

Nottingham Care Village Limited

Nottingham Care Village

Inspection report

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Date of inspection visit:
12 September 2019

Date of publication:
15 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nottingham Care Village is residential care home which provides accommodation for up to 35 people who require nursing or personal care. At the time of the inspection 18 people were either living at the home or using the service for respite.

People's experience of using this service:

Since our last inspection improvements had been made to the way risks associated with people's care were assessed and acted on. This included the process for making people safe in an emergency. Improvements had also been made to the way people's medicines were managed.

People told us they felt safe with staff. The provider ensured any concerns about people's safety were investigated and the relevant authorities notified. There were enough staff to support people safely. People felt staff were available to respond to their care needs. Agency staff were used at the home; however, a formal induction process was not yet in place for these staff. The risk of the spread of infection was safely managed. The provider had systems in place to help staff to learn from mistakes.

People received care in line with their assessed needs. Staff training was up to date and staff received supervision of their practice. People received the support they needed to maintain a healthy diet, although some fluid monitoring charts required more detail when being completed. People had access to other health and social care agencies where needed. The home was well-maintained and adapted to support people living with dementia or disability.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives liked the staff. They found them respectful, kind, caring and felt they treated them or their family member with dignity. People's independence was encouraged and people were able to contribute to decisions about their care. People felt listened to and staff respected and acted on their views. People's records were stored securely and handled appropriately to protect their privacy.

People's care records were person-centred and contained guidance for staff to support them in their preferred way. Some records required archiving to ensure only the most up to date information was available for staff. Efforts had been made to provide people with information in formats they could understand. People felt the quality of the activities provided had improved since our last inspection. People felt staff responded to complaints or concerns raised. The complaints procedure did not contain the correct details of who could investigate complaints if they were not satisfied with the outcome. End of life care was provided where required. Efforts were being made to ensure that all people had the opportunity to have their wishes recorded.

The manager had been in place for ten months; however, the provider had not ensured they were registered with the CQC which is a requirement for their role. Quality assurance processes had improved since our last

inspection and aided the provider to identify and act on areas which could pose a risk to people's safety. The manager and provider had a good knowledge of the regulatory requirement to report concerns to the CQC. People's views about the quality of the service provided were requested. The results had not yet been analysed, but the responses were positive in most areas. People praised the approach of the manager, they found her to be supportive and approachable.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 28 August 2018). The service's rating has now changed to good.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was 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.

Nottingham Care Village

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an assistant inspector 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

Nottingham Care Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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, but they were not registered with the Care Quality Commission. This means that the provider is 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 and was completed in one day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with five people and two relatives and asked them about the quality of the care provided to them or their family members. We spoke with four care staff, the manager and nominated individual.

We reviewed a range of records. This included all or parts of records relating to the care of 12 people as well as a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the registered person to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- ☐ People told us they felt safe and staff understood how to care for them in a safe way. One person said, "The staff are very professional when they are helping me and that makes me feel safe, it's reassuring."
- ☐ The risks to people's health and safety were now appropriately assessed, acted on and reviewed. Risk assessments had been completed to enable staff to have enough information to support people safely. This included personal emergency evacuation plans should staff need to evacuate people from the home in an emergency.
- ☐ Improvements had been made to the assessment of the risks associated with the home environment, this included more regular fire drills and checking of equipment used to care for people. We did note that fire drills had been completed every month except the month prior to the inspection. The manager assured us that this was an oversight and would remind the staff member responsible for this to ensure they were completed in line with the provider's required monthly checks.

Using medicines safely

At our last inspection the provider had failed to ensure that the risks associated with people's medicines were reduced through safe and effective management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- ☐ People received their medicines when they needed them. One person said, "I take a lot of tablets at different times of the day and the staff always bring them to me on time and stay with me while I take them."
- ☐ People's medicines were now managed safely. Improvements had been made to the way 'as needed' medicines were managed. These medicines are not prescribed as a daily dose and are to be given only when

needed; for example, when a person shows excessive signs of agitation. Protocols, which are used to inform staff when to administer these medicines, were now in place. This helped to reduce the risk of inconsistent administration.

