

Mr & Mrs M Hopley

Georgian House Nursing Home

Inspection report

20 Lyncroft Gardens
Ealing
London
W13 9PU

Website: www.gnhh.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Georgian House Nursing Home is a nursing home for up to 25 people aged 65 and over. Some people were living with the experience of dementia. At the time of our inspection, 22 people were living at the service, one of whom was in hospital.

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

Medicines were not always managed in a safe way. Whilst we did not find people were being harmed, there was an increased risk that they would not receive their medicines as prescribed because we found a number of discrepancies.

The provider had systems for monitoring and improving the quality of the service, and these were mostly operated effectively. However, these had not identified the issues we found during our inspection.

Following our inspection visit, the registered manager told us about improvements they were making based on our feedback.

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.

The provider followed the principles of the Mental Capacity Act 2005 (MCA) and where people lacked capacity, they were deprived of their liberty lawfully.

The provider had made improvements to the environment and had developed this to suit the needs of the people who used the service, particularly those living with dementia.

People using the service were happy with the care they received. They told us staff were kind and met their needs. Feedback from relatives was positive, and indicated they were happy with the care their family members received.

People were assessed before using the service, and their care and support had been planned in line with their needs and choices. Staff knew people's needs well and had assessed risks to their safety and well-being. Guidelines were in place to help minimise these risks. People had access to healthcare services when needed and the staff communicated well with healthcare professionals to meet people's needs.

There was a range of different social activities being offered, and people were consulted in relation to activities they wanted to take part in. The home was clean and some improvements to the décor had taken place. Further improvements were planned. There were robust procedures for preventing and controlling infection, and the staff followed these.

There was enough suitable staff who were trained and supported so they knew how to care for people. The registered manager regularly assessed staff competencies and skills. Staff received regular supervision.

There were systems for identifying, investigating and responding to complaints, accidents, incidents and safeguarding alerts. We saw the provider learnt from these to make improvements to the service.

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 requires improvement (published 14 November 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that although improvements had been made in some areas, further improvements were required and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the concerns identified at our previous inspection of October 2019, and new recent concerns received about a person sustaining repeated falls.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified one breach in relation to safe care and treatment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Georgian House 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 was carried out by one inspector, an Expert by Experience, and a nurse. 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

Georgian House 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 professionals who work with the service. 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 five people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, nurse in charge and care workers.

We reviewed a range of records. This included four people's care records and part of five other people's, and multiple medication records. We looked at five 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 spoke with three relatives by telephone to obtain their views of the service. We reviewed a range of documents we requested from the provider.



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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Some pain relief medicines were available as a homely remedy. There were appropriate directions recorded from the GP specifying to whom these may be offered. We saw staff signed on medicines administration record (MAR) charts when to confirm these had been administered. However, for one person the MAR stated 66 tablets were left in stock when there were only 52.
- For another person who was prescribed medicines in the form of patches, the MAR indicated 17 patches should be left but we found 21 remained in the box. Two other people were missing one pain relief tablet.
- In addition to monthly medicines audits, the registered manager required for night staff to undertake daily medicines stock checks and record these. However, these were ineffective as the number of tablets they recorded was incorrect. We raised these issues with the nurse and the registered manager who told us they would take immediate action.

We found no evidence people were being harmed. However, failure to manage medicines in a safe way was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person was prescribed a medicine to be taken for three days. The MAR chart indicated the staff had continue to administer this for five days. We discussed this with the nurse who told us the GP had verbally asked them to continue as the person was still experiencing symptoms. However, nothing in relation to this change was recorded on the MAR chart. After the inspection the provider sent an email confirmation to say the GP had agreed for staff to continue administering the medicine.
- Some people were prescribed medicines such as pain relief to be taken as required (PRN). Guidance in the form of PRN protocols were not always in place to help staff give these medicines consistently.
- Some people were prescribed creams to be applied to the whole of their bodies. Although the care staff administered the creams, they did not sign the MAR charts, as it was the practice for the nurses to sign for these. We raised this with the nurse in charge who told us they would discuss this with the registered manager.
- Medicines were safely stored in locked cupboards and a trolley. Staff checked the temperature of the room and medicines fridge daily and this was within acceptable range.
- Controlled drugs (CDs) were stored appropriately and all required documentation was in place. We checked these and found stock to correspond to staff signatures indicating people had received these medicines correctly.

