

Valorum Care Limited

# Freshfields - Care Home with Nursing Physical Disabilities

## Inspection report

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## 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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

### About the service

Freshfields Care Home with Nursing Physical Disabilities (Freshfields) provides accommodation and nursing and/or personal care to up to 35 people. At the time of our inspection there were 23 people living at the home.

The service is purpose built and all accommodation and facilities are ground floor level.

### People's experience of using the service and what we found

The service had made significant improvements since our last inspection. Systems and processes had been overhauled to address the breaches of regulation and to help improve the safety and quality of care provided. Further time was required to evidence these improvements were embedded through sustained governance.

Medicines were managed safely. People received their medicines as prescribed by staff who were competent to administer them.

Risks to people's health, safety and well-being were assessed and care plans had been re-written to ensure staff had access to information about how to manage people's identified risks and support them in a safe way.

Since the last inspection, the reliance on agency staff had decreased, a more stable team structure was in place. People received care by staff they knew and who were familiar with their needs and preferences. There were enough staff on duty to meet people's needs in a timely manner.

Staff were recruited in a safe way and underwent an induction to help prepare them for working at the service.

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. Consent for care and support was being obtained in line with the principles of the Mental Capacity Act (MCA) 2005.

People's needs were assessed and planned for in line with best practice. Staff had access to information about how to support people based on their current needs, helping to ensure people received care based on their individual needs and preferences.

Since the last inspection, improvements had been made to the environment to help better support people with dementia or cognitive impairments to navigate the home.

We received consistently positive feedback from people and their relatives about the care and support provided by staff.

Governance systems had been overhauled to ensure they were effective at identifying issues and driving necessary improvements to the quality and safety of the service.

Since the last inspection, the former registered manager had returned to the service and had been instrumental in taking the appropriate action to address the issues we found. They and the provider had worked closely with the Local Authority to make positive changes and enhance the daily living experience of people using the services of Freshfields.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service has been in Special Measures since 10 January 2023. 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. This also included to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met (in relation to using medicines safely.)

We also 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.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Freshfields Care Home with Nursing Physical Disabilities on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

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?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

# Freshfields - Care Home with Nursing Physical Disabilities

## **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 Health and Social Care Act 2008.

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 2 inspectors 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

Freshfields Care Home with Nursing Physical Disabilities (Freshfields) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Freshfields is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day, and announced on the second day.

#### 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 professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We carried out an inspection of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 6 people who lived at the home, 3 relatives, the registered manager, the regional quality director, the administrator, a team leader, 2 activity co-ordinators, the kitchen assistant and 3 members of care staff.

We looked at records in relation to people who used the service including 4 care plans, medication records and systems for monitoring the safety and quality of the service provided. We also looked at staff training and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we found the unsafe management of medicines placed people at risk of avoidable harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also issued a Warning Notice in respect of this.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and had met the requirements of the Warning Notice.

- At the last inspection, people did not always receive their medicines as prescribed and did not always receive their medicines at the right times. At this inspection records evidenced that people received medicines as prescribed and on time, this was further evidenced by peoples' feedback.
- One person told us, "I always get medication on time. If I require painkillers, I am given them straight away." A relative shared, "There have been some issues in the past, but these have now been resolved and medication is now administered with no problems."
- At the last inspection, medicines were not always stored securely. Since the last inspection, the clinic room had been moved to the ground floor so it was easier for staff to access, making the administration of medicines safer.
- At the last inspection, we could not be certain that medicines were being stored within safe temperatures in line with guidance. At this inspection we found fridge and clinic room temperatures were checked daily, to help ensure medicines were stored safely.
- At the last inspection, for people who were diabetic and were prescribed insulin, their blood glucose levels were not always monitored. At this inspection, blood glucose monitoring charts were in place and completed appropriately.
- At the last inspection, for people who were prescribed transdermal patches (medicines applied to the skin), charts were not in place to show patches were being rotated in line with prescribed instructions. At this inspection, we saw rotation charts were in place and completed.
- At the last inspection, for people who were prescribed barrier creams for skin conditions, charts were not in place to show where these creams were to be applied. At this inspection, TMARs (Topical medicines charts) were in place and completed.
- The provider had introduced improved governance systems, to ensure that any action required in relation to medicines was taken in a timely manner.

