Lotus Care 1 Limited

Hurst Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Hurst Nursing Home is a care home with nursing and is registered to provide accommodation and support for a maximum of 22 people in one adapted building. There was one bedroom being shared. At the time of the inspection there were 15 people living at the service. People living at the service were older people, some living with long term health conditions or memory loss.

People's experience of using this service and what we found
People's privacy and dignity was not always maintained or seen as a priority. While this was not intentional, the results were, people not always feeling respected or cared for. The registered manager had identified some of the shortfalls we observed and had started to address them. As a result of the inspection, the registered manager implemented a more robust system to check on people's wellbeing, which included their privacy and dignity.

Actions had been taken following the last inspection to ensure care and treatment was provided in a safe way. Risks relating to the health and safety of people had been robustly assessed and planned for. A relative said, "It's a delightful place. We are so pleased with it. The staff obviously keep an eye on the person. They know who [person] is and what condition she's in at any time."

Medicines were managed safely, and people received their medicines as prescribed. Processes to ensure safe medicines management had improved; including as required medicine (PRN).

The provider and registered manager had improved their auditing systems; which were now effective in measuring and monitoring the care and support people received, to drive improvements. Staff were motivated and proud of the service.

People and their relatives said they felt safe due to being supported by staff who knew them well. A relative said, "The staff are amazing, absolutely amazing." Another relative said, "The staff are kind and gentle with [person]." People were protected from the risk of abuse and staff were aware of their safeguarding responsibilities and how to report concerns.

There were enough staff with the appropriate skills and training to meet people's needs. A relative said, "There is enough staff, I've also seen consistent staff when I visit." Staff were recruited safely and received supervision where opportunities to develop and feedback about their practice were discussed.

People were observed in a homely environment adapted for their needs and were supported to drink enough and maintain a balanced diet. A person said, "They do that very well, as a matter of fact (the quality of meals)." A relative said, "They know [person's] likes and dislikes with food. They'll always get [person] something else if [person] doesn't like what they're having." Peoples' care plans contained clear information to enable staff to meet their needs; this included information about people's daily routines, how they liked

to spend their time and what staff could do to support them.

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.

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 requires improvement (published 23 June 2021) and there were two 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 these regulations.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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.

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 will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to people not always being treated with dignity and respect at this inspection. Please see the action we have told the provider to take at the end of this report.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Hurst 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 one inspector, a specialist advisor in nursing 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. On the second day, the same Expert by Experience made phone calls to people's families.

Service and service type
Hurst 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. Hurst 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

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. 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 seven people living at the service and six relatives for their views on the quality of care provided. We spoke with seven staff, which included, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. To help us assess and understand how people's care needs were being met we reviewed four people's care records. This included multiple medication records and multiple health care records. A variety of records relating to the management of the service, staff recruitment and training records, including policies and procedures were reviewed. We observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and shared areas.

Good

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection, the provider had failed to ensure care and treatment was provided in a safe way. There was a failure to robustly assess the risks relating to the health and safety of people, doing all that is reasonably practicable to mitigate any such risks and the proper and safe management of medicines. 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.

● At the last inspection, risk assessments and care plans for people were generic and not personalised. They lacked detail and personalised information relating to specific health care needs.
● Since the last inspection, the registered manager had updated care plans to ensure individual risks had been identified. Care plans were amended to reflect people's current needs and were detailed on how identified risks were mitigated. For example, in relation to nutrition, choking, epilepsy, diabetes, moving and handling including falls, bedrails, tissue viability and elimination. These were reviewed monthly and any changes made to ensure staff had current information to support people's needs. Staff were knowledgeable about people's needs and how to support them safely.
● Without exception, people and their relatives described the service as safe. A relative said, "[Person] is safe. It's the nursing staff and the care workers. They do a good job." Another relative said, "[Person's] safe. [Person] is hoisted so there has been no falls since being there. The staff are very helpful, and [person] likes it there." Another relative said, "[Person's] safe. She is supported with meals so there's no risk of her choking. She's always well hydrated. They check if she's hot or cold. She needs to be turned and she's never had pressure sores."
● At the last inspection, as and when required medicine (PRN) did not have a written protocol describing what the medicine was prescribed for or details such as dose instructions, signs or symptoms about when to offer the medicine, or interventions to use before medicines offered.
● Since the last inspection, people's medicine support needs had been assessed, identified, recorded, and risk assessments were in place to make sure people's medicines were managed safely.
● Medicines were given correctly in the way they had been prescribed. Protocols were available for any medicines prescribed 'when required' to make sure these were given when appropriate.
● When staff administered medicines, they recorded this on MARs (medicines administration records). These records were checked by the registered manager to make sure the details were accurate. Staff had training in safe medicines handling and were assessed by the registered manager to make sure they gave medicines

