workplace culture amongst staff ensure that people received good care. The service requires changes to be made in the premises to ensure that they are meeting the principles of the statutory guidance for people living with a learning disability.

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

Rating at last inspection

The last rating for this service was good (published 14 December 2017).

Why we inspected

The inspection was prompted in part due to concerns received about falls and serious injuries. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were currently at risk of harm from these concerns. Please see the Safe key question of this full report for details.

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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rookery Cottage

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 was carried out by an inspector, specialist advisor 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

Rookery Cottage 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held and had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We requested information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We checked information held by Companies House, the Food Standards Agency and the fire service. We contacted commissioners,

healthcare professionals and the local authority safeguarding team. We looked at online reviews and relevant social media posts. 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 who used the service and six relatives about their experience of the care provided. We spoke with an operations manager, the home manager, deputy manager, a care worker and a visiting tradesperson. We received written feedback from the local authority and spoke with an environmental health officer. We completed observations of communal areas during our site visit.

We reviewed a range of records. This included three people's care records and multiple medicines administration records. We looked at two staff files in relation to recruitment and staff supervision. 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 assurance records, and were provided with additional evidence for consideration.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were skilled and proactive in reducing behaviours that challenge using plans which were individualised for each person.
- Staff were alert to emotional communication and addressed signs of distress, frustration, and anger when people expressed these feelings.
- We asked a support worker about the use of restrictive measures. They confirmed that they weren't using restraint, but knew about using diversion and de-escalation techniques.
- The emotional and behavioural support plan identified triggers for behaviours that challenge and staff responses, in detail and in an easy to follow format.
- Staff went through what they would do if person displayed behaviours that challenge and their first response, and this linked to people's support plans.

A relative stated, "[The person] can have tantrums but [the person is] quite independent. [The person has] got a short temper. I do believe they [staff] manage it well. [The person] needs boundaries. We told the home. Give him clear boundaries...we told them and they've done that. We've seen the benefit of it."

- Staff completed training in protecting vulnerable adults. There was an appropriate safeguarding and whistleblowing policy. The service reported notifiable events to the local authority and kept appropriate records.

Assessing risk, safety monitoring and management

- Our inspection was prompted in part, by some serious injuries that people had experienced since the last inspection. We looked at systems in place to prevent such injuries. We did not investigate the incidents, as some enquiries are ongoing.
- Family members had mixed feedback on people's risk management. They felt that historically, risks were not managed well. More recent experiences indicated a positive approach. Comments included, "Yes, [the person's] been there 28 years. I've met many staff and I've never seen anything not safe" and "If [the person] was worried, [they] would share with the family or staff. [The person] gets on well with them...shares what's going on at the Rookery and he makes it clear if [they are] not happy..."
- There were appropriate risk assessments in place for supporting people. These included moving and handling, eating and drinking and supporting personal hygiene.
- Information from health and social care professionals was also used to inform decision-making. This ensured a holistic view of the person's care risks.
- Other important information was recorded about people. This included a medical history, social history and cultural and faith-based requirements.
- Premises and equipment risks were regularly examined and checked to ensure they were safe and suitable

for use. Documentation showed the service followed all legal obligations to maintain the property and equipment. However, actions to mitigate risks from fire were not acted on in a prompt manner. We shared this evidence with the fire service.

Staffing and recruitment

- Sufficient staff were deployed to meet people's needs.
- Staffing levels were based on people's assessed needs and dependency. Where needed, requests were sent to the commissioners of care to review, modify or increase a person's care hours.
- For safety, a person could receive one-to-one care where there were significant risks to themselves, staff, others or the premises. This ensured they were always supervised. We noted staff completing one-to-one observation of a person and that they were vigilant of the person's behaviour and movement.
- A relative stated, "I think there are enough staff, I think so. There's six residents and about 18 staff. They come when [the person] needs. The continuity of staff is amazing."
- Personnel files contained all of necessary information to ensure 'fit and proper' persons were employed. Information and documentation was kept on two electronic systems and in hard copy at the care home. Collation of the information was time-consuming and required HR assistance.