### Assessing risk, safety monitoring and management

At the last inspection, we found there was a failure to assess, monitor and manage identified risks, which placed people at risk of avoidable harm. This was a breach of Regulation 12 of The Health and Social Care

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

- At the last inspection, risks to people's health safety and well-being had not always been assessed and information was not always available to staff to help them support people safely.
- At this inspection, peoples' care plans provided staff with guidance on how to identify and manage risks and any specific health conditions. For example, for people with risks associated with compromised skin integrity, care plans contained information about how to manage this risk and what equipment was required to help prevent pressure wounds from developing.
- At the last inspection, we could not be certain staff were following correct guidance in relation to the monitoring and management of people's identified risks. This was because records such as repositioning and food drink charts, were either not in place or not routinely completed by staff.
- At this inspection, records confirmed people were receiving the care and support they needed. Additional monitoring checks had been introduced and new paperwork had been implemented to help ensure care and support was captured as it occurred. We observed people receiving appropriate care and support throughout the day.

#### Staffing and recruitment

- At the last inspection, we could not always be certain that enough staff were deployed to meet people's needs in a timely manner and keep them safe.
- At this inspection, there were enough staff deployed to meet peoples' needs in a timely way. People told us, "There are always lots of staff about and if I press my call bell they come quickly" and "There are always loads of staff about, I love living here." A relative confirmed, "There are always enough staff about now and the staff are very good."
- Since the last inspection, the reliance on agency staff had reduced. Some experienced staff had returned to the service. This meant people received continuity of person-centred care.
- Due to national staff shortages in the health and social care sector, the registered provider had also recruited some staff from overseas. Staff were provided with a structured induction programme to ensure they were equipped with the skills required for their new roles. One member of staff told us, "Staff really helped me when I started, how to look after people and I shadowed staff as they taught me."
- Safe recruitment processes were followed.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to keep people safe from the risk of abuse. People and their relatives told us they felt safe and well looked after. People told us, "I feel safe in the home because there are always staff about, I get about myself, but I know they keep an eye out for me" and "I feel safe and well cared for." A relative confirmed, "Safe, definitely, having an environment my wife is safe and happy in is so important."
- Staff received safeguarding training and knew what action to take if they had any concerns.
- Staff had received training in how to record accidents and incidents. Both the registered manager and provider had oversight of accident and incidents, meaning patterns and trends were identified so appropriate action could be taken to help minimise the risk of recurrence.
- Protocols were in place for identifying lessons that could be learnt following incidents or significant events in the home. Reflective discussions were carried out to identify where improvements could be made in the future. One member of staff told us, "We put our hands up and learn from any incidents, it's not a blame culture and it's dealt with in a civil way."

### Preventing and controlling infection

- Cleaning records were in place and there were adequate supplies of PPE. The home appeared clean and well maintained. People told us, "The home is very clean, and my room is kept spotless" and "The home is spotless, it is like an hotel, the domestics work extremely hard."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The service facilitated visiting for people's family and friends. People told us their loved ones could visit them at any time. We witnessed visitors during our inspection and saw the positive impact this had on peoples' psychological and emotional well-being.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection, we could not be certain that restrictions in place were being performed legally, and there was a failure to work within the principles of the MCA 2005. This was a breach of Regulation 11 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 service was working within the principles of the MCA 2005, and assessments to determine a person's capacity to make specific decisions were completed adequately.
- Consent for care had been obtained from the appropriate persons and/or that the service was acting in people's best interests.
- For people who lacked capacity to make certain decisions about their care, legal authorisations were in place (DoLS) to support the restrictions placed upon them. Where any DoLS had expired, the service had requested the Local Authority to reassess those decisions.
- We observed staff explaining and asking for people's consent before providing any care or support. One person confirmed, "Staff always ask before they offer care, and they always knock before entering my room." A relative told us, "They [Staff] always ask for [Person's] consent before undertaking any personal tasks."

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

At the last inspection, we found a lack of robust and accurate records relating to people's care and support needs. This was a breach of Regulation 17 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.

