

Stocks Hall Care Homes Limited

Andrew Smith House - Nelson

Inspection report

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Date of inspection visit:
08 July 2022
11 July 2022
14 July 2022

Date of publication:
01 September 2022

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

Andrew Smith House – Nelson is a residential nursing home, providing accommodation for up to 60 persons, who require nursing or personal care. It specialises in providing care for people living with a dementia, learning disabilities or autistic spectrum disorder, older people, people with a physical disability and younger adults. The service is purpose built and split into four units over two floors. There were 54 people living in the service at the time of the inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. One of the units in the service supported up to 10 people who were living with a learning disability. At the time of the inspection there were eight people living on this unit.

Right Support: a range of policies and procedures were in place which supported and guided staff. Staff were supportive of people's individual needs and people were noted to be undertaking activities of their choosing. We saw people accessing the community safely, as they wished.

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. We have made a recommendation in relation to ensuring people are involved and supported in making decisions about their care.

Right Care: person centred individualised care was promoted and staff clearly understood the needs of people and supported their privacy and dignity. Training programmes were in place and ongoing. Staff were observed engaging positively with people and promoting person centred support. However, we made recommendations about, ensuring relatives are kept informed about people's assessed needs and professional reviews.

Right Culture: There was a positive atmosphere in the service. Staff were confident in ensuring people received good, effective care and promoting good outcomes for people. The manager was open and honest and provided evidence of areas to improve the service.

People told us they felt safe, and staff understood how to deal with allegations of abuse. The service continued to manage medicines safely. Risks were assessed and managed. Infection prevention and control was being managed. Where masks were not always being worn, in line with current guidance the manager confirmed they would take action to ensure these were worn safely. Staff recruitment was on-going. We discussed the importance of ensuring newly recruited staff were supported in their role by existing and

skilled staff. We made a recommendation about sufficient and experienced staff deployed in the home.

Not all people told us they were asked for consent. Staff training, supervision and appraisals were ongoing. There was evidence of assessments undertaken however not all relatives confirmed they were kept informed and updated, we made a recommendation about this. Records included information in relation to the involvement of professionals. Not all relatives confirmed they had been informed of reviews.

People were mainly positive about the care they received and confirmed they were treated with dignity. Others told us of concerns about living in the service and support they received. We made a recommendation about ensuring people were involved and supported in making decisions. We observed staff ensuring people's, privacy and dignity was respected. Records were stored securely with passwords and login details for staff to access computers.

Care records contained information about how to support people's individual needs. Where these required reviewing, we were advised this would be undertaken as soon as possible. People's end of life care needs were recorded where relevant. Not all people or relatives confirmed they had been involved in reviews. There was a dedicated activities team and evidence of activities undertaken. A system to handle complaints was in place. Not all people and relatives feedback that their concerns had been dealt with we made a recommendation about this.

We saw evidence of surveys and meeting minutes. However, not all people and relatives confirmed they had been engaged and involved. Audits were undertaken including senior audits and action plans going forward. The new manager, who had been the deputy manager told us, and we saw records to confirm the actions planned to address the gaps in the follow up of these. We received mixed feedback about the manager. Staff were positive about the new manager and the improvements since they came to post. Certificates of registration were on display and notifications were being submitted to the Care Quality Commission.

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

Rating at last inspection

The last rating for this service was good (published 2 October 2020).

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Andrew Smith house -Nelson on our website at www.cqc.org.uk.

Recommendations

We have made recommendations about, ensuring people are involved and supported in making decisions about their care, ensuring relatives are kept informed people's assessed needs and professional reviews, the deployment of sufficient and experienced staff and the management of complaints and concerns.

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 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 ●

Andrew Smith House - Nelson

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

One inspector, one medicines inspector, one specialist nurse advisor and one Expert by Experience undertook the inspection. 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

Andrew Smith House – Nelson 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. Andrew Smith House – Nelson 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 not a registered manager in post. There was a manager newly recruited to the post

however they were previously the deputy manager at the service. The manager had commenced the application process to be registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all information we held about the service and asked for feedback from professionals and partner agencies. We also reviewed concerns and complaints raised by people. 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