- We did note a small number of gaps on people's records when creams had been applied. The manager assured us the creams would have been provided but would continue to remind staff of the importance of completing all records correctly.
- All medicines were now stored safely. Dates of opening of liquid and topical medicines were recorded. This reduced the risk of medicines being administered that were past their safe use by date. We observed a staff member administer medicines and they did so safely and in line with best practice procedures.
- Staff had received training on how to ensure people were supported safely with their medicines. They received at least a once annually competency assessment which assured the manager that staff practice remained safe and in line with current best practice guidelines and legislation.

Staffing and recruitment

- People felt there were enough staff in place to care for them safely. Our observations throughout the inspection supported this. One person said, "I never have to wait long if I ring (call bell), even if I ring at night." Call bells when pressed, were responded to quickly, meaning people received timely care and their needs were responded to appropriately.
- Agency staff were sometimes used to cover shifts when staff were off work through illness or holiday. The same agency was used and wherever possible staff who had been to the home before were requested. This helped to provide people with consistent care. When agency staff attended the home for the first time, they were given a tour of the home and informed of the immediate risks to people's safety. However, there was not a formal written process in place that ensured they had understood what was required of them. The manager told us they would implement a process where agency staff signed to say they understood the risks around the home and to the people they were caring for.
- A dependency assessment was in place. This enabled the manager to assure themselves that enough staff were in place to care for people safely. Rotas showed the required number of staff needed to support people safely were in place.
- There were procedures in place that ensured new staff were appropriately vetted before they commenced their role. This helped to reduce the risk of people being cared for by inappropriate staff.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff cared for them and felt able to report concerns about their or other's safety. One person said, "If I was concerned at all I would mention it to the senior person on duty and speak to the manager if I needed to."
- Staff were aware of the signs of abuse and could explain how they would report any concerns they had and felt these concerns would be acted on by the manager.
- The provider had the systems in place to ensure the local authority 'safeguarding team' and the CQC were notified of any allegations of abuse or neglect.

Learning lessons when things go wrong

- There was a process in place that ensured accidents and incidents were recorded and investigated. Where needed, actions were recommended by the manager and then followed up to check they had been completed.
- Reviews of any accidents and incidents were carried out, although the numbers that occurred were low. Where there was any learning required from these incidents, this was discussed with staff members during supervisions, or collectively in team meetings.

Preventing and controlling infection

- People praised the cleanliness of the home. One person said, "This home is immaculate; it is so clean and well presented. The housekeepers work so hard." A relative said, "The home is so clean and welcoming."
- Safe infection control procedures were followed throughout the home. The home was clean and tidy and well-maintained. All communal areas and equipment were regularly cleaned. On 26 October 2018 the home was awarded a rating of 'Very Good' by the Food Standards Agency for safe food hygiene practices. This meant people were protected from the risk of the spread of infection.

Is the service effective?

Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's physical, mental health and social needs were, in most cases, assessed and provided in line with current legislation and best practice guidelines. Where people needed support with specific health conditions, staff had acted to support people with their health needs.

Staff support: induction, training, skills and experience.

- ☐ People praised the approach of the employed staff. However, some did say there were occasional problems if agency staff were used who had not been to the home before. One person said, "The staff know how to look after me and they understand my needs well. It is only when they (the provider) uses agency staff that I have to tell them what to do." A relative said, "[My relative] has dementia and the staff are very kind and incredibly patient. They take any behaviour issues in their stride; they are not fazed by anything."
- ☐ Records showed staff had completed training the provider deemed mandatory for their role. Staff felt well trained and they received support from senior staff and management to enable them to carry out their role effectively. Staff received regular supervision as well as group learning in team meetings. This helped staff to provide safe and effective care and support for all people at the home.
- ☐ Staff were encouraged to develop their role through gaining externally recognised qualifications such as diplomas in adult social care. The take up of the opportunity to complete these qualifications was quite low and the manager told us increasing these numbers was an aim of the provider.