safely.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. There were effective safeguarding processes and a policy in place. The registered manager understood their responsibility to keep people safe and how to manage safeguarding concerns. A person said, "They are very nice. If you get yourself in a terrible state, they help you."
● Staff had completed training in safeguarding from abuse and whistleblowing for adults. During staff support and supervisions the registered manager checked staffs understanding of their responsibilities for recognising and reporting signs of abuse. Additional training and support were provided where identified as required. Whistleblowing is when a member of staff reports concern's they have about conduct at work without the fear of reprisal.

Staffing and recruitment
● There continued to be safe systems in place for the recruitment of staff. Appropriate pre-employment checks were completed to help ensure staff were suitable to work with people.
● People and relatives we spoke with felt there was enough staff on shift to meet people's needs. Our observations confirmed this. A relative said, "There always seems to be someone around. [person] gets the care she needs. Another relative said, "'There's consistent staff who have been there for years. They're all very good and the agency staff are good."

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

Visiting in care homes
● At the time of our inspection the home was experiencing a COVID-19 outbreak. This was the first outbreak since the start of the pandemic. The home was following government guidance given and had restricted visiting for a period of time. The home continued to support window and designated area visits. Relatives confirmed they completed a lateral flow test and were provided with personal protective equipment (PPE).

Learning lessons when things go wrong
● Systems were in place to monitor the service and learn lessons to improve quality and safety and drive improvements.
● The service had a system in place to record and monitor any accidents or incidents. Actions and outcomes were documented, and lessons learnt were discussed in team meetings and staff supervisions.

Good

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 Good. The rating for this key question has remained 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 needs were assessed, and their individual preferences identified before people started to use the service. The assessment process was detailed, person centred and covered all aspects of what was important to and for the person.
- Peoples' care was delivered in line with current guidance and the law. For example, people had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The registered manager had completed these assessments using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically for this purpose. Care records for diabetes and epilepsy followed national guidance and translated into clear, usable plans for staff to use.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff.
- Staff completed a comprehensive induction. Staff new to care were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had a training plan which showed staff had completed training in areas such as Parkinson's disease, moving and handling, dementia, equality and diversity. Staff confirmed the training they completed enabled them to care for and support people effectively.
- Staff received regular supervision and were happy with the support they received. Staff could describe how their training and personal development related to the people they supported. A relative said, "Well, they seem to be (skilled and trained to work with their loved one). There's always a qualified nurse on duty." A relative said, "Yes (staff are well trained and skilled). We're very happy with the care."

Supporting people to eat and drink enough to maintain a balanced diet; 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 eat and drink enough and were encouraged to maintain a balanced diet. People and relatives were positive about the food on offer, menu choices and how special dietary needs were being met. A person said, "It's good (the food)." Another person said. "They're nice. I like them (the meals)." A relative said, "The food is good, from what I've seen."
- People were supported to maintain good health and had access to healthcare professionals and support. Care plans recorded when people saw healthcare professionals and any follow-up action that staff needed to take. People and relatives told us staff acted quickly when needs were identified. These included diabetic

eye screening, GP visits and occupational therapy.
● Where required, regular support was provided with oral hygiene. Care plans detailed information about what support people needed to brush their teeth or go to the dentist. Staff received training in the importance of oral healthcare and the impact this can have on a person's overall health, wellbeing and quality of life.

Adapting service, design, decoration to meet people's needs
● The physical environment had been updated and improved since the last inspection. This included new flooring, painted walls, and replacement of some furniture. People's bedrooms were personalised, included their personal items and photos of their loved ones.
● People told us they liked how their home was being developed and felt involved in the decisions being made. A relative said, "[Person's] got a nice room even before it was painted. They've got new furniture and curtains and the care here is number one."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● Where people did not have capacity to make decisions, they 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 home supported this practice.
● Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.
● Capacity assessments were in place for people if there were concerns about their ability to understand more complex decisions such as finances. Best interest decisions involved relevant professionals and family members where possible.
●Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.