During the inspection we spoke with seven people who used the service and ten relatives over the telephone as well as two people in the service. We also spoke with 16 members of the staff team. These included, two housekeeping, one laundry assistant, a kitchen assistant, one maintenance staff member, two care staff, one senior carer, one administrator, two nurses, the deputy manager, the manager, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We undertook a tour of the building as well as observations in the communal areas of the service and the storage of medicines. We looked at five care records and associated documents including 11 medicines administration records and related documentation. We reviewed five staff files, training records, and audits and monitoring in relation to the management and oversight of the service.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were not consistently sufficient.
- People and relatives mostly told us there was a consistent staff team, and they received help and support when they needed it. Comments included, "Yes, I know them all, all of them", "See different ones" and, "I mostly see the same staff." However, one person told us they had to wait for a long time for staff to answer their buzzer. We discussed this with the manager who undertook an immediate audit of call bell response times to check people were receiving support in a timely manner. Relatives told us, "There's periods during the day and night when staff are short and get moved from one floor to another, so there's corridors left under staffed", "They are very, very understaffed, they've just no time available to talk, and always different people there, often don't know them" and, "Staff are all nice people, just not enough of them."
- We noted there was a lot of new staff to the service. The provider told us the use of agency staff was reducing. One person was noted requiring individual support according to their needs, staff told us this was to be undertaken by permanent staff. During the first day of the inspection we noted an agency staff member undertaking this task. We discussed with the manager the importance of ensuring existing and senior staff were available to support new staff into their roles.
- Some feedback from the staff team was that more staff were required. They said, "There are enough staff but they could do with one extra on the shift" and, "We have same staff who always work in the same unit. The agency use is dropping but we use the same staff if we use agency." Another told us, "There is enough staff to do my role."
- Duty rotas were completed, which demonstrated the staffing for each shift and unit. However, on one day of the units had lower than usual staffing numbers. We were advised this was due to sickness, and an oversight by staff to request extra staff to cover the shift. We were advised all people received their care as required. The manager completed a dependency tool to ensure required numbers of staff were available. Where numbers were lower, the deputy manager told us staff were moved from other units where there was extra staffing to cover.

We recommend the provider consider current guidance to ensure sufficient, experienced skilled staff were available to deliver people's care and take action to update their practice accordingly.

- Recruitment was ongoing. Records confirmed relevant checks had been undertaken. Where some gaps were noted in one person's employment history the nominated individual told us they would ensure this was reviewed as a matter of urgency, to confirm this had been explored.

Systems and processes to safeguard people from the risk of abuse;

- People were protected from the risks of abuse.

- People and relatives told us they felt safe in the service. Comments included, "Safe? Well, yes, I do feel safe here" and, "It's not bad here, yes I feel safe here."
- Staff told us they had undertaken safeguarding training and knew what to do if they suspected abuse. One told us, "I would report any concerns to safeguarding and the local authority, on the online system." Training records confirmed staff had undertaken safeguarding training.
- There was evidence of safeguarding investigations undertaken, and relevant referrals to professionals had been made. Policies and guidance were available to support any investigations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed, lessons were learnt. Risk assessments had been completed, which included information about the risk, the rating and how to manage these safely. Environmental checks had been completed. Where recommendations had been made subsequent actions had not always been recorded.
- Evidence of servicing, checks and audits in relation to health and safety were recorded. This helped to ensure the servicing schedules were monitored. Staff had access to policies, guidance and contingency plans.
- Fire safety checks had been completed recently. The nominated individual confirmed actions had been taken as a result of the review. Personal emergency evacuation plans had been developed that would guide staff and emergency services in the event of an emergency. There were copies of records to confirm fire drills had been completed. However, the most recent records were brief and no records were seen as to the findings from the drill. We discussed this with the manager about ensuring fire drill records were detailed to confirm staff understood how to manage a fire in the building.
- Accidents and incident records had been developed, which supported detailed recording of incidents and the actions taken as a result. However, we noted gaps in the completion of the records. The deputy manager provided evidence to demonstrate the gaps in recording had been identified and confirmed actions taken and planned. This helped to ensure all staff understood the importance of completing the records in full. This would support actions to be taken and lessons learned going forward.

Using medicines safely

- Medicines continued to be managed safely in the service. Most people and relatives told us medicines were discussed with them. People knew what medicines they were taking. Relatives told us, "Only when they're going to change the dosage, they talked about tablets when [person] was admitted" and, "Well, yes, they do. [Person] was on a lot of medicines when they went in, on nothing now, which I think is remarkable."
- Records showed that medicines were administered as prescribed and counts of medicines confirmed this. There were sufficient numbers of trained and competent staff to administer medicines.
- Records contained clear, person centred information and guides to ensure staff had enough detail to administer properly. Including when required medicines and covert medicines, hidden in food or drink.
- Staff did regular checks to make sure medicines were managed safely and actions were taken when needed. We found one issue during the inspection and managers took appropriate action to mitigate the risk.
- Medicines including controlled drugs were stored safely. Fridge temperatures were regularly recorded, however staff had not always taken action when it was out of range.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We observed some staff not always wearing masks in line with guidance. The manager and nominated individual provided assurance that they would take immediate action to ensure staff wore masks safely.
- 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 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

- The service ensured visits were being undertaken safely.