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

- ☐ People received the support they needed to have enough to eat and drink and to maintain a balanced and healthy diet. One person said, "If I don't like what is on the menu, I will ask for an omelette, or beans on toast and the cook will always make me something else." Another person said, "The food and snacks they provide are very good and the staff are always offering cups of tea."
- ☐ Staff were aware of the risks associated with people's diet. We spoke with the cook about the needs of one person who had to follow a specific diet, or their health could be placed at risk. The cook spoke knowledgeably about this person's needs and the needs of others throughout the home.
- ☐ Where people's fluid intake needed to be monitored to ensure they did not become dehydrated, records were in place and these were fully completed by staff. However, we did note that whilst the individual amounts people had consumed were recorded, the recommended daily amount had not been. This meant that identifying drops in fluid intake would be harder to identify.
- ☐ The provider had measures in place to ensure that food was stored safely. There was a plentiful supply of

food with fresh produce widely on offer. People's cultural needs were considered when meals were planned. One person specifically liked pasta-based meals, and this was provided for them.

- Where people were at risk of losing or gaining too much weight, their weight was monitored to enable staff to identify any sudden changes or longer-term trends. Referrals to GPs and dieticians were made where needed to give further guidance to staff to enable them to support people effectively with a balanced and healthy diet.

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

- People had access to their GP and other healthcare agencies to help them lead healthier lives. One person said, "The staff are very good at getting the doctor to see me and the doctor seems to visit the home regularly which is good." A relative said, "When the staff suspected that my relative was ill, they got the doctor out straight away."

- People's day to day health was recorded in daily running records. These records were reviewed to ensure that if needed, referrals were made to other agencies for guidance with specialised issues that could affect people's health and safety.

- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

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

- The home had been adapted to support people living with dementia and/or a physical disability. Furniture with curved edges was deliberately put in place to reduce the risk of injury of people walking into tables and chairs with sharp corners.

- Some signage was in place to help people orientate themselves around the home, helping people to identify communal areas. Bathrooms had specially adapted equipment to support people with using the facilities safely.

- The home was well-maintained and regular maintenance was carried out to ensure all areas were safe and enabled people to freely move around the home.

- The home had an attractive, safe, well maintained and accessible garden area, with outdoor seating for people who wished to use the garden.

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.

- The application of the MCA was effective. Where there were concerns with people's ability to make decisions for themselves, mental capacity assessments had been carried out with input from relatives and professionals. This ensured that decisions continued to be made in people's best interest. When family members or another relevant person were involved with making decisions about people's care, their legal right to do so was recorded. This will ensure that people's rights were respected.
- Where a person had a condition attached to their DoLS authorisation this was being met.
- People's care records also contained examples where people had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.

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; equality and diversity

- ☐ People felt staff were kind and caring. One person said, "The staff are absolutely lovely; they really do care." Another person said, "All of the staff are so caring; they are so good at helping me."
- ☐ People felt well treated by staff, they received the care they wanted, and they enjoyed their company. One person who came to the home occasionally for respite said, "I come here during the day and always find the staff very friendly, they come around and have a chat and look after me very well while I am here."
- ☐ We observed staff interacting with people in a calm, reassuring manner. When people showed signs of distress or became unduly agitated, staff were patient and supported the person offering a kind word or touch to reassure them. Staff were attentive, identifying when people may be cold, needed a drink or wanted to move to another part of the home. We observed staff support one person who had become disorientated being offered reassurance in a calm and positive manner. This helped the person's behaviour and their demeanour visibly improved.
- ☐ People's diverse needs were discussed with them when they first started to use this service. Where people had expressed their chosen religion, this was recorded within their care records to ensure staff were informed. Representatives of local churches were invited to the home to provide church services and spiritual guidance to the people living there.
- ☐ Care records contained guidance for staff on how to communicate with people. All staff had completed dementia awareness training which gave them the skills to communicate with people living with dementia. We observed them doing so effectively. Staff also used skills gained from their 'challenging behaviour' training to manage potentially difficult situations with people well. This meant people were not discriminated against because of a disability or health related condition.

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

- ☐ People felt able to make decisions about their day-to-day care and felt confident that staff would respect their wishes. People told us they were able to decide whether they wanted a male or female member of staff to support them with personal care.
- ☐ People's care records contained examples of people signing their care plans to say they agreed to the content. However, some people told us they unaware whether they had a care plan in place. We raised this with the manager. They told us they would remind people that they could review their care plans at any time. A 'resident's meeting' due to be held later in the month would be an opportunity for this take place.
- ☐ Plans were in place to make people's care plans more 'user-friendly' and to vary the types of font and

sizes of texts to make them more accessible for all. This will further enhance people's ability to make informed decisions about their care needs.