Requires Improvement

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 Good. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy and dignity was not always maintained or seen as a priority. While this was not intentional, it had resulted in people not always feeling respected or cared for.
- Two people who were sharing a bedroom, felt their views had not been listened too. They informed us it was not their choice to share a bedroom. They felt there was a lack of privacy. For example, staff had to speak loudly about their continence needs which they told us was undignified. They shared a television which neither one could properly see due to its position.
- People were not always supported to maintain good personal hygiene and cleanliness. For example, we observed people with dirt on their hands and under their fingernails. A relative said, "I would say [person's] nails are getting long. I cleaned them out. I said, 'Don't they wash your hands?' [Person] said they wash them every day, but when I showed [person] what I'd got out from under the nails, [person] changed their mind."
- People were not always supported to maintain their appearance. For example, a person was unshaven, and in general people did not appear to have had their hair brushed. People confirmed this had not been offered or supported on the day of the inspection. A relative said, "[Person's] hair's getting scruffy."
- People were not always positioned comfortably. We observed four people positioned in a way that did not aid comfort due to the type of pillows being used. This meant they slumped to the side in an undignified way. A relative said, "[Person] is scrunched over in their chair. I did mention that perhaps a higher backed chair might help [person] sit straighter. I said it might help, but they haven't done anything about it."
- A person with limited verbal ability communicated by their expression they did not like the look of the meal offered. The staff member asked if they wanted something else, but then gave the person a forkful of food and left them to eat the remainder. The person said afterwards she had not enjoyed the meal.
- We received mixed feedback about how people felt treated and supported. Some people felt staff were more focused on tasks than their wellbeing. Some people felt support was inconsistent and not always respectful. This had resulted in people feeling they had experienced distress and discomfort.
- People were not always positive about how they were treated by staff. A person said, "They (staff) could do more for you." Another person said, "You ask the staff to do anything and they say, 'later, later.' And they never do it." Another person said, "The agency people turn the radio on when they come in here. They don't ask. The agency people don't care. I find the usual staff top notch." Another person said, "Some of the staff are better than others. I asked one of them to get something out of the cupboard, but he said no. He said he wouldn't be able to find it and didn't want to bother to look."

Failure in ensuring people using the service are treated with respect and dignity at all times while they are

receiving care and treatment is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared our observations with the provider and registered manager at the time of identifying the concerns. The provider and registered manager expressed shock and disappointment with our findings and took immediate action to ensure people's needs, comfort and wellbeing were made a priority. We have reported on this further in the key question, is the service well-led?

● Relatives told us staff were caring towards their loved ones and provided examples. A relative said, "[Person's] always clean, tidy and when they do her hair, it looks nice." Another relative said, "They are fantastic. All the staff are polite. They are very kind. I can't say anything negative." Another relative said, "[Person's] always clean and tidy and well kempt. The home strikes me as respectful and well run." Another relative said, "They always ask [person] if they can do something before, they do it. They encourage [person]. They always take notice, if [person] asks for something, they get it."
● We observed some caring interactions from staff. A person was assisted to eat by a staff member who was attentive and considerate. The staff member invited the person to try the meal, she did not hurry the person and ensured she wanted the food offered and asked if she was enjoying her meal. Staff spent a lot of time with a person who became anxious and chatted in a friendly, affectionate way. People were provided drinks and were offered food often and ensured hot drinks had not been left to go cold. The person was assisted to the toilet in a very discrete manner. A person assisted to go outside was wrapped in a blanket. A member of staff ensured she was warm enough before taking her out a second time by providing her with more blankets, the woman smiled at this and said she was comfortable and relaxed.
● People and relatives who did feel listened to said, "They (staff) all seem nice. I've got to know them while she's been there. They report to me what she's done the day before, how she's been." Another relative said, "I do feel listened to." Another relative said, "[Person] was involved in her care plan. We were very much involved."
● People who had recently recovered from COVID-19 were being gently supported with activities and asked if they wanted to re-join others in the lounge. A staff member used a friendly and humorous way, promising to sing and dance to entertain the person. However, the person did not feel ready and wanted to remain in their bedroom which the staff respected.