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

- People and relatives mostly confirmed assessments had been undertaken and professionals had been involved in their care. Comments included, "Yes (professionals are involved). The doctor and tissue viability nurse are seeing [person]." People told us of planned dates for reviews by relevant professionals and we saw professionals undertaking reviews of people. However, not all people and relatives confirmed they were kept informed about their family members conditions. One said, "No, I don't feel I am kept informed about my [person's] condition." Another told us, "Well, no, not really (kept informed). Anything I want to know, I have to ask" and, "They will ring when there's something wrong but other than that, we have to ask for updates." One relative said that professional meetings were being cancelled with short notice.
- One professional told us of an ongoing health need for some people in the service. We asked the manager and deputy manager about this who confirmed there was ongoing treatment for these people's needs and this was not a new event.

We recommend the provider consider current guidance in ensure people are kept up to date and informed about people's assessed needs and professional reviews and take action to update their practice accordingly.

- People's individual needs had been assessed. People were provided with appropriate support to ensure their individual health care needs were being met. People were supported to access healthcare services, health care professionals and appropriate support, as was needed.
- Records confirmed assessments of people's needs had been undertaken. These included preadmission assessments completed prior to people moving in. There was good evidence of follow with professionals by the staff team with professionals.

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.

- People were protected from unlawful restrictions, consent had sometimes been considered
- Some people told us they were asked permission before undertaking any activity. Comments included, "Yes, they always ask permission." However, others said, "Asked for consent? No, they just carry on." Another told us, "I don't need help, I'm not that bad." We saw staff asking for consent before undertaking any activity and, we observed staff knocking on doors and waiting to be invited in.
- DoLS applications had been completed and, most people had relevant, completed capacity assessments in place. A flow chart to monitor DoLS applications had been developed however, we could not see a record to confirm applications had been followed up. The provider took immediate action to ensure records included information where these had been followed up.
- Care records confirmed people's care needs were discussed and agreed.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team. People were mainly confident in the skills of the staff team. Comments included, "They do their very best" and, "Yes they always come if I ring my bell." However, a relative raised concerns about the constant change of staff and training of the staff.
- There was evidence that training was being undertaken. However, we noted some gaps in the training matrix. The manager confirmed staff had undertaken training where these gaps were noted.
- Staff told us they had undertaken training relevant to their roles and had completed an induction programme on commencement to their post. Staff told us, "I am up to date with training."
- Records confirmed supervisions and appraisals were ongoing with the staff. This supported monitoring and development of the staff and their skills.

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

- People were supported to eat and drink safely.
- We undertook observations of the lunchtime experience on two of the units. Menus of the day were on display, there was a choice of meals. We observed a mainly positive dining experience. Staff were seen supporting people in a timely manner, according to their needs. Food looked appetising and most people told us they had enjoyed their meals. Care files included information about people's needs and the kitchen staff had access to any special dietary requirements people had.
- The dining room was calm and tables had been nicely set. Meals were served by dedicated kitchen staff and choices were offered to people. We noted on one of the units the hot food trolley was left plugged in unsupervised. Relevant kitchen cleaning and temperatures were being undertaken and we noted the kitchen and store rooms were clean and tidy.

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

- The service design and decoration supported people's individual needs. There was an ongoing refurbishment plan to make improvements. The entrance to the service was being decorated during the inspection. We noted the flooring required replacing in one of the units. The nominated individual confirmed that this was planned to be repaired soon after the inspection.
- The service was in the main clean and tidy and free from clutter. One person told us, "I have my own bathroom and toilet, and they clean my room every day." However, we saw some staffing areas which required clearing and two areas on the units where some moving and handling equipment was blocking doors. The deputy manager took immediate action to ensure all areas were cleared.
- There was a dedicated maintenance staff member who undertook remedial and environmental works and

checks. These were recorded, including the job undertaken and the date for these. This ensured the service was monitored and safe for people to live in. Where we noted some work required to the environment, for example a loose toilet seat, immediate action was taken to repair these.

- Some rooms had been personalised with mementos and people's own possessions. We had feedback that some people's personal items were no longer in their rooms, for example, pictures and clothing. The manager confirmed they would take immediate action to investigate and ensure all people had access to their own possessions.

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 inspection on 19, 20, 25 November 2020 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.