- At the last inspection, people's needs had not always been assessed or planned for in line with best practice and staff did not always have access to information about how to support people. We could not be certain information regarding people's needs was accurate and up to date.
- Since the last inspection, care plans had been re-written in a way which was specific to people's individual needs and preferences. Care plans represented an accurate and up to date reflection of the person. For example, where referrals had been made to external specialists, any advice provided had been incorporated into the care plan, providing staff with comprehensive and meaningful guidance.
- Checks were in place and the service celebrated a 'Resident of the Day'. This provided an opportunity to review people's care to ensure staff were meeting people's care and support requirements, in the most appropriate way.
- At the last inspection, charts required to monitor how much food or drink people were consuming, were not consistently being completed.
- At this inspection, we found additional paperwork to record care and support had been introduced and was appropriately completed by staff. People's records reflected both the care and support they required and received.

Staff support: induction, training, skills and experience

At the last inspection, there was a failure to ensure staff were suitably inducted, trained and supported to carry out their roles. This was a breach of Regulation 18 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.

- At the last inspection, we identified some gaps in staff training specific to people's needs and areas the provider deemed essential to their role. At this inspection, staff had completed all training deemed to be mandatory and had also completed more specific training to better meet the needs of people being supported for example, people living with dementia and mental health needs.
- People and their relatives told us they thought staff had the right skills and knowledge to support them, "The staff have excellent skills and I have multiple problems and they know exactly how to assist me" and "The staff always seem well trained in what they do and helping people." A relative confirmed, "The staff have the right training to support [Name]."
- A programme of induction was in place to help ensure staff new to the service were supported to progress becoming effective in their new role.
- Staff were also supported in their role through supervision and appraisal, which helped both professional practice and personal reflection.
- Since the last inspection, champions had also been introduced for various key themes such as safeguarding, MCA and skin integrity, so that staff who were champions, acted as a source of support and guidance for other staff members, helping to further improve the standard of care people received.

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

At the last inspection, we recommended the provider seek advice and guidance from a reputable source, about adapting the environment to meet people's needs.

Enough improvement had been made at this inspection to meet the recommendation.

- At the last inspection, we found the home lacked adequate signage to help people with cognitive impairments or dementia find their way around. People's rooms were not easily identifiable due to a lack of names on their doors.
- At this inspection, people had designed name and number plates for their doors which they had created during arts and crafts sessions. Each name plate was unique to the person, so that each room was easily identifiable. This also aided new members of staff to navigate the home.
- People were able to personalise their rooms with their own furniture and décor, to ensure it felt as homely and as comforting as possible.
- In addition to having the privacy of their own room, there were communal lounges and a diner where people could eat their meals together and socialise if they wished.

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

- At the last inspection, we found staff did not always contact health care professionals in a timely manner when people's needs changed. At this inspection, we found where people required external professional intervention, this had been requested appropriately, to help ensure people received effective and timely care and support.
- People were supported to live healthier lives. Care plans contained evidence of input from health and social care professionals being followed by staff. Staff supported people to access external healthcare services, and, where appropriate, acted as an advocate for people at such appointments, enabling people to make genuine and informed choices.

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

- At the last inspection, we found where people's care plans stated their dietary and fluid intake should be recorded, this did not consistently happen. At this inspection, charts recording people's diet and fluid intake were completed by staff. Charts were checked by a team leader at the end of each shift to ensure both accuracy and completion. One member of staff confirmed, "I am taught the importance of keeping records, and they are checked daily."
- Food was home cooked on the premises. People could choose their food and drink and were supported to eat a varied and healthy diet. People told us they enjoyed the food at the service.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection, we found some records and feedback from people suggested personal hygiene preferences were not always being followed.
- At this inspection, records were kept which recorded personal care provided and similarly to record any refusals, so the situation could be monitored and addressed. People appeared to be clean and well presented.
- At the last inspection, we found people were not always referred to in a dignified manner. At this inspection, we observed care and support being delivered by staff in a dignified and respectful way. People told us, "The staff respect my dignity", "We are always treated with dignity" and "The staff promote me to be as independent as possible, the things I can do they encourage me to do so."
- Care records were kept securely to help ensure people's privacy and confidentiality.