Good

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 Good. The rating for this key question has remained 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

● Staff maintained individualised and person-centred care records which reflected people's needs. Staff demonstrated good knowledge about the people they supported, and could tell us about people's likes, dislikes, habits, routines and life history. This knowledge helped staff to provide person centred care to people. A relative said, "If she doesn't want to be seen to in the morning, they go back later. If she's had a bad night, they help her later (in line with the persons wishes)."

● We observed staff being flexible in their approach to enable them to meet people's preferences. A person was asleep and when awake could not be persuaded to eat. The carer revisited the person several times to offer them the meal. The staff member was respectful and quietly determined about this and was pleased when the person consented to eat. The relative described the approach to caring as 'gently persistent' and attributed this to maintaining their physical well-being.

● There were formal reviews where peoples, families and staff were able to consider whether any changes were required to people's care. There was a focus on enabling people to have choice and control of the service they received and promoting their quality of life. A relative said, "[Person's] taken care of. They're accommodating." Another relative said, "The staff keep me informed. They seem to genuinely know her. When I arrive, they can spend 10 or 15 minutes telling me how she's been." Another relative said, "They (staff) know her moods. The care is very good."

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.

● People's communication needs were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with them effectively. Where spectacles or hearing aids were required, the care plan identified the appropriate support the person needed.

● Where required, information and documents could be provided to people to assist their understanding, such as larger print, easy read and in their preferred language. A relative said. "[Person's] only got limited communication skills and it took them a few weeks to get used to her demeaner, but they know her now. When she was first there [the registered manager] sat me down and asked for information about [person]. [Person] won't be able to talk much to them, but the carers can talk to her about her life."

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

● A programme of activities was organised on a weekly basis with plans to reintroduce external entertainers to visit the home. A relative said. "They support [person] up and take her down. They take her down when she's able (and respect her choice when wanting to remain in her bedroom)." A relative said, "[Person] doesn't want to go to the lounge, but she likes her bedroom door open. She likes to hear people coming and going and the staff pop in."

● During the inspection we observed staff engaged in activities with people. This included, colouring, a jigsaw puzzle and using an abacus. People were provided with magazines and where people had preferences over what programmes they liked to watch this was accommodated. Staff were seen speaking to people about their relatives and about their interests. Later in the day a member of staff sat with a person to watch a film. The staff member chatted with the person about the film. The person smiled and enjoyed the interaction. We observed a person who expressed they did not like watching television, so staff had supported them to listen to their favourite radio station. Two people had recently had their nails painted and commented how they liked to have this done. The carers supported people in a friendly way being good humoured and responded to people in a warm and patient way.

● People were encouraged and supported to maintain contact with their friends and relatives. The home ensured people could receive visits from their loved ones and offered alternatives means of contact such as phone, video calls and through the window if visiting could not take place due to the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

● Systems were in place to review any complaints or concerns to reflect on how care quality could be improved as a result.

● People and their relatives told us they felt comfortable raising any concerns and had confidence that the management team would act on them. A relative said, "I speak to the manager. I find it pays to take it to [registered manager]. She's nice, she very helpful." Another relative said, "I've spoken to the main manager and asked them questions and they've come back to me. I don't find anything wrong with the home."

End of life care and support

● End of life care plans for people included people's wishes for support though the final stages of their lives. If people's needs could be met and it was their preference, their end of life care could be provided at the home.

● Records were kept, complimenting the staff and thanking them for their help caring for loved ones at the end of their lives. Staff had completed training in end of life care.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a lack of effective provider and management oversight for ensuring people were treated with respect and dignity at all times.
- Within people's electronic care plan system, checks to ensure staff were meeting people's choices and preferences were included. For example, twice a day staff completed a task list indicating if the person had accepted and been supported with personal care, examples included a hair wash, oral care, shave, opportunity to wear makeup, and preferences of having their door open or closed. It did not include support with people's nails. Based on our findings, the provider immediately updated this to include nail care.
- There was not an effective system in place to check these tasks had been completed as indicated and if not, what was the impact on the person. At the time of the inspection, the provider and registered manager took immediate action.
- For example, the two people sharing a bedroom were met with to obtain their views. This resulted in them having separate bedrooms before the inspection ended. As a result, feedback from the two people was very positive. The registered manager arranged a staff meeting to discuss our findings to look at lessons learnt. Minutes of the meeting was shared with us following the inspection as evidence all staff had attended or had sight of the minutes to demonstrate attitudes / culture of care delivery had been discussed. All staff were expected to complete a dignity awareness course. Weekly dignity audits were implemented. Three weeks of audits were shared with us following the inspection. A dignity survey was completed by each person to inform the provider and registered manager how they could further improve this area.