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

- Not all people could confirm they had been involved in decisions about their care. People told us, "No, I've not been included" and, "No (I have not been included), carers just run the place, do what they want." However, we saw people being involved in choices and decisions in relations to their individual needs and staff respecting these choices. Others told us, "Yes, they'd do anything for me, fetch drinks, anything like that" and, "Yeah, [person] is in a better place now than they were."

We recommend the provider considers current guidance on ensuring people are involved and supported in making decisions about their care, and take action to update their practice accordingly.

- Information relating to advocacy services and how to access them was available. The manager confirmed the information would be displayed again in the entrance to the service once decoration had been completed.

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

- People received good care, they were respected and their diverse needs were supported. People and relatives were mostly positive about the care provided. They told us, Yes [person] is not a difficult person to care for", "[Person] is well looked after and staff paid attention to every detail". [Person] was happy at the care home" and, "I can't really make any complaints about the care." However, others told us of concerns in relation to living in the service and accessing support from staff.
- A range of policies and guidance was available to support staff in considering people's dignity and respect. We observed kind, caring interactions between staff and people, with consideration and respect for their individual needs. Staff supported people in a timely manner as required. The staff generally appeared to have good knowledge and understanding of each person they were caring for. This enabled them to provide very responsive and person centred care. Staff told us they thought people received good care. Comments included, "I have never had any concerns. I feel people are getting good care", "The manager is passionate about care" and, "They (Andrew Smith House – Nelson) have regular staff. I am happy that people get good care. I read the care plans to get information about people."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and they were supported to be independent. Staff were noted asking people's permission before entering their rooms, showing respect for their privacy. Care records contained evidence of their involvement in their care. A relative told us they had established a close

relationship with the staff and had total confidence in their ability to care for their family member. Staff had received training in person centred care, this would support effective care delivery to people.

- Prior to the inspection we were made aware of some people not always wearing their own clothes. During the inspection a relative told us, "Items of personal clothing (all labelled) have disappeared, so now, we don't recognise anything [person] is wearing." We discussed this with the manager who told us some work had been undertaken to ensure clothing for people was cleaned, sorted and made available to the people they belonged to.

- Records contained information to guide staff in relation to people's individual care needs.

- Information was stored securely which supported the requirements of General Data Protection Regulations (GDPR) to ensure personal information was stored safely. Electronic records were held and individual log in and passwords were required to access these.

Is the service responsive?

Our findings

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

At our inspection on 19, 20, 25 November 2020 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.

Improving care quality in response to complaints or concerns

- Concerns and complaints were being managed. However, some people told us that not all concerns had been dealt with appropriately. People told us, "I told [staff member] I wanted to see the manager, but the manager never showed up" and, "Not at all do I feel listened to. I don't have a problem asking questions, but I have not been getting any answers. I am used to asking difficult questions and will continue to do so for the best care possible for my [family member]."

We recommend the provider considers current guidance on ensuring concerns and complaints are dealt with and investigated, and take action to update their practice accordingly.

- Others were positive about how the service managed concerns and complaints. They told us, "I can speak to the staff team about anything, and would usually raise any concerns with (member of staff)", "I speak to my [person] if I have any concerns", "I would speak with [manager]" and, "I told [Staff member], they're very good. If they say they will ring you back, they will ring you back."
- Policies and procedures were in place for the management of complaints. A complaints log was completed that enabled the monitoring of complaints. Complaints included the details of the concerns, notes from investigations and the actions taken as a result of the findings. There was a compliments flow log and details of compliments received. Examples seen, 'Thank you for everything you do. you always go above and beyond, just that bit extra', 'Many thanks [Manager] for helping me out. I appreciate all the work you do for me and my [person]' and, 'A big thank you to all of the staff involved in the care of my [person].'

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Assessments of people's current needs had been completed. People's end of life care and support was considered. Care records had been completed electronically and contained detailed information about how to support people's individual needs. These included the involvement of professionals, where required. There was evidence of good practice in risk assessment, risk management and personalised care planning.
- Whilst information was recorded, not all records had been reviewed as required to ensure they reflected people's current needs. We advised the deputy manager and manager of this who confirmed they would take action to ensure all updates had been undertaken. Care plans contained information about how to support end of life care where relevant, and guidance and training for staff was available to support people's end of life needs. A relative told us their family member was supported with their end of life needs. They said, "Yes [relative] is receiving end of life care" and, "Staff have sat down and explained things."
- There was evidence of input from families in the development of people's records. Staff demonstrated a

good understanding of people's needs. However, not all people or relatives could confirm they had been involved in their development. One relative said, "Oh yeah, I can't complain at all about that (Updates in persons care)." However, another told us about where they had undertaken a review of the needs for their family member, and how this was completed and that some of the details were not relevant to their care.