Assessing risk, safety monitoring and management

- Not all risks had been assessed. During our check of the environment, we found some cleaning products were being stored in an unlocked cupboard in the dining room. We raised this with the registered manager who addressed this immediately with the housekeeper.
- The provider had completed COVID-19 risk assessments for staff, which identified when they were at greater risk of serious illness from the disease and ways to help prevent infection. Although people who used the service did not have individual COVID-19 risk assessments, we saw their care plans included a specific COVID-19 section which detailed each person's needs in this area and how to support those most at risk.
- Other risks to people's safety and well-being had been assessed, monitored and managed. The staff carried out assessments of risks relating to people's care, including their physical and mental health, skin integrity, use of equipment, risk of falls and nutritional risks. These assessments were regularly reviewed and updated. They included plans to reduce the risk of harm and to support people to be independent where they could be.
- One person was at high risk of falls. We saw they had been referred to a specialist clinic, and had been assessed for bed rails, taking into consideration the person's capacity, health and mobility. Appropriate measures had been put in place to reduce the risk of falls, such as one to one monitoring, low bed and referral to relevant professionals. There was a falls protocol in place which was followed by the nurse in charge in the event of a person falling. This provided guidelines about what to do, and what decision to make.
- Another person had been admitted with a pressure ulcer. We saw evidence they had been referred to the tissue viability nurse and the person's care plan included guidelines from them for staff to follow. They were also provided with pressure relieving equipment such as an air mattress and regular re-positioning. Photographs on the person's care plan clearly evidenced the wound had healed well. This indicated the person was receiving appropriate care.
- The provider carried out checks on the environment to help make sure it was safe. These included checks on electrical, gas and water safety as well as a fire risk assessment and checks on fire safety. There were individual evacuation plans so the staff knew how to support people in the event of a fire or another emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Their comments included, "I feel safe. I like living here" and "Oh yes, I am safe here. They look after me." One relative echoed this and said, "This has been a very safe place for [family member] during the pandemic."
- There were systems and processes designed to protect people from the risk of abuse. The provider had safeguarding and whistle blowing procedures and the staff received training in these. They were able to explain what they would do if they suspected someone was being abused. Staff meetings included discussions about safeguarding procedures.
- The provider had responded appropriately to safeguarding alerts. They had worked with the local authority, and other external organisations, to investigate these and help protect people from further abuse.
- The registered manager kept a log of all safeguarding alerts and used this to help identify any trends or themes where improvements were needed.

Staffing and recruitment

- There were enough staff on duty at any one time to meet people's needs and keep them safe. On the day of our inspection, we saw people's needs were being met in a timely way and they did not have to wait for care. People confirmed this, telling us the staff supported them if they used the call bells or needed assistance.

- The registered manager told us they needed to cover three full time posts, as they were short of permanent staff. However, they told us they had some regular and reliable temporary (agency) staff, who knew people well and were part of the team. This meant people using the service were supported by familiar staff who had a consistent approach.
- People using the service and their relatives told us staff were skilled and suitable to care for them. The provider had systems to help ensure they recruited suitable staff. These included carrying out checks on the identity of potential staff, seek references and criminal records. Following successful recruitment, all new staff undertook an induction which included an introduction to the service, training and assessments. This helped the provider to make sure staff had the skills and competencies needed to care for people safely and meet their needs.

