

Belmont Cedar Park Limited

The Cedars Nursing Home

Inspection report

Cedar Park Road
Batchley
Redditch
Worcestershire
B97 6HP

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Cedars Nursing Home is service that provides accommodation, nursing and personal care for up to 40 people. At the time of our inspection, 27 older and younger people were living in the home, some of whom may have a physical disability and/or dementia.

The Cedars accommodates 40 people in one adapted building over three floors.

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

The provider was not consistent in how they ensured people received support in a timely way when people used the call bell system for assistance. While people had not come to harm, the provider told us the call bell system would be reviewed as a priority, to ensure they could monitor people's waiting times and, if necessary, address these shortfalls. People told us they continued to feel safe and supported by the staff who worked in the home. Staff recognised different types of abuse and how to report it. The manager understood their safeguarding responsibilities and how to protect people from abuse. Potential risks to people's health and wellbeing were now being identified and managed well. People and, where appropriate, their relatives had been involved with decisions in how to reduce risk associated with people's care. There were now sufficient and suitably trained staff on duty to keep people safe and meet their needs. People's medicines were now managed and stored in a safe way and people received their medicines safely. Improvements were seen in staff's practice in the management of infection control.

People's care needs had been assessed and reviews took place with the person and where appropriate their relative. Staff now had the 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 were given food they enjoyed. People were now supported to have sufficient fluids to keep them healthy. Where people required support to drink, staff were consistent in who required this support. 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 did support this practice.

The provider had supported staff well to enable them to deliver good quality care to people. People were supported by staff who treated them well. People told us staff were kind and respectful towards them. Staff treated people as individuals and respected the choices 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 and encouraged to maintain their hobbies and interests. People had access to information about how to raise a complaint and felt confident that any concerns would be addressed, and improvements made. People's end of life care needs were met in line with their preferences and done so by staff in a respectful and dignified way.

The provider had put checks into place to monitor the quality of the service provision. However, the provider had further improvements to make around the monitoring of people's waiting times should they use the call bell. Further work was also required to ensure the computerised care record system supported staff in the right way. All people, relatives and staff felt the provider had made positive improvements to the home and the way the service was run. The manager was new into the service, but people, relatives and staff spoke highly of them. The manager was visible within the home and listened to people and staff's views about the way the service was run.

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 28 August 2019) and there were multiple 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 28 August 2019. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Cedars Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

The Cedars Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a Specialist Advisor who was a registered nurse 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

The Cedars Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We spoke with the local authority to gain their views of the service and checked the information we already held about the service. The provider was not asked to complete a provider information return prior to this inspection. However, the provider was in the process of completing this. Following the site visit the provider sent us a copy of this. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care

provided. We spoke with 12 members of staff including the operations manager who was also the Nominated Individual, the provider's clinical manager, the regional manager, the manager, two nursing staff, three senior care workers, two care workers and one domestic staff member. 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. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including incidents and accidents, quality assurance documentation and complaints policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe.

Staffing and recruitment

At our last inspection the provider had failed to maintain clinical oversight of people's needs and to ensure that staff providing care or treatment to people had the qualifications, competence, skills and experience to do so safely. 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 in relation staff's competence and experience. However, some further improvements were still required.

- The provider was not consistent in how they ensured people received support in a timely way to maintain their safety.
- Some people continued to tell us they could wait some time before being supported, particularly at night and on Sundays.
- In one lounge people had access to call bells and staff were always visibly present. However, in a further lounge a person told us and we saw that they had no access to a call bell and relied on staff passing through to call for assistance.
- We also identified that three people had pendant alarms which they could press to request staff's assistance. However, staff told us these pendants would not advise them where the person was located within the building and grounds. Staff told us that they would have to check people's 'usual places' to find where they were.
- We did not find evidence to show that people had come to harm from this call bell system.
- The provider confirmed they could not monitor call-bell waiting times to establish if people's calls were being met within a reasonable time period.
- We discussed the concerns raised to us with the provider, who told us that the call bell system would be reviewed as priority.
- Staff told us they had sufficient staff to meet people's needs. Some staff felt this was in part due to the low number of people living in the home.
- Care staff explained how the increase in 'well-being staff' meant they could continue to safely support people who were in their rooms, while the well-being staff supported people in the communal areas.
- The provider explained the 'well-being staff' were trained as carers, but now worked in a 'lighter role' in supporting people within the communal areas, such as supporting people to the toilet, having chats with them and also supporting them with their meals and drinks.
- The provider worked from a dependency tool to determine appropriate staffing levels. We saw at this

