

Heritage Manor Limited

Astley Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Astley Hall Nursing Home is a care home with nursing, providing personal care to older people, who may have a physical and or sensory impairment, dementia or mental health. At the time of the inspection 22 people were living at the home. The service can support up to 48 people. Astley Hall Nursing Home accommodates people in one adapted building across three floors. The ground floor, Baldwin, supported people with nursing care needs, while the middle floor, Nightingales, provided care and support to people with dementia.

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

Improvements were needed around some aspects of infection control practices to reduce the risk of cross infection. Chairs were seen to be visibly dirty and stained. The physical environment was not decorated or adapted to a consistent standard to meet the needs of people with a sensory impairment or for people who have dementia. Gardens and other outdoor spaces were inaccessible for people to use independently.

People told us they felt safe and supported by the staff who worked in the home. Staff recognised different types of abuse and how to report it. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. People's care had been planned and potential risks to people had been identified, with mitigation in place to protect people from harm. There were enough staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Recruitment processes were robust to ensure safe employment of new staff.

People's care needs had been assessed and planned, and any changes to people's planned care was identified promptly. Staff received training and support to be able to care for people in line with best practice. People were supported to have a healthy balanced diet and enjoyed a varied choice of home cooked food. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who treated them well. One person said, "On the whole they are very good." Staff treated people as individuals and respected the decisions they made. Staff treated people with respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported to engage in activities and interests which were individual to them. People had access to information about how to raise a complaint. People's end of life care needs were met in line with their preferences in a respectful and dignified way.

The registered manager was visible within the home and listened to people and staff's views about the way

the service was run. The provider had strengthened the systems and processes to monitor the quality of the service provision.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 05 August 2022) and there were breaches 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 improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 06 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made a recommendation about adaptations to the home to promote accessibility and independence.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Astley Hall 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 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 two inspectors, one Specialist Nurse Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Astley Hall Nursing Home 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. Astley Hall Nursing Home 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.

What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service about their experience of the care provided. We spoke with 15 members of staff including the registered manager, quality and compliance manager, operations manager, deputy manager, nurses, team leaders, care staff, the chef, the activities co-ordinator, the administrator and agency care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the nominated individual after the site visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records in relation to people's care, including medication records. We also reviewed a range of records held by the service including, staff training and rotas, recruitment records, audits and checks.

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 requires improvement. Some aspects of the service were not always clean. However, people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure they had adequately assessed the risk of, preventing, detecting and controlling the spread of infections. This was a breach of regulation 12(1) 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.

- Improvements to the cleanliness of the environment was required. We saw chairs in the communal lounge were visibly dirty and stained. Cushions were ripped, or the covers had been removed, which meant these would be difficult to keep clean. The quality assurance manager advised an audit had been completed which had identified which furniture needed to be removed from the building and replaced. They told us some items had already been removed and this work was underway.
- The provider could not be assured they were adequately preventing the risk of cross infection. Toiletries, such as unlabelled hairbrushes, were found in communal bathrooms. The registered manager removed these items and communicated with staff around this practice.
- We found in some bathrooms, clinical waste bins continued to not be foot operated, to mitigate the risk of cross infection.
- While we did not identify people had come to harm, improvements were needed to ensure safe and effective infection prevention and control was well managed.
- At the last inspection some staff wore jewellery and had long painted nails, which was not in line with the providers policy. At this inspection we saw staff followed the providers infection control policy.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have their family and friends visit them in Astley Hall in line with Government recommendations.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(1) 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.

- Improvements had been made with using medicine safely, however records of 'as required medicines' needed strengthening. An 'as required medicine' is usually prescribed but is not required by the person on a regular basis. The management team had updated these records by our second day visit.
- Improvements were needed in the recording of 'as required medicine'. Staff did not always have clear and accurate guidance, so the provider would not always be assured people would be given these medicines appropriately. This is particularly important where some people cannot verbalise their need for medicine. We found no harm had come to people, and 'as required medicines' had been given in line with the person's prescription.
- At the last inspection people did not always have their time critical medicine and/or their topical creams given as prescribed. At this inspection we saw people had their medicines as prescribed.
- Previously we found people who required fluid to be thickened to reduce the risk of choking was not completed in line with healthcare professional guidance. At this inspection improvements had been made; staff had the right knowledge and thickened drinks were given in line with healthcare professionals and manufacturers guidance.
- People told us they had their medicines and the nurse waited with them to ensure they had taken them. One person said, "I take tablets. They're [staff] very good. They [staff] always bring them on time."