At the last inspection, the provider had failed to ensure there were adequate systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and improve the quality and safety of services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection, processes for auditing medicines had failed to identify staff did not have enough

guidance to enable them to safely make decisions about when to offer PRN medicines. Systems and processes for quality monitoring had failed to identify the lack of detailed health information in people's care records and risk assessments. At this inspection improvements had been made.
The provider had appointed a new manager who had already registered with the commission. Between the provider and registered manager, they had made improvements to the quality assurance system for medicines to promote people's safety. This included reviewing and updating audits in relation to how medicines were being managed. The audits measured all aspects of the service and were effective in driving improvement.
● Audits carried out by the registered manager included those of care plans, medicines, accidents / incidents, hospital admissions, falls reduction, safeguarding, staff recruitment records and for the health and safety of the service. Actions were clearly documented and followed-up. For example, the falls reduction audit had identified a further need for staff to complete training in this area which was provided.
● The provider completed quarterly audits which included (but not limited too) safeguarding and a well led audit. This had identified staff required further awareness of the providers vision, values and behaviours, which had been provided through a staff meeting and followed up through individual support and supervisions.
● A daily 'resident of the day' report ensured all care records for the person that day were up to date. The clinical lead each day checked people's fluid and food intake were assessed as required. This ensured people had a prompt response from staff where risk was identified.
● There were regular clinical and management meetings which helped the registered manager and provider understand what was happening across the service. Senior staff worked together to communicate and ensure people received consistent and safe support.
● Staff were clear about their roles and responsibilities. The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. Appropriate notifications had been received from them.
● The registered manager understood their responsibilities under the duty of candour. They inform relevant persons when things go wrong and work with them to ensure a satisfactory outcome is found.
● Relatives felt the service was well managed and had confidence the registered manager was clear about their role and their understanding of regulatory requirements. A relative said, "[Registered manager] is very, very nice." Another relative said, "It's very good, from the registered manager down. We're ever so pleased." Another relative said, "It's well managed."

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; Working in partnership with others
● The provider promoted an inclusive culture with a clear vision and values. These were focused on empowerment and equality of opportunity. A staff member said, "It is all about teamwork, working hand in hand for the benefit of people we support. To make everyone's life meaningful and content. A homely home, not "just a care home." A relative said, "I can't find any faults with the home. The home's got a good name. It's very good."
● The staff team felt well supported and valued by the registered manager. Staff were very confident in the leadership of the provider and registered manager. A staff member said, "The [registered manager] is very supportive. Any issues are dealt with straight away." Another staff member said, "If there is a problem we are encouraged to speak up and talk to the manager."
● Staff also had opportunities to feed back as part of monthly team meetings and supervision. Staff told us they were proud to work for the service and were committed to improving people's experience of care.
● Staff knew people and their backgrounds well, which enabled positive relationships to develop and overall contributed towards good outcomes for people. A relative said, "The staff are fantastic. There's a nice

atmosphere. The care is very good. [Person's] got a lovely room with a nice view. It's a nice, light room." Another relative said, "It's magic. It's lovely, bright and cheerful."

● People and relatives complimented the registered manager and staff for how loved ones were supported. Relatives felt engaged and involved in their loved ones lives at the service. A relative said, "The registered manager is lovely. She said she'd provide updates and she has phoned and sent photos. We're so happy. There's a really good feel to the home."

● Annual quality assurance questionnaires were sent to people in 2021. People, relatives and staff completed the survey. The results of the 2021 survey were positive in responses.

● The provider worked in partnership with all relevant health and social care agencies. Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.

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 10 HSCA RA Regulations 2014 Dignity and respect People using the service were not always treated with respect and dignity while receiving care and treatment. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 10(1), 10(2), 10(2)(a)