inspection consideration had also been given to the layout of the building and how staff were deployed around the home.

- The provider had clear oversight of people's clinical needs, and whether they had sufficient qualified and competent staff in place to meet these needs.
- Nursing and care staff told us they had received comprehensive training in aspects that were appropriate to the people who they supported and felt confident when delivering care.
- One staff member told us, "There was a lot of work to do; it was about putting systems and processes in place. There was no oversight, but that has all improved now." They told us that while staff continued to have some issues with the computer system for recording information, they understood how this affected things and could work around this.

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

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to assessing, monitoring and mitigating risk.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. However, we found the provider's computerised care planning system, did not fully lend itself to staff truly personalising people's care plans and associated risks.
- People told us staff identified risks to their health and wellbeing and worked with them to manage these. One person said, "I'm safe and looked after. I do have balance issues and fall sometimes and so I walk using this walking frame. I was looked after well when I fell."
- Relatives told us staff understood their family member's individual risks and that these were well managed. Where relatives were involved in their family member's care, they felt involved in conversations with the staff team in how they kept the person safe.
- Staff were aware of people's individual risks and how best to support them. There was good communication processes in place, such as daily handovers, daily meetings with heads of department and weekly management meetings which ensured consistent and timely care was delivered.
- However, the system used for recording people's care and associated risks still did not alert staff when actions were required, such as repositioning a person to reduce the risk of pressure sores. Staff told us they had separate records to remind them when to carry out these tasks and felt there was good communication in reducing the risk of omissions of care.
- The provider now had safe procedures for the storage of COSHH items, such as cleaning chemicals.
- The provider now had safe procedures for assessing the risk of fire.
- The provider had made safe windows on the top floor with window restrictors, and had covered radiators and pipes which had been identified as a potential risk of burns.

Using medicines safely

At our last inspection the provider had failed to ensure people received their medicines safely. 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 in relation to proper and safe management of medicines.

- The provider was now following safe protocols for the receipt, storage, administration and disposal of medicines.
- People confirmed they were receiving their medicines safely and as prescribed. One person said, "I check that my medication is done correctly. The nurse stays with me while I take my tablets."
- Observations of staff who gave medicines showed this was done in a safe way.
- Nursing staff confirmed there were clearer processes in place to manage the delivery of medicines.

Preventing and controlling infection

At our last inspection the provider had failed to have adequate measures in place to reduce the risk of infections. 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 in relation to infection control measures.

- People told us the home was clean and well kept. They confirmed their clothes were laundered well.
- We saw the home was clean and smelt fresh. Staff used personal protective equipment, such as gloves and aprons, when providing support to people. Improvements to the environment had taken place and staff carried out good practice in maintaining the environment's cleanliness.
- Staff understood the importance of infection control to protect people and visitors from the risk of infections.

Systems and processes to safeguard people from the risk of abuse

- All people told us they continued to feel safe with the staff who supported them. One person said, "I am safe here." While a relative said, "It's very safe. [Person's name] couldn't be any safer."
- Staff demonstrated a good understanding of different types of abuse and the approach they would take in the event of any concerns.
- The manager and provider understood their responsibilities regarding the action to take to protect people from harm.