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 supported. Care files contained information about how to support people. We observed staff engaging in communication at their pace, and on a level which suited them. However, we noted one person had loud music in their room playing whilst they were asleep.
- Aids such as glasses and hearing aids were available for people. However, one person told us communication with them was not always consistent and this would benefit from improvements. 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 avoid social isolation in line with their wishes.
- There were dedicated activities staff, and plenty of supplies of activity equipment for people to access in the service. There was an activities programme on display. We saw information relating to the activities provided to people. We observed people undertaking activities of their choosing during the inspection, and we noted people were encouraged to access the communal dining room for lunch. This provided a good opportunity to mix and socialise with other people. We noted a planned activity had been cancelled on the day of the inspection with a basic activity offered as a substitute.
- Good use of technology was noted. WIFI was available and records were being completed electronically.

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 good. At this inspection the rating for this key question has remained 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

- The manager and the staff were clear about their roles and understood quality performance and regulatory requirements.
- We saw a number of audits and checks had been undertaken. However, we noted these had not always recorded what actions had been taken as a result of their findings, or previous months had been followed up and signed off as reviewed by the management. We saw the provider had identified some of the issues highlighted during the inspection and were working to address these areas.
- The manager was new to their role but had been the deputy manager for some time. The manager had commenced the application process for registered manager with the Care Quality. They told us they were committed to making improvements, as well as the operation and management of the service. They provided assurances that they would address the recommendations in this report in relation to; ensuring the provider consider current guidance to ensure sufficient, experienced skilled staff were available to deliver people's care, to ensure people are kept up to date and informed about people's assessed needs and professional reviews, the provider considers current guidance on ensuring concerns and complaints are dealt with and investigated. And that the provider considers current guidance on ensuring people are involved and supported in making decisions about their care.
- The nominated individual was visible in the service and evidence of senior audits and reviews undertaken were noted. The provider had developed an action plan and some of the issues for example staffing, recruitment, training, audits, quality, complaints, champions, supervision/appraisals, safe staffing, resident and team meetings, resident of the day had already been identified and they were working on these areas.
- Statutory notifications had been submitted to the Care Quality Commission in line with current legal requirements.

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

- A person-centred and open culture, which supported good outcomes for people had been developed.
- Feedback from people and relatives was mixed about the manager. People said, "Only met them (the manager) once, don't think anything about them", "[Name of manager] is the manager, they are nice", "No (not met the manager), most times I visit at weekends and there's no managers on duty at a weekend" and, "Yes, I have met [manager], they were the assistant manager all through Covid and all the other troubles. I have more confidence in them than with the last three managers. They are very good, likeable, trustworthy and very honest."

- Staff were positive about the manager in the service. They told us, "[Name of manager] is very good", "The manager is new in post but they are not new to the home (service). They are very approachable and supportive", "They have had lots of managers it did go downhill before [manager] took over. [Manager] is a good manager approachable firm but fair, they have an open door policy, they are passionate about care" and, "[Manager] is fine, no problems, they are always chatty, there is good team work they work together as a team."
- All of the staff and management were very supportive of the inspection, and information we requested to support the inspection process was provided promptly. We received feedback that staff ideas were encouraged. There was an open and approachable culture, and all staff appeared engaged with the high quality of care philosophy of the organisation.
- Relevant certificates of registration, as well as their employers liability insurance certificate were on display.

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 provider mostly acted when things went wrong and understood their responsibilities.
- There was a complaints and duty of candour file which contained information in relation to concerns and complaints, and the actions taken, including lessons learned when things went wrong. We discussed with the manager the actions they had taken as a response to a concern raised during the inspection.

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

- People and staff were mostly engaged and involved.
- We saw records of completed surveys. However, not all people were able to confirm they had been asked for their views. Comments included, "Yes, done a couple of questionnaires", "No, no questionnaires" and, "Can't remember (doing a survey) but that doesn't mean I haven't done one." A relative told us, "Never (provided with) any feedback unless you go and ask a specific question."
- Not all relatives told us they had attended residents' meetings. They said, "No relatives meetings or questionnaires", "Had one relative's meeting but I was working away so didn't attend." Staff meetings were being undertaken. We saw dates for planned future team and resident meetings on display.

Continuous learning and improving care

- Continuous learning and improving care was considered.
- There was a range of information and guidance available and on display, as well as policies and procedures for staff to follow to support the delivery of care.
- Staff were observed making suggestions to all levels of the staff team in response to people's identified needs.

Working in partnership with others

- The service worked in partnership with others.
- Working relationships had been developed with professionals. Records contained good evidence of liaison with the multidisciplinary team.