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

- At the last inspection, we found the high usage of agency staff meant people were not always supported by staff who knew them well. At this inspection, the reliance on agency staff had drastically reduced and there was a more stable and structured staff team in place. It was clear staff knew people's needs and preferences well and enjoyed close relationships with the people they supported.
- People were treated well. People and their relatives provided consistently positive feedback about the care and support provided by staff, comments included, "Staff are fantastic, so kind and caring. The staff know me well and the same staff look after me" and "The staff are very kind and caring; they are patient with me, they always treat me respectfully, I never wait long if I ask for help. The staff who have been here a long time know me so well." A relative told us, "I cant praise the staff enough."
- The service took consideration of people's human rights, equality and diversity. Any limitations on people's abilities due to their healthcare needs, were not treated as barriers to people accessing support and opportunities. One member of staff told us, "People have choice, and every person is different and treated according to their choices."

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

- At the last inspection, it was difficult to determine whether people were supported to express their views and be involved in decisions about their care. At this inspection, staff supported and encouraged people to express their views and make decisions about their care and support. This was done at every opportunity. For example, encouraging people to decide what clothes they wanted to wear that day.
- People's feedback regarding their care and support was sought via residents' meetings and

questionnaires. One person told us, "We have a resident/relative meeting once a month, it is a great idea and I love attending. You can put any ideas forward and they always listen and try and implement things if they are practical and achievable. I suggested with having the minibus could we have more trips out, they are now putting days out on the calendar, tomorrow it is Crosby Marina."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection, the provider had failed to ensure people received care that was person-centred. This was a breach of Regulation 9 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.

- At the last inspection, people did not always receive person-centred care based on their needs or preferences. Some people's care plans lacked information about how best to support them and what action staff should take if they had any concerns.
- People's care was personalised and planned. Peoples' care plans, which had been re-written since the last inspection, were person centred and written in a way which was sensitive and considerate to the specific needs and choices of the person.
- People's plans acted as good sources of information and guidance for staff. A relative told us, "Staff genuinely understand [Name's] condition and know just how to deal with it, I've not experienced that before."
- People told us they were fully involved in the planning of their care and support, comments included, "I was involved with my care plan from the beginning, and it has been reviewed about 2 months ago. I am happy with that and sign to agree with it", "I am involved with my care plan and so is my family" and "I have been involved in my care plan; it gets updated regularly and I am always involved."
- At the last inspection, we found people did not always get the support they needed or asked for. At this inspection, staff had been deployed in a way which best met the needs of people. Additional staff had been recruited, which complemented the care staff, such as activity co-ordinators, so people were supported to access the community as and when needed.
- People told us they had choice about how their care and support was delivered, comments included, "I have full choices over my day. I can get up when I want to and go to bed when I choose to do so. If I want a lie in the staff let me do this" and "I never wait long if I ask for help."
- At the last inspection, we found people's personal hygiene preferences were not always being met. At this inspection, care plans contained information about whether people preferred a bath or a shower. Records of daily personal care were also kept to ensure personal hygiene was monitored.

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

- The home employed 2 activity co-ordinators. They helped to organise and facilitate activities for people.

People enjoyed both on site activities and trips into the community, to help people feel a sense of belonging and avoid any feelings of social isolation.

- People had a say in what they wanted to do. The home had a bespoke pottery room where people enjoyed creating, designing and hand painting ceramics. A fully equipped sensory room was also utilised by people which included light and sound stimulation.
- One of the activity co-ordinators was also a holistic therapist who had introduced both relaxation therapies and therapies such as colour card therapy, which promoted people to talk about past experiences and memories. This was particularly beneficial to those living with dementia.
- For those people unable or who preferred not to leave their rooms, the activity co-ordinators provided activities and therapies on a 1-1 basis.

#### 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.

- Staff were trained to communicate with people in a way they could fully participate and understand. People's care records contained guidance for staff on the most effective ways to communicate with people. People could be provided with information and reading materials in a format that suited both their level of understanding and communications needs.

#### Improving care quality in response to complaints or concerns

- An accessible procedure was in place to enable people and their relatives to raise any concerns. People told us, "I recently made a complaint about an agency nurse, I was pleased with the way they dealt with the situation" and "I have never made any complaints, but I would speak to the managers if I had any problems."