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(1) 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's care needs had been assessed, monitored and managed. Identified risks had been mitigated as far as reasonably possible.
- At the last inspection people were at risk of harm from dehydration. Records to show how much people had drunk were not accurate and people were not always assisted to drink where they required support. At this inspection we saw staff took time to sit with people who required assistance to drink. Record keeping of people's fluid intake had improved and was monitored daily by nurses to ensure people were drinking sufficiently to keep them healthy.
- Previously people were at risk of malnutrition, people had not been supported to eat food they enjoyed and weight loss was not monitored or acted upon. At this inspection people's weight was regularly monitored, where people's weight had changed, consultation with the person, family and external healthcare professionals had taken place. People's dietary requirements reflected their individual preferences and staff supported people to meet these.
- When people had sore skin at the last inspection, they did not have accurate assessments, and treatments of their sore skin was ineffective. At this inspection appropriate assessments and treatment plans were in place, with robust monitoring of wound healing. There was a reduction in the number of people who had sore skin, and we found where people did have sore skin this was healing well. We saw people were regularly repositioned in line with their planned care needs, which would also reduce the risk of people having sore skin.
- At the last inspection aspects of the home's fire safety was not adequate. The provider carried out work to

the home to bring this up to the required standards to ensure the building was safe and staff were appropriately trained in how to evacuate people safely. The provider confirmed the Hereford and Worcester Fire Service would be re-inspecting the home over the coming weeks.

- Previously we had found there were aspects of the environment which were not safe, such as windows were not restricted in line with the Health and Safety Executive requirement and some windows were sealed shut which prevented adequate ventilation. At this inspection window restrictors were in line with current requirements, and works were planned to remove the seal from the windows. The registered manager told us that nobody occupied bedrooms where the windows were sealed shut.

Staffing and recruitment

At our last inspection the provider had failed ensure there were sufficient numbers of suitably competent and experienced staff deployed. This was a breach of regulation 18(1) 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 there were not enough staff to keep people safe, for example, in the event of a fire, or to meet people's daily care needs. There were also insufficient ancillary staff which meant some areas of work were not always done regularly, for example domestic staff were taken off cleaning tasks and supported in the kitchen. At this inspection there were enough staff to meet people's needs, whilst ensuring ancillary work around the home was also completed.
- There had been a high turnover staff within all departments since our last inspection. The registered manager had filled most positions and felt they had a strong staff team moving forward.
- The provider ensured all staff were clear of their roles and responsibilities. Nursing staff had been given lead roles they were responsible for, while team leaders and care staff were clearer on what was expected of them and how to report and escalate any changes in people's needs.
- People told us they did not feel rushed and we observed staff responded to their requests in a timely way. People felt this aspect had improved since the last inspection. One person said, "We've got a buzzer. They come very quickly."
- Staff told us they felt staffing levels were safe, and people's needs were being met. A staff member told us they felt confident to raise any concerns with the management team.
- The provider followed safe recruitment practices for new staff.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from risk of abuse.
- At the last inspection we found staff understood some types of abuse and what they should do if they identified this. However, staff did not always act upon this. At this inspection staff told us they had and would report concerns. Staff told us there was a good improvement in people's care since the last inspection. Staff felt any concerns they did have were acted upon promptly and in a professional way by the management team.
- People told us they felt safe by the staff who supported them. One person said, "I feel safe here." While a further person said, "I feel very safe here, they [staff] are very good to me."
- The registered manager understood their responsibilities regarding the action to take to protect people from harm.

Learning lessons when things go wrong

- The provider had systems and processes in place to identify where things had gone wrong, and had acted upon these to reduce the risk of them from happening again.
- The culture within the staff group for identifying, reporting and responding to incidents and near misses was improving. Staff told us they were encouraged to be open about any concerns they may have and action was taken to address these in a timely manner.
- The management team completed daily checks to ensure staff were providing care and support in line with best practice. The registered manager worked alongside staff to ensure they provided a good quality of care.
- Where incidents had taken place, these were reviewed so that learning could be undertaken to prevent them from happening again.

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 requires improvement. The rating for this key question has remained requires improvement. This meant people's outcomes were not consistently good, as the environment needed further adaptation to support people with dementia and/or a sensory impairment. However, people's care and treatment from staff did achieve good outcomes.