- A service user guide was provided for people to inform them about the services available to them and the quality of care they should expect to receive. This included a chart of rights which explained what rights people had and that staff should always ensure those rights were respected.
- Information about how people could access an independent advocate was provided in the service user guide. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. Advocates had also been offered the opportunity to attend 'resident meetings' to support people with understanding what was discussed and to speak on their behalf if they wished them to. This ensured that people were offered further support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- People felt staff treated them with dignity and respect. One person said, "They [staff] are very good at covering me over when they are helping me to wash and dress."
- We observed staff treating people with dignity. When discussing people's care, they did so quietly and discreetly to promote people's right to privacy. When a person was moved from their wheelchair to a chair, we observed the staff offer reassurance and engaged fully with them during the process. This was done respectfully whilst maintaining the person's dignity.
- People's independence was encouraged and promoted. People told us staff did all they could to support them with doing as much for themselves as possible. One person said, "I do what I can, and the staff encourage me to keep me independent. I can't walk to the dining room, the staff know that, so always come down to my room with a wheelchair."
- People's care records were treated appropriately to ensure confidentiality and compliance the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. Staff had received GDPR training and received regular updates from the provider to ensure their knowledge and actions continued to meet these guidelines.

Is the service responsive?

Our findings

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

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

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

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

- ☐ Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. A relative said, "Before [relative] was admitted a member of staff visited and completed a very thorough assessment of their needs."
- ☐ Once it was agreed that people's needs could be met at the service, detailed care plans were then written to ensure staff had the guidance they needed to care for people safely. This also meant staff were able to respond effectively to changes to people's health needs.
- ☐ People's care records contained details about people's likes, dislikes and personal choices and preferences in relation to their care. People's food preferences, and the time they would like to go to bed, were just some of the choices people had made. Staff were knowledgeable about people's choices and were able to explain how they supported people with them.
- ☐ People's care was regularly reviewed to ensure the care provided continued to meet their needs and preferences. We did note some records were lengthy and contained information from years prior to the inspection which could cause some confusion to staff, especially new or agency staff. The manager acknowledged this and told us they would review each care plan and remove records that were no longer relevant.

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 wide-ranging activities that were developed and implemented to be in line with people's personal preferences, choices and hobbies. An activities co-ordinator was in place (although not present at this inspection). The manager told us they had worked hard since our last inspection to improve the quality of activities following feedback from people and relatives.
- ☐ People spoke positively about the activities programme that was now in place. One person said, "We are each given a monthly list of activities and you can please yourself whether you go or not. The staff also come around every day to ask if you want to join in with whatever is going on." Another person said, "The activities here are really good and the activities lady is so lovely. We have bingo, film nights, musicians; it's really very good."
- ☐ People were supported to make visits to local amenities such as shops and cafes with staff. Day trips were regularly taken during the warmer months with people going out as groups to aid social interaction.
- ☐ People were encouraged to maintain links with friends and family and were supported to meet with them outside of the home wherever possible. This also helped to reduce the risk of people experiencing social

isolation.

Meeting people's communication needs.

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

- ☐ The provider had made provisions to ensure they were compliant with the AIS. Audio books were in place to enable people to enjoy books if they were unable to read them. An electronic care planning system enabled care records to be enlarged if people had difficulties in reading them; although this had not yet been provided as an option for people. The manager was also in the process of implementing picture food menus to ensure that all people could make an informed choice. This will also help support people living with dementia to make choices.
- ☐ These processes helped to ensure that people were not discriminated against because of a disability or sensory impairment and would further improve people's ability to understand records that related to them.

Improving care quality in response to complaints or concerns

- ☐ People felt able to make a complaint. They understood the process and felt confident that the manager or other relevant staff members would respond accordingly. One person said, "If there was anything I was unhappy about, I would complain directly to the manager." Another person said, "I have complained to the manager occasionally and they have things sorted out straight away."
- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. The complaints policy was placed on a noticeboard within the reception area. This area for most people was not accessed unless they were going out of the home. This could make it difficult for people to have access to how to make a complaint. The manager told us they would move the process to within the home to make it accessible for all.
- ☐ The complaints policy included guidance for who to report concerns to if people were unhappy with the outcome of their complaint. However, the policy incorrectly stated the CQC was the only body that people could report their concerns to. The Local Government and Social Care Ombudsman has the statutory authority to consider complaints about adult social care providers. The manager told us they would ensure this process was amended to reflect this.