Using medicines safely

- The management of medicines was safe.
- We checked receipt, storage, administration, documentation and disposal of medicines. These were all in line with the requirements and best practice guidance.
- Staff received satisfactory training in medicines management and were required to complete competency checks to ensure their knowledge and skills were safe.

Preventing and controlling infection

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

Learning lessons when things go wrong

- Incidents and accidents were appropriately reported and recorded.
- Action was taken by management team members to investigate any matters of concern.
- The service was transparent with their approach to learning when things went wrong. They notified relevant parties including the local authority, commissioners and the CQC.

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 good. At this inspection this key question has deteriorated 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

- The environment was welcoming, however more work was required to ensure that the service was adapted and decorated in line with our statutory guidance of Right support, right care, right culture.
- Each person had their own bedroom, which they could individualise as they liked. Some people and families had tailored the rooms with objects that were important to them, such as photographs.
- Although the internal aspects of the premises were clean and tidy, there was a lack of signage for people with sensory and communication impairments.
- There was no door signage to indicate what each room was used for. An example was communal bathrooms. There were no pictures, symbols or Makaton signs to provide visual guidance for people. Makaton is a type of sign language for people living with learning disabilities who cannot communicate verbally.
- There was a large rear yard with grass and trees. There were two raised planter boxes with herbs and vegetables growing. The remainder of the back yard was unused, except for people walking around. This was a missed opportunity to provide visual and social stimulation for people.
- The front entrance was uneven, with pebbles used as the driveway and parking area. There was a lack of a disabled parking area for accessibility and the pebbles were not suitable for wheelchair and other mobility aids. The home manager explained the provider was due to replace the driveway and parking with tarmac.

We recommend the provider reviews the principles within Right support, right care, right culture to ensure the design and decoration of the service is suitable for people with learning disabilities.

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

- Some improvements to care documentation were required. For example, there was no written set structure to a person's day and this could leave a person uncertain.
- There were also no positive behaviour support plans, which could be created from materials provided by best practice organisations representing people with learning disabilities. These support plans concentrate solely on behaviour and would also have 'ABC' behaviour charts completed. This feedback was accepted by the home manager, and action was planned to include positive behaviour support plans.
- Support plans identified likes and dislikes, including triggers that could cause people's agitation. Strategies were listed to help staff manage any behaviours that challenge.
- Support plans were easily accessible by all staff. These which included people's communication needs, so care workers knew the right way to support people.
- There was a profile plan which identified what was important to a person, as well as what support they

needed. This gave a holistic approach to all areas of their life; bank staff and new staff could get an informative 'pen picture' before they worked with people.

- Satisfactory admission assessments were completed before people could move into Rookery Cottage. A relative commented, "The manager and the deputy went to Manchester to do an assessment, yes. And they discussed the care plan. Previously, [the person] was in supported living so it was very different."

Staff support: induction, training, skills and experience

- Staff had appropriate knowledge, skills and experience to provide effective support to people.
- There was a satisfactory induction process in place for new staff. This included the completion of the Care Certificate, which is a nationally agreed set of minimum training modules.
- The training matrix showed staff completed statutory and mandatory training in line with guidance from Skills for Care. Refresher training was also completed.
- Staff participated in regular one to one meetings with their named supervisor. Records of discussions, training needs and personal aims and objectives were maintained.
- A number of staff had completed additional qualifications relevant to their roles. The home manager was unsure how many staff were currently undertaking a relevant further qualification in health and social care.

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

- There were mixed opinions about nutrition and hydration.
- One person said, "I had baked potato today. Food's good."
- Relatives stated, "I've not seen a menu since Easter. Nothing. They do keep [the person] safe with food and drink", "I think they cook [the person's] meals there. I don't think [the person] does much for himself", "I don't know what prep [the person] does. Under guidance, [the person] can do stuff. It's early days. [The person] prefers to eat in...their own room. They let [the person] do that. But recently [the person] said [they'd] eaten with the others. I don't know if it's choice" and "They [people] have a choice. I always ask [the person] about what [the person] got for lunch. They [staff] tell me [the person] has options."
- One person with swallowing difficulties did not have eating and drinking guide within their care documentation. These were important for new or bank staff to inform and reduce risks of choking.
- There was no set menu, no pictures of food and drink for people to select from. There was however adequate food and drink available, including fresh fruit.