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

- Astley Hall is an older grade II listed building, this meant that some aspects of the home did not lend itself to being accessible for the people who lived there.
- Gardens and other outdoor spaces continued to be inaccessible for people to use independently. The registered manager told us the garden had been cleared of overgrown shrubs some months ago. However further work was needed to make it safe. Staff told us they could not allow people outside alone as there continued to be trip hazards, such as uneven paths and the garden area was not secure.
- We continued to find that the environment had not been adapted to take into consideration the needs of people living with dementia or a sensory impairment. There was a lack of signage in place to support people to navigate around the home. There were limited signs to help people recognise their own rooms, for example, all bedroom doors were painted white and there was not consistently an identifiable way for people to recognise their room. Handrails in the corridors were not designed to promote mobility and they were the same colour as the walls, therefore they were not easily identifiable to people with a sensory impairment, for example.
- Private areas were not accessible to people and their visitors to spend time alone if they wished outside of their bedroom. We read of occasions where some people who have dementia becoming anxious when there were too many people around them.
- At the last inspection some communal bathrooms were out of use. At this inspection they continued to be out of use. The provider had plans in place to refurbish these so people could use them again. Due to the reduced number of people living in the home the available facilities were sufficient at that time.

We recommend the provider provides people access to outside space that has been assessed for risks, and private areas for when people wish to be alone. Decorations and adaptations to the premises are to be laid out in a way that is accessible and helps to promote independence.

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

- People were supported to eat and drink enough to keep them healthy.
- At the last inspection people were not effectively supported with eating and drinking enough to keep them healthy and people were placed at risk of dehydration and malnutrition. At this inspection people's dietary needs had been assessed, and plans were in place as to how to meet them.
- Where people required a specific texture of food to support their safety, the food was prepared in the kitchen to ensure it met the correct standards.

- We continued to receive mixed reviews from people about the quality and variety of food offered. One person said, "The food is a bit iffy. It depends what the chef cooks and who is in the kitchen." While another person said, "Some days are better than others, I don't always get what I ordered. The chef came up to see me and asked what I like and don't like." Whereas other people were positive about the food, with one person saying, "It's always fresh. I get food like my mum used to make. Nothing outlandish and there's always a choice. A pudding as well."
- We saw mealtimes were a positive experience for people. Where people did not want the food offered, alternatives were offered and provided. Where people required assistance, staff spent time to support them to eat their meals in a relaxed and dignified manner.
- People's weight was monitored in line with their individual needs, and where weight changes were identified, action was taken to address this promptly. For example, if a person had unexplained weight loss, increased monitoring and contact with external healthcare professionals was made.

Staff support: induction, training, skills and experience

- Staff were supported with training so they had the skills and experience to effectively meet people's needs.
- At the last inspection staff had not received sufficient training or competency checks to ensure they were able to meet people's needs in an effective and safe way. At this inspection staff received training and completed competency checks so the provider could be assured staff understood the training they had received.
- Previously agency staff told us they had not worked at the home before and were not been given an induction to the service, handover about the people who lived there, or instructions on how to use the providers computerised system to enable them to understand how to support people. At this inspection most agency staff had worked at the home for some time and knew people and the providers systems and processes well. Where a new agency worker was on shift, they confirmed they received an induction, handover of people's needs and knew what was expected of them. They worked alongside existing members of staff who were able to support them.
- Staff supervision and support was becoming more consistent as the staff team was developing, embedding and shaping their practice. Staff told us they felt supported by the management team and could approach them at any time. One staff member said, "The new deputy manager is a breath of fresh air. I feel confident to go to [deputy managers name] and talk to them."
- Staff told us the skill mix of staff had improved over recent months as more permanent staff were recruited into the roles, where they had skills and experience to bring into the team.

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

- People's needs and preferences were assessed and delivered in line with guidance and law.
- At this inspection we found people's protected characteristics under the Equality Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. People told us there were improvements in supporting them to continue to practice their faith since the easing of restrictions due to the pandemic.

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

- Staff worked with other agencies to provide timely and effective care. People were supported to access healthcare support.
- Improvements had been made since our last inspection and people had access healthcare services and support when they needed this. We found when people's needs changed, appropriate referral had been

made in response to this.

- Staff supported people to attend health appointments, opticians and dental appointments, so they would remain well.
- Staff were aware of people's upcoming health appointments, and so ensured people were ready and prepared to attend these appointments on time.