Preventing and controlling infection

- The provider had robust systems and processes to help prevent and control infection. They had appropriate procedures, which had been reviewed and updated to include the risks associated with COVID-19. A healthcare professional told us, "It is one of the few homes that managed to avoid major COVID outbreaks this past year and it is a testament to everyone's hard work and diligence in keeping the patients and their team safe. They have adhered to infection control measures confidently."
- People using the service, visitors and staff confirmed the staff wore masks, hair cover, gloves, aprons and other personal protective equipment (PPE). One relative told us, "They are very hot on PPE. They have done exceptionally well with this. The manager has kept people safe." PPE was easily accessible for staff, so they could change this when needed. There was information and posters displayed to remind people, staff and visitors about hand hygiene, PPE and social distancing.
- The service was clean and there were robust schedules to make sure it stayed clean. These included regular checks and audits of the environment and equipment being used, systems for disposing of waste and for managing laundry.
- People using the service, staff and visitors were regularly tested for COVID-19 and there were appropriate systems for responding to any positive test results and managing outbreaks at the service. People using the service and staff had also been offered vaccinations against COVID-19 and flu. The service had not had any positive cases of COVID-19.

Learning lessons when things go wrong

- The provider had processes for learning when things went wrong. The staff recorded all incidents and accidents which occurred at the service. These contained details about what happened and when and what actions were taken. Incidents and accidents were reviewed by the registered manager, and an investigation was carried out.
- We reviewed a sample of recent incidents and saw that appropriate actions had been taken. For example, one person was sent to hospital following a fall. We saw measures were in place to prevent reoccurrence. These included for staff not to leave the person unattended and to ensure they were sitting safely in their chair.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant 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 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.

- Where necessary, the provider had apply for DoLS in a timely manner, which meant people were not deprived of their liberty unlawfully. They sought advice from the local authority's DoLS team to ensure they followed guidance appropriately.
- Mental capacity assessments were in place and regularly reviewed. Some were generic and contained yes and no answers to specify if the person could consent to a range of areas, such as taking medicines, deciding about what to wear or eat. However, the care plans clearly reflected the support people required to make decisions.
- People using the service told us the staff asked for their consent before providing care. They said staff gave them choice and respected their wishes. One person stated, "I choose what I put on in the morning" and another said, "I wear what I like. I do what I want."

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

At our last inspection on 1 October 2019, we found the provider had not made sufficient improvement to the environment to meet the needs of people living with dementia. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

- The provider had developed the environment to meet the needs of people who used the service, particular those living with dementia. The provider had introduced small memory boxes outside people's rooms displaying their photographs and a printed picture of things they liked.
- The provider had added signage around the home to help people orient themselves. There were colourful posters of people who used the service displayed in the entrance hall.
- There were sensory object and tactile boards displayed for people to touch and look at, and a variety of pictures.
- People were supported to personalise their bedrooms with objects and photographs of their choice.

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

- The provider assessed people's needs prior to them moving into the home. Pre-admission assessments were detailed and included all aspects of people's care and support according to their choices and wishes. These were used to write people's care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained and supervised. New staff completed an induction which included training and an introduction to their roles and responsibilities. Each new employee was allocated a supervisor who monitored and guided them during their induction period and assessed their competencies. Once signed off, the staff member was able to support people.
- Staff we spoke with told us they were well supported and trained. Their comments included, "I have received training here at the home. We work as a team here" and "We have training for the job." A relative told us, "The staff are consistent and well trained. I trust them."
- Staff received training the provider considered mandatory such as health and safety, safeguarding, moving and handling and infection control. They also received training specific to the needs of the people who used the service. This included dementia awareness, MCA and DoLS, death, dying and bereavement, pain management and activities and exercise.
- Records confirmed staff received regular supervision meetings where they had the opportunity to discuss their work and help them improve their practice.