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

- Evidence of appointments with GPs and other healthcare professionals were recorded in folders along with individual care plans, such as epilepsy.
- Individual health visits from healthcare professionals were documented. A person returned from a hospital appointment on the day of the inspection.
- A relative stated, "[The person] has dental problems and I'm kept informed. [The person] has something done recently under sedation. I'm aware of the dental problems and the visits."

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.

- Staff sought valid consent prior to supporting people.
- Where a person could not consent, staff used a best interest decision making process or sought the decision from another source with relevant legal authority.
- Staff received training in the requirements set out by the MCA. They understood the principles of assessing mental capacity, consent and best interest decision making.
- Applications were made to the relevant bodies to deprive people of their liberty when needed. The service operated in accordance with the principles of restricting people's access outside of the premises only when legally authorised.
- The deputy manager knew the status of each DoLS application or authorisation. They also knew which authorisations contained conditions upon them.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff had positive interactions with people, such as including them in discussions about what they would like to do.
- We observed a staff member talking with a person, asking questions and communicating at their level. The care worker knew the person's needs and was empathic with their responses and communication. The care worker was calm and sensitive to the person's needs.
- Two people we spoke with complimented the staff about their approach. One said, "Yeah, they [the staff] are alright..."
- Relatives felt staff were caring. They said, "I do [think they are kind]. Some are better than others...they genuinely were upset when they heard about [the person's] accident", "They seem kind. [Named care worker] seems nice", "Yes, they are. There's a good relationship", "Yes. Never in 28 years have I seen anything to cause me concern."
- One relative described detailed events where staff provided a caring approach. They told us, "Yes, they are caring. For example, there was a nativity service [the person] wanted to go to but nobody on duty to bring him, so [staff member] brought him over on her day off. And last Christmas we arranged for [the person's] presents to be taken to the Rookery. Staff arranged a video call of [the person] opening [their] presents. And on [the person's] birthday, staff do a buffet specifically for [the person]. [The person] likes sausages so they got them. A year and a half ago [the person] had a bad cold. Someone sat with him."

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

- Relatives confirmed that people were included in the formulation and review of care plans.
- Comments included, "They [staff] liaise well with the social worker. We've met a number of times. There's a good working relationship. They totally understand [the person's] needs" and "There was a recent review involving the social worker. There were two things removed from [the care plan]."
- People were offered the opportunity to make their own care choices. Where they were unable to make a decision on their own, staff selected the best option for the person. This included decisions such as what to wear, what to eat or drink and how to spend the day.
- A relative said, "[The person] does indicate when [they'd] like to go out. And [they] indicate 'drink' for a cup of tea." Another relative stated, "[The person] can't make choices but...likes being decisive. [The person] chooses their own clothes. There's always a choice of food. They plan together what [the person's] going to eat. And [the person] helps choose presents and cards for the family."

Respecting and promoting people's privacy, dignity and independence

- Staff fostered people's independence. Staff we spoke with clearly knew how much support each person required with their activities of everyday living.
- People were well groomed and neatly dressed.
- We always observed staff being respectful; this included the way they talked to people and ensuring they were facing the person they were interacting with.
- Staff displayed appropriate professional behaviour with people and between each other.
- Relatives confirmed staff were respectful and that they were made to feel welcome. The only restrictions had been those imposed by government due to COVID-19.
- People's records were securely stored and accessed only by staff and where appropriate visiting health or social care professionals. Staff were knowledgeable about maintaining people's confidentiality.