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

At our last inspection the provider had failed to ensure people's personal preferences, lifestyle and care choices were consented to. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- People's consent to care and treatment were sought. Where it was deemed people did not have capacity to consent, care was provided in line with law and guidance.
- At the last inspection we saw inconsistencies in staff's approach for gaining consent. At this inspection we saw staff consistently sought people's consent.
- At the last inspection there was no system in place monitor the progress or outcomes of applications for Deprivation of Liberty Safeguards (DoLS) authorisations. This meant some people who were unable to consent to their care may be being deprived of their liberty without authorisation from the local authority. At this inspection better monitoring and processes were in place. Where it had been deemed a person may be deprived of the liberty, referrals had been made for these aspects to be considered.

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.

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

- People were treated well and were shown respect by the staff who supported them.
- At the last inspection the provider's systems meant that people were not always cared for in a compassionate way as staff were task focused. At this inspection the providers systems improved, which took into consideration time for staff to support people with their emotional needs.
- People told us the staff treated them well and felt respected by them. Staff spoke to people in a kind and respectful way.
- We saw staff were friendly and supportive; they knew people well and what was important to them.

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

- People felt listened to and involved with decisions about their care. People shared examples of how staff supported them to do things which were important to them.
- Relatives where appropriate had been involved in their family member's care.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- All people we spoke with told us they were treated in a dignified and respectful way. One person said, "They [staff] are so good to me."
- We saw staff were respectful towards people and worked with the person at their own pace and respected their decision making. Staff respected people's privacy and knocked on doors and waited for a reply before entering.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.

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 our last inspection the provider had failed to recognise people's preferences and needs. 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.

- People received personalised care. Their choices, needs and preferences were clearly identified within their care plans. However, further work was required to improve experiences for people living with dementia.
- Previously, we found people who lived with dementia did not always have personalised care. At this inspection, we found improvements were needed to support people who lived on Nightingales, with their everyday moments. For example, during the day we saw people were sat in the communal lounge looking withdrawn. The management team recognised more work was required to explore how the staff group could give more opportunities to provide people with more meaningful everyday moments.
- At the last inspection we found the provider was not routinely gathering information about people's preferences or supporting people with their choices they had made. At this inspection, people's preferences were sought, listened to and responded to.
- People told us staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.
- Staff told us, and we saw, there was a good level of information about people's care needs and preferences held within their records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the last inspection people's information and communication needs had not been explored with them, to promote effective communication. At this inspection improvements in understanding people's communication needs had been made.
- Consideration had been taken to ensure people with a sensory impairment were supported to receive

information in a way they understood.

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 maintain relationships and take part in social activities which were important to them.
- At the last inspection people were not always supported to follow their interests. At this inspection improvements had been made. People shared with us how staff promoted and encouraged their passions, and how these extended into the local community. We could see people were proud of their achievements.
- People who lived on the Baldwin floor were provided with activities and interests throughout the day when they wished, for example, playing board games and singing. People told us they enjoyed this. Other people were supported to maintain their hobbies, such as flower arranging.
- People had access to a minibus which meant that people had greater accessibility to attend external events and outings.
- People's friends and family were able to visit when they wished to.
- People were supported to spend their day according to their wishes. Some people preferred to stay in their rooms but were given the opportunity to go to the communal areas if they wanted. Other people preferred to visit the communal lounges.
- External entertainment, such as singers visited the home which people told us they had thoroughly enjoyed. People who lived on the Nightingales floor, were supported downstairs when external entertainment visited.

Improving care quality in response to complaints or concerns

- Complaints were responded to in line with the provider's policy. The provider had considered these complaints as opportunities to drive improvement.
- People told us they knew how to raise a complaint if they needed to, with one person saying, "I would never hold back." All people we spoke with felt confident their concerns would be acted upon.
- Where the provider had received complaints, these were addressed and responded to in line with the providers complaints policy.

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- Improvements had been made in understanding people's preferences and wishes, so staff understood how to meet their end of life care wishes.
- People's care records showed discussions had been held with people, and where appropriate their relatives about their end of life care wishes.
- We read comments from relatives expressing their thanks to staff for the support given during this time.
- Staff understood how to support people who needed end of life care and support.
- Staff sought support and worked with external healthcare professionals to ensure the right medicines and equipment was in place, should a person require these at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service to recognise people's preferences and 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.