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

- People told us they liked the food they were offered and were given choice. Their comments included, "The food is not too bad. I get a choice for breakfast and lunch", "The food is alright" and "Food is lovely. Having lamb-shank today. I get a choice." A member of staff stated, "The residents are asked what they would like to eat the day before. There is a choice and this includes vegetarian options."
- A menu was displayed in the dining room, although this was placed by the kitchen door and not immediately visible. Some people chose to have their lunch in the dining room whilst others preferred staying in the lounge and the staff respected their choice.
- People's nutritional needs and food preferences were recorded in their care plan and reflected their personal, cultural and religious requirements. The registered manager told us menus were prepared four weeks in advance and these reflected people's choices. They added they aimed to offer a variety of dishes that were both appetising and nutritious.
- Where a person was at risk of malnutrition, staff used a Malnutrition Universal Screening Tool (MUST), and where necessary, referred them to relevant healthcare professionals such as Speech and Language Therapists (SALT). We saw one person who was receiving this input had gradually gained weight. Some people received input from a dietician and were prescribed food supplements.
- Some people's care plans indicated they were at risk of choking and needed to have their food pureed. On the day of our inspection, we saw evidence this was offered and the meals were presented in an appetising way.

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 to access external healthcare services. One person told us, "I saw a doctor last week and get my medication daily." A relative agreed and said, "They understand [family member's] medical needs. They are very pro-active and are quick to recognise when things are not right."
- There was always a nurse on duty who monitored people's health and well-being. Together with the care staff, they closely monitored changes in health and made referrals for specialist healthcare support when needed. The GP had conducted regular virtual visits as needed using video calling since the outbreak of the COVID-19 pandemic, and the registered manager said these had worked well.
- The team had a good professional relationship with the GP and other healthcare professionals involved in people's care included the palliative care team, diabetic team, optician and tissue viability nurse. A care worker had received training from the chiropodist to enable them to cut people's nails. This meant people could have their nails cut during lockdown. A healthcare professional told us, "I have found all the staff to be friendly and helpful to both their residents and me. Residents are treated with kindness and respect."

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

- People told us the staff treated them kindly and respectfully. Their comments included, "Everyone is kind to me", "I'm very happy here. People are very nice to me" and "I am looked after." Relatives echoed this and said, "My [family member] is well cared for. They are kind. It's proper care", "They have given my [family member] a lot of care" and "They are caring, and they have been nice to me too."
- Throughout the day, we saw staff attending to people in an unrushed manner. Where they needed personal care, this was done discreetly and showing respect for the person's privacy and dignity. The staff went about their work quietly and there was a relaxed atmosphere. Staff were attentive and provided small acts of kindness. For example, after lunch, a member of staff gently wiped a person's face to remove residues of food and explained what they were doing.
- People were supported to be independent where they were able. Care plans recorded people's skills and the things they could do for themselves. They confirmed staff encouraged them to be independent when they wanted to be.
- The provider had an 'Equality and diversity' policy which was displayed on the staff notice board. Staff received training in this and understood how to support people according to their individual characteristics. The provider told us they were not currently supporting people from the Lesbian Gay Bisexual and Transgender (LGBT+) community. However, they told us they were supporting people from different cultures and religions and supported them with their individual needs. The care plans we viewed confirmed this.
- People's religious needs were met by accessing services online or through social media regularly. The registered manager said this had been a great comfort to people during lockdown.

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

- People's views were obtained during meetings, surveys and one to one conversation. Where they were able, people told us they were consulted in all aspects of their care. Relatives we spoke with said they were involved in planning the care of their family members. One relative told us, "During the last year, I have been micro-managing my [family member's] care with the home. The communication has been excellent."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff were respectful of their privacy, dignity and independence and we saw example of this during our visit. Relatives' comments included, "My [family member] has lived at the home for five years and looks younger and healthier now than when [they] arrived. [They have] been treated

with great respect and dignity", "It is like a family. They really seem to care for the residents. I trust them to take care of my [family member]" and "My [family member] has a high dependency and needs a lot of care. [Family member] can be difficult but they have not given up on [them]. [They] are treated with dignity and respect."