Learning lessons when things go wrong

- Lessons had been learnt by the provider since the last inspection. The provider now had good oversight of the service and how the manager was performing in maintaining a safe environment for people and the staff group. There were now clear systems and processes in place for staff to follow should an incident occur. Where incidents had taken place, these were reviewed so that learning could take place 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure there were suitably qualified, competent, skilled and experienced staff to meet people's needs. This was a breach of regulation 18 (Staffing) 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.

- People told us staff were confident in their approach and had the knowledge and abilities to meet their individual needs.
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member. One relative said, "The staff definitely have the skills to care for [person's name]. I go to [their] care meetings so I know what's going on."
- Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as manual handling.
- Staff confirmed they were adequately supported by management staff through supervisions and observed practices to ensure they were supporting people in line with best practice. One staff member told us, "I have learnt so much [since the last inspection]. I feel far more confident now."
- There was a good skill mix of staff on duty at the time of our inspection and we saw the team worked well together to provide care and support to people.
- The provider recognised the importance of keeping their staff group up to date with best practice and we saw this reflected in the way they supported people.

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

At our last inspection the provider had failed to ensure people hydration needs were sufficiently met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) 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 14.

- Staff had identified who was at risk of dehydration and had systems in place to ensure people remained adequately hydrated.

- People's fluid intake levels were monitored frequently by nursing staff throughout the day and actions put into place and communicated with care staff if they identified people had not had sufficient amounts.
- All staff were clear about who required support to drink and how this was monitored to ensure they had sufficient amounts throughout the day.
- We saw people were offered drinks and, where required, supported with these.
- People confirmed they had access to sufficient food and drink. One person said, "I can get a snack or a drink anytime that I like."
- Records we looked at showed people were now having enough fluids in line with their individual needs.
- People told us they were given a choice of meals to eat during the day and had access to fresh fruit and snacks if they wanted. People told us they enjoyed the meals which were offered. One person said, "You can't fault the food here. There is enough food; If you want any more you just ask."
- Staff understood people's dietary preferences and how to meet these.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where people required support with weight management, this was shared with the kitchen staff so their meals could be adapted to suit their needs.
- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who required a softer diet. We found there was good communication between the catering staff and the care staff to ensure people ate meals that were individualised to their specific needs.

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 felt involved in the assessment of care and were involved in reviews of the care.
- People told us they saw their doctor if they felt this was necessary.
- People confirmed they were supported to attend health appointments, such as opticians, chiropodists and dental appointments, so they would remain well.
- Staff identified when a person required further medical attention and we heard and read how they worked with external health and social care professionals in a joined up approach to deliver consistent and effective care to people.
- Staff were aware of people's upcoming health appointments, and so ensured people were ready and prepared to attend these appointments on time.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs 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 they were supported to continue to practice their faith.

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

- The Cedars is an older building and the middle and top floor had many different levels to get to people's bedrooms. The provider had specialist motorised wheelchairs which enabled staff to safely mobilise people who required use of a wheelchair.
- People had the right equipment in place to meet their needs, such as specialised beds, open plan walk in showers and hoists.

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

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

possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.
- Relatives confirmed they were involved in supporting the best interest decisions with their family member where it had been deemed the person had lacked the capacity to make these decisions. Relatives felt that where it had been found their family member lacked capacity to make certain decisions, staff supported the person in the least restrictive way.
- Where the provider had deemed people were being deprived of their liberty, applications had been sent to the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- At this inspection the provider had better supported their staff group to enable them to support people well.
- While some people told us they were required to wait for support, they said that over the recent months this had not compromised their dignity.
- All people continued to speak highly of the staff who cared for and supported them. People told us they were happy at the home and considered staff to be considerate and kind. One person told us staff had sat with them and comforted them when they became upset. While a further person said, "The staff are kind. They help me; I can't fault them. I always have a joke with the staff. The staff are never unkind to me."
- Relatives told us staff were kind and caring towards their family member. One relative said, "The staff are reassuringly caring."
- We saw staff supported people in a respectful way, taking the time to explain things to them. We saw staff took their time with people and worked with people at their own pace.