- Managers and staff were clear about their roles and how to meet these to deliver good care.
- At the last inspection systems for ensuring staff remained competent to provide care to people was not robust. At this inspection staff supervisions and competency checks had improved. Where a learning need was identified, additional and/or more comprehensive training was given to staff to help their knowledge and understanding.
- All staff understood their role and responsibilities and were given lead roles which were in line with their skills and experience. The deputy manager told us how they were continuing to work with the team leaders to further clarify their role and responsibilities. Staff told us how hard they had worked to drive improvement since the last inspection. Staff told us they felt motivated and had confidence in the management team.
- Previously the provider's systems to monitor quality and safety of environmental issues was not robust. At this inspection systems were in place to identify environmental aspects such as fire safety and systems were in place to continually monitor these to ensure they remained up to date with regulatory requirements.
- Systems to monitor the accuracy of care records to ensure these were always accurate, up-to-date or complete had improved since the last inspection. Regular meetings with heads of department were made, to bring a consistent holistic approach to provide people with the right care and support.
- At the last inspection the providers computerised system for recording people's care was not completed accurately. At this inspection staff were clear and consistent with where information was to be recorded. This meant management staff could regularly review patterns and trends to determine whether further actions or changes were needed.

Continuous learning and improving care

- The provider implemented systems to promote continuous learning to improve people's care experience.

- Since the last inspection the provider secured a new staff role into the provider group, whose key function was to assess and monitor quality and compliance. The quality and assurance manager told us they had begun their role in November 2022 and was developing and shaping this new role. They had begun to assess and monitor the service compliance and identified where further improvements were required, for example, they had identified further areas for improvement was required for dementia care and environmental aspects of the home.
- The medication audit had been strengthened, which identified shortfalls. The audit carried out in October 2022 identified medication administration records (MAR) were difficult to check as the signature boxes were too small. The deputy manager had liaised with the pharmacy to design a new MAR sheet, which made recording of signatures clearer. The same audit also identified 'as required medicine' records required more information and that nurses were not routinely completing daily stock checks. Daily stock checks were implemented which meant any medicine errors were identified promptly and a timely investigation followed. Medical advice was sought and the person and/or their family were informed.
- The provider had implemented a dependency tool; this meant the registered manager could review people's dependency level to help guide them with decision making about staffing levels within the home. The registered manager told us the guide was helpful, as it also considered people's emotional needs as well as their physical care needs.
- The registered manager told us the provider had created a staff role within the provider group which focused on staff recruitment. The registered manager told us this meant potential new staff had discussions prior to interview to understand if they held the values and commitment of the provider's ethos. They felt this approach had better enabled them to recruit the right staff into the home.

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

- The provider promoted a positive person centred and open culture.. People who used the service were involved in the service.
- At the last inspection the provider had not actively sought the views of people, relatives, staff or visiting professionals on the service and how this might be improved. At this inspection opportunities had been given, such as face to face meetings and surveys. Where comments had been made, actions had been taken to address this. For example, changing the front door bell system, so this could be heard throughout the home, so staff could respond to those waiting at the door in a more timely way.
- There had been significant changes within the staff team, but staff felt this was now beginning to stabilise over recent months. Staff felt the management team was approachable and listened to them. The deputy manager told us, "We are working to ensure that all staff feel valued."
- Staff told us they felt valued by the provider. One staff member told us how the nominated individual had contacted them directly to invite them to uptake a new role within the staff group, to provide support and coaching to new staff. They told us they felt proud of this. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- At our last inspection staffing rotas were completed only one or two weeks in advance. At this inspection we found rotas were completed further in advance, this meant better planning of known gaps to ensure adequate and safe staffing was in place. The deputy manager also told us that now the rotas were done in advance, staff were able to better plan their own personal lives.
- There was a good approach to teamwork within the home. The management team had good oversight of the care and support people needed. We saw and staff told us that the management team worked with care staff to help continue to meet people's needs. Staff told us they worked well together in a joined-up approach. Communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.

Working in partnership with others

- Systems for working effectively with other organisations with responsibilities for people's care had improved.
- Previously, people's health appointments and outcomes were not always recorded fully or accurate to ensure external agencies were contacted for the right support. At this inspection systems were in place to ensure records were fully up to date, so that timely support from external professionals was requested.
- The staff team worked with people, relatives and healthcare professionals to provide good outcomes for people.
- The provider and registered manager worked in an open and transparent way with external stakeholders.

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 understood their responsibilities to be open and transparent with people. Where events had happened in the home, they had communicated with the appropriate people and external agencies.
- The provider understood their responsibilities for notifying the CQC for other events, such as deaths, serious injuries or DoLS authorisations.
- The legal requirement to display the CQC rating of the last inspection in the home was met.