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 deteriorated to requires improvement.

This meant people's needs were not always met.

End of life care and support

- People's end of life wishes were recorded in their care plan, although one lacked detail about their individual requirements when they reached this stage. For example, the person's religious needs were recorded elsewhere in their care plan but their end of life plan made no reference to this. The nurse in charge told us they would call the church, but there were no contact details recorded. Following the inspection, the registered manager assured us they kept contact details of churches centrally and staff knew how to access these.
- One person's end of life care plan did not contain any information about how to assess their pain or anticipatory medicines they might require although they were known to be in pain, however we saw evidence this information was recorded in the main body of their care plan. We also saw evidence the person was being supported by a team of healthcare professionals and received appropriate care.
- The staff had adopted and followed the principles of the Gold Standard Framework (GSF). GSF is an approach to planning and preparing for end of life care.
- Qualified nurses received specific training such as syringe driver training. A syringe driver helps reduce symptoms by delivering a steady flow of injected medication continuously under the skin.

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

- The language used in one person's care plan was not always respectful or person-centred. For example, stating the person could be 'stubborn'. In the 'Mental state, cognitive, behaviour plan' it also stated, "Doesn't have challenging behaviour apart from shouting out day and night." We raised this with the registered manager who told us they would review this without delay and speak with the staff.
- Where people displayed behaviours that may be seen by some as challenging, the provider had introduced ABC (Antecedent, Behaviour, Consequence) forms. We saw, for one person, these were completed in detail by staff. However, staff also used the forms to record routine interactions which meant it was difficult to separate and understand when concerns happened. We raised this with the registered manager who told us they would address this.
- People's care and support plans were clear and contained personalised details of the person, their individual needs and wishes, and provided clear guidelines for staff to follow to enable them to meet people's needs. These were reviewed monthly or more often if necessary. Care plans were divided into sections covering all aspects of the person's needs, such as communication, mobility, skin integrity, mental state and culture.
- People's care plans also contained a section about how to recognise when people were in pain,

particularly where they could not express this. Staff were advised to observe and monitor people's expressions and body language which could indicate they were in pain, for example, grimacing, moaning or whimpering, restlessness or irritation.

- The provider used a dependency rating scale to determine the level of support a person required. This in turn determined the staffing levels required in the home to meet people's needs. On the day of our inspection, there was a good staffing level and we saw people's needs being met in a timely manner.
- Staff recorded people's care and all relevant information about them in daily care notes. We saw these were recorded in a person-centred manner and included information about their health and tasks undertaken as well as any other relevant information about what the person had done or achieved.
- Keyworkers recorded a monthly summary of the people they supported. A keyworker is a member of staff who has responsibility for overseeing and coordinating the assessment and care planning process of specific people who use the service and to promote continuity of care.

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's communication needs were recorded in their care plans and met. The registered manager understood the importance of effective communication. They told us all the people who used the service were able to speak English. However, where possible, staff who spoke a person's own language were encouraged to communicate with them. For example, one person sometimes chose to only speak in their own language, and this was facilitated with the help of a member of staff from the same background.
- People and relatives confirmed that staff communicated well with them during the pandemic. One relative told us, "They set up lots of ways to communicate with [family member]. I would contact them any time. They have managed to create a sense of normality during a very difficult time."
- Documents were provided in large print and easy-read format for people who were visually impaired and required additional support. Where people were unable to express themselves verbally, staff used a range of methods to communicate with them, including hand gestures and the use of pictures.