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 good. At this inspection this key question has remained the same. 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

- There was evidence of staff positive risk taking with a person who previously absconded. The person now wore a lanyard to alert staff where they were, and they appeared happy with that. The home manager explained the lanyard could be tracked using a computer system.
- Staff knew the people they care for and worked empathetically with their needs. Care workers were aware of people's actions and how to de-escalate, or divert signs of distress, frustration and behaviours that challenged.
- Staff were aware of what could be a trigger to a person, and we were informed about one of the people and what we needed to be aware of
- People had an emotional and behaviour support plan which included physical and behaviour information. They were easy to read and informative.
- The involvement of family, relatives and friends was documented. We identified one person had fortnightly visits with their sister. Support plans acknowledged the importance of family in people's lives.
- People's differences were respected by staff. A relative stated, "Yes, [the person] has his preferences in food and what [they] wear. It's a great shame [they] can't go to church at the minute, [as they are] a regular member of the congregation. [The person] likes church and dressing in a suit. The carers helped [the person] to put it on even though [the person] wasn't going to church."
- Some improvements to care planning were required. For example, there was no written set structure to a person's day and this could leave a person uncertain.
- There were also no positive behaviour support plans, which could be created from materials provided by best practice organisations representing people with learning disabilities. These support plans concentrate solely on behaviour and would also have 'ABC' behaviour charts completed. This feedback was accepted by the home manager, and action was planned to include positive behaviour support plans.

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.

- People had a communication plan in place which met their needs; they are written in an empathetic manner.
- The care documentation contained information about people's impairments that could mean communication with them required different approaches.
- Throughout the inspection, we observed staff interacting with different people. We noted they used

different communication strategies with each individual, so that there was an effective form of exchanging information.

- The registered manager and operations manager understood the requirement for information to be presented in an accessible way for people. In key question 'Effective', we have provided evidence of how this applies to the premises. We signposted the management team to the AIS guidance. They explained how they would review the guidance and make any necessary changes to better meet the AIS principles.

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

- There were activities plans in people's folders. Interaction appeared mainly around asking a person what they wanted to do, but we noted limited interactions with one person who came in and out of the lounge. No other activities were observed in the home on the day of our inspection, people were walking in and out of lounge. When we spoke with the home manager about this, they explained the service had a plan in place to increase socialisation and activities following the lifting of restrictions from the pandemic. This included gardening and using the open space at the rear of the building.
- People had the opportunity to take part in activities which were individualised.
- People had limited access and engagement with the community to protect them from the risks of COVID-19. We observed people going for a walk and one person riding a bicycle.
- There was evidence the service operated within an open and honest style. Staff were approachable and able to tell us about the service and care provided.
- No timetable of activities was noted and no easy-read information about possible activities was produced. The home manager explained that most people who lived at Rookery Cottage did not like to interact with each other or spend time in group activities. Some examples of joint activities were Christmas and Easter, where people celebrated together.
- One relative commented, "[The person] loves the computer. [They] have a laptop but broke it. [The person's] given computer time each week from Rookery. They're [staff] very accommodating." The home manager advised us of this in advance, and we moved from the office to the garden to enable to person to use the computer. □

Improving care quality in response to complaints or concerns

- A complaints system was in place; people felt they could speak up about any concerns they experienced and their feedback was acknowledged and taken seriously by staff. One person we asked about complaints said, "I'm alright thank you".
- The service provided information to people and others about how to raise concerns. This included for staff members if they felt they needed to speak up on behalf of people.
- Relatives stated, "I never really heard [the person] complain about anything. Only thing [they've] complained about is when [they] want a cigarette", "I think [the person] would complain. [The person] is more than confident to make a noise when [they] want, for example if other residents are making a noise, he'll say so" and "I think [the person] would say to anyone. [They've] got his own ways."
- Documentation about any concerns or complaints was accurately recorded and used during internal reviews of the quality of care at the service. Outcomes from any concerns raised were clearly communicated to people and relevant others, such as the local authority and commissioners.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were appropriate aims and objectives for the service set out in the service's statement of purpose. A statement of purpose sets out contact details and information about the service, and is required by the regulations.
- The statement of purpose states, "Our objective is to achieve positive outcomes by applying the least restrictive approach whilst maintaining and or improving the individuals' current abilities and protecting their rights as ordinary citizens." There were no restrictive practices used at Rookery Cottage. People's rights were protected and respected by staff.
- One relative stated, "To me, it's a difficult, challenging job and it's amazing how they [staff] do it." Another confirmed the creation of a garden, which was planned in conjunction with the deputy manager and home manager. The relative stated, "There are plans under way to make a community garden with raised beds; a sensory garden. It would offer opportunities for other homes to visit and Reading University are interested in getting involved. Equipment and seeds have been promised free by various outlets."