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

- People told us they were able to speak with staff about their care and felt listened to and involved with these decisions.
- People told us they were always given the opportunity by staff to make decisions about their care and how they were to be supported.
- Relatives confirmed that, where appropriate, they were involved, and felt their views were listened to and respected.
- 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 told us they were treated in a dignified and respectful way and we saw staff were respectful towards them at all times. One person said, " I do feel that I'm treated with respect. The staff are kind and explain things to me. "
- People shared examples of how staff promoted their independence, for example, with maintaining their personal care.
- Relatives confirmed their family member was treated well by staff and their privacy was maintained.
- Staff told us they respected people's privacy by ensuring information about their care and support was

only shared with their consent.

- We saw all staff supported people in a dignified way, and respected and promoted their privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection people told us they were not able to get up in the morning when they wished and had to wait a considerable length of time for support. At this inspection most people told us they were supported to get up and go to bed at the times that suited them. Two people told us this did not happen, and they got up later in the morning than they wished. We explored this further by reviewing the computerised care records. These records showed that staff were supporting people in line with their preferences. However, we shared this with the manager so they could discuss with people further.
- During this inspection we did hear some bells ringing for a few minutes before they were answered. However, the provider did not have systems in place to monitor people's waiting times so this could be explored. We spoke with the provider about this, who advised that the call bell system would be reviewed.
- At this inspection all staff told us there had been improvements in staffing levels and deployment of staff around the home. They felt the shifts were well managed, so people's needs were met in line with their preferences.
- Improvements with communication between staff groups had improved. Staff confirmed, and we saw, they were kept up to date with people's changing needs. Staff confirmed that daily handover meetings about people's needs and any changes were useful and sufficient to carry out their role. Daily heads of department and nurse meetings took place which ensured staff continued to meet people's needs responsively.
- Staff knew people well and recognised when they were 'not themselves' so that prompt action could be taken. Relatives confirmed that where appropriate they were kept informed if their family member had become unwell.
- Where people's needs were changing, we saw this was communicated to the manager and assurances from external healthcare professionals were promptly sought.
- Reviews of people's plans of care now took place consistently to ensure care was delivered in a timely way.

Meeting people's communication needs

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

- The provider had taken into consideration people's communication needs when assessing and planning their care. People told us they were happy with the way information was shared with them.

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 told us they spent their day according to their wishes. Some people told us they preferred to stay in their rooms but were given the opportunity to go to the communal areas if they wanted. While other people preferred to visit the communal lounges.
- People in the communal areas told us the 'well-being staff' were there to talk with, and organised entertainment, such as crafts and quizzes. People told us they did enjoy the external entertainment, such as singers, that was brought into the home and also enjoyed trips out during the warmer months.
- A relative also told us, "The residents do have the opportunity to go on outings which [person's name] really enjoyed. [They] went to the garden centre and in the summer they went to the carnival. The staff walk down to the carnival with the residents in their chairs."
- Where people were nursed in their rooms, relatives felt their family member had good interaction with the staff. A relative described to us how their family member responded well to staff and recognised their faces. They continued to say how the person responded well to music and found staff ensured this was playing for them to listen to.
- People's religious and spiritual beliefs were taken into account, and people were supported to continue practicing these.
- People told us their family and friends were welcome to visit at any time. Relatives commented on how accommodating the staff team were and felt welcomed into the home. One person told us, "I'm happy here. I had a lovely day on Saturday; it was my 90th birthday and all of my family came to see me. We had a party in the dining room with some good food."

Improving care quality in response to complaints or concerns

- At the last inspection we found people's verbal complaints were not escalated, reviewed or responded to and people and relatives had little confidence improvements would be made as a result.
- At this inspection people and relatives we spoke with told us they felt confident complaints would be listened to and actioned.
- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. The provider had not received any formal complaints since the last inspection.