End of life care and support

- ☐ End of life care was not currently provided; however, provisions were in place to support people and families should care be needed. We noted end of life care planning had been discussed and planned with some people. However, records for some were limited. The manager told us it had been difficult to engage with some relatives of people who were unable to express their wishes. They told us they would continue to request family input to ensure that should this support be needed, it be provided in line with people's personal preferences.
- ☐ When end of life care was provided, helpful steps were in place to support families. The home had many private spaces for families to use and private flats at the top of the building should family members need to rest for a few hours. The manager told us they felt this offered relatives the option of resting at the home should their family member pass away during the night. Plans were also in place to ensure people's cultural and religious backgrounds were respected. Staff had received end of life training and this helped to ensure people's wishes were met trained staff.

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 now improved to good.

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

At our last inspection the systems and processes in place to assess monitor and review risks, safety and quality were found to be ineffective. This placed the health and safety of people at risk. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- ☐ At the last inspection we found issues with staff training, the lack of action taken to obtain people's feedback about the quality of the care and the failure to act on the outcomes of provider audits. These issues contributed the breach of regulations because they placed people's health and safety at risk.
- ☐ Action had been taken to address these issues. Staff training was up to date, audits conducted had resulted in detailed action plans and reviews of progress. We also noted questionnaires had been sent to people and the results received, although analysis of these results had not yet been conducted. A review of the feedback showed people's responses were largely positive. This meant the provider had acted to address the concerns from our last inspection, reducing the risk to people's safety.

At our last inspection the provider had not ensured the CQC were notified when the local authority had granted an authorisation to restrict people of their freedom and liberty. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- ☐ After the inspection the provider had sent the required notifications to the CQC. This included other notifications such as serious incidents.
- ☐ It is a legal requirement that a provider's latest CQC inspection rating is displayed at their office and on their website where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the office.

Continuous learning and improving care

- Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates. Learning from incidents that had occurred was discussed with staff during supervisions to ensure that the quality of the service people received did not affect their safety.
- Following our last inspection, the provider had sourced an independent audit of the home by a consultant to assist them in identifying any areas that still required improvements. We noted action had been taken to address the findings of this audit, which has contributed to the improved rating and people's experiences following our inspection.

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

- People and relatives commented on the positive atmosphere at the home. They praised the manager and would recommend the service to others. One person said, "The manager is very good; she listens to you and if you have a bit of a problem, she does her best to sort it out." Another person said, "I would recommend it here and I wouldn't want to go anywhere else."
- An on-line website, www.carehomes.co.uk provides users of services, family and friends the opportunity to provide feedback about adult social care services. We noted this home had received 17 reviews with 16 of the reviews rating the home as 'excellent'. They had received an average score of 9.8/10 when questions were asked about a variety of areas such as; facilities, quality of the care, staff, dignity and activities. This showed the home had a good reputation and people praised the overall quality of the service provided.

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

- The provider had the processes in place that ensured when mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning and development was implemented to help reduce the risk of incidents recurring.

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

- People and relatives felt able to give their views about the service and that they would be acted on. People were aware of the 'resident meetings' and one was planned in the week after this inspection. A relative said, "The manager does hold resident and relatives' meetings. They put a notice up to let us know when they are and bring a flyer around to people in their rooms. At one meeting we asked for fresh fruit to be brought out with the mid-morning drinks and that happened."
- Staff felt able to raise any issues with the manager and that any concerns would be acted on.
- The provider has made links with local schools and other organisations to raise awareness of the service within the local community. 'Open days' are held at the home and events such as Bonfire Night are open to family members and the public to attend.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all.

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

- The manager had been in place since November 2018. However, they were not registered with the CQC and at the time of the inspection an application had not been submitted. This meant there had been no registered manager in place for ten months. Having a registered manager is important as their suitability to

manage the home is assessed prior to registration. This helps to keep people safe by having fit and proper people managing these types of services.

- It is a requirement for providers of adult social care services who provide a regulated activity to have a registered manager in place. After this inspection, we were informed that an application had now been submitted. We will monitor this application to ensure that a registered manager is in place as soon as possible. We may take action against the provider if they fail to do so.