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

- People were supported to take part in activities they enjoyed. Their comments included, "They always do my nails", "We go out into the garden during the summer. It's lovely. I like playing bingo. I won a bag of crisps last time" and "Sometimes I like the activities." A relative added, "The garden is used a lot during the summer. It is very well cared for and a lovely space for the residents. We have had fun at the parties."
- There was a pictorial activity plan displayed to inform people what was planned each day. On the day of the inspection, we saw staff unhurried, spending time with people, talking, and supporting them with the planned activities.
- Staff told us external entertainers used to visit before the pandemic, but this has not been happening lately. However, staff connected a laptop to the TV to provide musical entertainment and encouraging people to sing and dance. We saw some people appeared to enjoy this on the day of our inspection.
- People were consulted about activities and had individual activity plans in place. These took into account people's likes and dislikes. People confirmed they were consulted.
- Staff supported people who used the service to contact their loved ones to prevent them from social isolation. A member of staff explained, "We have kept the residents in contact as much as possible with their families. Through window visits and Skype. One person in particular has been very depressed about not seeing their [relative]. We have done our best to make things better for this person."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place and this was available in large print. We saw evidence that complaints were taken seriously and responded to appropriately and in a timely manner.
- All complaints were investigated thoroughly and the complainant responded to. The provider issued apologies and discussed concerns raised during team meetings so the team could learn from these and make improvements.

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 requires improvement. At this inspection this key question has remained the same.

This meant the service management needed to improve their quality systems in relation to medicines and care planning documentation.

Continuous learning and improving care

- The provider had systems for monitoring and improving quality. However, these had not always identified where improvements were needed, for example medicines audits and care audits had not picked up some of the concerns identified during our inspection visit.
- The provider was responsive to our feedback and took immediate action to make the necessary improvements. For example, they met with the staff and nurses to put more robust systems in place for the management of medicines and were reviewing people's care plans to help ensure all information was correct, person-centred and up to date.
- Notwithstanding the issues we found, most of the checks undertaken were effective and included monthly care plan reviews, safeguarding concerns, people's weights and nutritional needs and pressure ulcers. The provider also had a separate monitoring system for each person, which recorded their medical conditions, dietary requirements, GP visits/hospital admissions and number of infections in the last six months. This provided up to date information for healthcare professional who may require this and stated clearly any deterioration that may need attention.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt there was a positive culture in the home and trusted the management. One relative told us, "Somehow, they have created a culture. It's their strength."
- Relatives admired the leadership during lockdown and said, "[Registered manager] has kept people safe. [They] risked anger from relatives with [their] decisions. That could not have been easy. At one time, [they] were arranging taxis to collect people to visit their loved ones. [They] had a portable toilet installed outside the home for visitors to use. Amazing." A member of staff told us, "I have worked here for 11 years. It's a good place to work."

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

- The registered manager was experienced and had been in post for 11 years. They were supported by a team of qualified nurses and care workers. The service was owned by a team of family members who provided good support to the registered manager. The registered manager was hard working and

passionate about the welfare and care of people who used the service.

- The staff spoke proudly of the team and their achievements of keeping COVID-19 out of the home. All the staff we spoke with told us they felt supported by the registered manager and the team in general. Staff told us there was an open culture where issues were discussed and staff felt listened to.
- The nurse on duty on the day of our inspection was experienced and knowledgeable and knew people's needs well. They demonstrated good leadership skills throughout the day. They took on board our feedback and worked with the registered manager to make immediate improvements.

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

- The registered manager was transparent and understood the importance of being honest and open when mistakes were made. They told us, "We have a legal duty to be honest, sincere in what we do and be open about our mistakes" and "We use duty of candour on the day to day care of the residents. We report and discuss any incidents, no matter how small, we reflect and learn from our mistakes if there are any to better our care and service." Documents we viewed confirmed this.

Working in partnership with others

- The registered manager and staff worked with external agencies, such as the local authority, healthcare professionals and other providers. They attended forums and meetings with other care providers where they could share information and discuss any concerns they may have.
- The staff had good working relationships with healthcare professionals involved in the care of the people who used the service. We saw they made referrals and followed their recommendations and guidance to help meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered person did not always ensure safe care and treatment of service users.</p> <p>Regulation 12</p>