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 service operated in an honest and transparent manner. Information of concern was shared with other relevant organisations, for example with the local authority.
- Notifiable safety incidents which required investigation were managed in the right way. This included providing an account of what happened and expression of remorse to the relevant person. There was also a list of actions that the service took to prevent recurrence of safety incidents.
- The provider had completed case reviews of serious injuries that occurred since the last inspection. Work was ongoing for some incidents. The operations manager was able to explain the progress in the investigations.
- The home manager understood the duty of candour requirement, and actions they would take if there was a safety incident.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection, there have been three home managers. The last manager de-registered with the CQC in May 2021. They continue to work at the service and have good interactions with the people they support. There is no manager currently registered with the CQC.

- The new home manager commenced in their post three weeks prior to the inspection. They had already submitted their application to register as the manager with us, which the CQC are currently processing.
- The home manager was knowledgeable, skilled and experienced in overseeing this type of care home. They were able to explain how they had already made changes, and what improvements were planned for the short to medium term to ensure safe, compassionate and well-led support for people. One relative stated, "I'm happy and looking forward to meeting the new manager."
- There were appropriate checks of how people were being supported by the staff, via audits and observations. This included detailed internal quality and compliance audit from April 2021. It showed what improvements were required, what date they were due and who was responsible. The audit showed that many actions were already completed, and some were ongoing because they took more time to resolve.
- We received the home manager's continuous improvement plan ('action plan') following the site visit. This was appropriate and detailed, however did not contain timeframes or who was responsible for the actions.
- Some aspects of risk mitigations at the service were delayed. These were mainly due to COVID-19 lockdowns, for example when external contractors were not permitted to enter the care home to perform routine work. This protected people and staff from the risk of infection. Changes in management also meant that there was not continuity with risk management.
- The building is not owned by the registered provider. The duty for premises safety therefore falls both on the landlord and the provider. Two fire risk assessments, one by the landlord and one by the provider indicated deficiencies in some aspects of fire prevention and control. Remedial actions were required.
- The provider had organised a separate health and safety audit by an external professional, to examine all risks from the premises and equipment. At the time of the CQC inspection, a contractor was commencing works on the fire doors.
- The fire service confirmed they had not completed a recent audit of the safety of the service's premises. Under our information sharing powers, we provided the fire risk assessment documents to the fire service. The fire service advised they would contact the home manager to complete a site visit.
- The home manager confirmed the last food safety rating was from 2015. This was out of date, but the provider had not contacted the local authority to request a reassessment. Both the home manager and the CQC contacted the environmental health officer. They confirmed they would ask the service for a new self-assessment. There was no evidence food hygiene safety required improvement. Staff had completed the relevant training and were keeping the required records for kitchen cleaning and food hygiene.

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

- Relatives commented that there was some lack of communication from the service with them. This was as a result of the pandemic lockdowns. Their comments included, "What I would like more, is more communication", "Communication. They could communicate with me about what is actually going on instead of me having to ring them. I've looked online to see what the place looks like and find out what they do", and "Communication has not been good during [COVID-19] but they were against it so this is not a criticism. There's nothing going wrong, they just need to build on what they are doing at the moment."
- Surveys normally used to gather feedback from relatives, staff and health and social care professionals were not used during the pandemic. The service was unable to collect opinions about the safety and quality of care.
- There was a positive workplace culture amongst the staff. They appeared to enjoy their roles and were noted to support people in a kind way.
- There was a staff recognition system in place, operated by the provider. Staff could be nominated for various categories if they provided exceptional care or support to a person or people.
- The home manager had completed a meeting with staff at the service, to set expectations and

boundaries. There was no recent staff survey, although the operations manager explained the provider was due to send this in the upcoming months.

Working in partnership with others

- The local authority confirmed that they worked in partnership with the service.
- There were regular reviews of people's health and social care needs by community-based professionals.