#### End of life care and support

- The service was not supporting anyone with end-of-life care at the time of our inspection.
- People's wishes and preferences for end-of-life care were considered as part of the care planning process, to help ensure people experienced a dignified passing which was sensitive to any cultural or religious beliefs and 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant although we were assured the service management and leadership was consistent and that leaders and the culture they created supported the delivery of high-quality, person-centred care, further time was required to evidence sustainability of improved practices.

### Continuous learning and improving care

At the last inspection the provider had failed to identify issues we found during our visit. Governance systems had failed to drive necessary improvements to the safety and quality of care provided. This was a breach of Regulation 17 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.

- At the last inspection, governance systems had not always been effective at driving necessary improvements to the quality and safety of the service. Since the last inspection, the registered manager had returned to the service and a deputy manager and clinical lead had been appointed to provide additional support in the leadership of the service, and to help improve standards in the level of care and support provision.
- Audit and governance systems had been overhauled and new paperwork to record care and support, had been introduced. These new processes aided improved oversight and were effective at identifying any shortfalls in the safety and quality of care and provided an honest scrutiny of the service. One person summed it up by saying, "[Registered Manager] is wonderful, she is constantly pushing to better the home. She has made this home far better in the last 6 months. It is now like a home from home, and we are like a big family."
- We were assured the registered manager had improved standards of care, however, further time was required to evidence and embed revised practices.

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

- At the last inspection, we found people did not always receive person-centred care with good outcomes. The lack of detailed information and risk assessments in people's care plans meant we could not be certain that staff were fully aware of people's individual, risks, needs and preferences.
- At the last inspection, as a result of the registered manager and a significant number of regular care staff and nurses leaving, the service had relied heavily on agency staff, which had contributed to some of the issues found.
- As a result of the registered manager returning, in addition to the return of most of the staff who had resigned, standards of care had significantly improved, and people were receiving care and support by staff

who were familiar to them, and staff who were clear about their roles and understood the risks to people.

- People confirmed this by saying, "[Name] is the manager, and she is brilliant. I can speak with her anytime or with the deputy. The home is running really well," and "[Manager] is lovely, I see her every day and she always has time to talk with us."
- The registered manager had worked hard with external organisations such as the Local Authority and Commissioners to act on the findings of the last inspection, remedy the shortfalls and improve the standard of care for people. This demonstrated their understanding of quality performance and regulatory requirements.

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

- The registered manager was instrumental in the development of a culture dedicated to person centred care and support underpinned by transparency, compassion, dignity and respect.
- This ethos was understood, shared and practised amongst staff, so that people using the service received a service that was inclusive and driven to provide individualised care and support. One member of staff confirmed, "The manager promotes the ethos that it should be the best home it can possibly be, to allow people to have a good quality of life."
- This positive ethos, openness to feedback and direct involvement of people and their significant others in their support, helped lead to positive outcomes for people. The service supported people to ensure the most appropriate stakeholders were utilised to provide people with care and support that met their needs and goals.
- The service promoted equality diversity and inclusion to remove any barriers to people's access to the best possible care and opportunities. Staff promoted these values to help deliver a strategy of delivering high quality care and support, which was individual to the person.

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

- At the last inspection, we found relatives felt communication had deteriorated and did not always feel that issues they raised were listened to or addressed. At this inspection, we received positive feedback from relatives, comments included, "Staff give regular updates and communication is excellent" and "We have a relative/residents meeting once a month, any ideas that come forward can be discussed by us all. We get to know from management what plans are going to be introduced, it is very useful."
- The management team and staff encouraged and facilitated people and their significant others to be heard. Various methods were used to obtain feedback from people about all aspects of their care and support.
- The registered manager engaged with staff via formal meetings and check ins to enable staff to have a platform to voice their feedback and views. The manager used this feedback to help shape the service further and foster a culture where staff felt valued and confident to speak up.

Working in partnership with others; 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 worked in partnership with external organisations to support holistic care provision to help ensure people received an experience based on best practice outcomes and choice and preference.
- The provider was aware of their duty of candour responsibilities. A transparent and open approach was adopted. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