End of life care and support

- At the last inspection the provider could not be assured staff had the knowledge and skills to meet people's end of life care needs.
- At this inspection we found staff had received training in end of life care and support. Staff told us they felt more confident in this area.
- We saw in people's care records that 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 sought support and worked with external healthcare professionals to put the right medicines and equipment in place, should a person require these.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. However, leaders and the culture they created supported the delivery of good-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others.

At our last inspection the provider had failed to have robust governance systems in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had put comprehensive audits and checks in place and these were now implemented effectively by the management of the home. For example, where shortfalls were identified, these were escalated, so that action could be taken so this could be remedied and shared with staff to improve practice.
- However, we found that some people continued to report waiting times when they used their call bell. The provider had not fully considered how waiting times would be monitored, reviewed and if necessary, improved. The management team advised this would be reviewed as priority. The manager confirmed they would also complete checks at night, and speak to people about their concerns.
- During the inspection it was shared that new quality assurance systems and some changes to senior management would be taking place. However, at the time of the inspection these systems had not been implemented for us to test how effective they were.
- We discussed with the management team what staff had told us about the continued concerns with the computerised care plan system. For example, information not syncing, and prompts and reminders not working to alert staff of tasks that were required. While the staff were using workarounds to mitigate the risk of care omissions, the provider advised the computer system would review going forward.
- A new manager had been in post since January 2020. They had submitted an application to the CQC to become a registered manager.
- It was recognised by the provider that there had been some turnover in the managers of the home since our last inspection and the provider recognised that time would be required for this period of change to settle so that the manager could become embedded and established.

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.

- All people we spoke with talked positively about how they felt the manager listened and involved them in the running of the service. One person said, "I do know the manager; it's very good now she's here. I think that it will be very good now that we have a new manager. It is very friendly here." While a further person said, "The new managers about a lot. She smiles and has a good look around. I really don't think that she would miss much at all."
- People told us that residents' meetings were held but had not happened recently. People thought that new meetings were being scheduled. On the whole people told us they felt listened to at these meetings. However, one person continued to report that issues raised were not always listened to in relation to the call bells in the lounge area.
- Most relatives told us they had already met the manager and where they had met them felt they were approachable.
- Relatives confirmed that the provider gave them opportunities to be involved in the running of the service. One relative told us, "I go to the relative's meetings; it's a chance to ask questions." While a further relative said, "We do have meetings for relatives, but I've not been to any. If I wanted to speak to someone, if I had a complaint or a suggestion, I would just go to the office."
- All staff we spoke with explained there had been improvements to the management of the service. One staff member told us, "There have been big improvements; we are working well as a team. [Managers name] is lovely, approachable, listens and takes on board what you say." While a further staff member told us, "I hadn't worked in a care home before, but now seeing the oversight, processes and systems in place I can see how much we have improved. I'm really proud about where we are now."
- Staff had the opportunity to discuss the running of the service through supervisions, team meetings and through conversations with the manager.
- Staff were clear about their roles, and the values upheld by the provider. Staff explained that they did not have any 'lead roles' in aspects of the running of the service yet. One staff member said, "I'm on my third manager in seven months. I think [manager's name] is the right one for the job. I'm sure [they] have some good ideas, but they need time to get familiar with the service."
- There was a good approach to teamwork within the home. The nursing team had a good oversight of the care and support people needed. We saw nursing staff supporting carers to help continue meet people's needs. Staff told us they worked well together in a joined-up approach. We saw that communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- The provider did send surveys to people who used the service. However at the time of our inspection, no recent surveys had been sent to people.

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 and manager understood their responsibilities to be transparent with people, where events had happened in the home. We saw this was communicated with the appropriate people and external agencies.
- The provider understood their responsibilities for reporting events and incidents that were legally required to the CQC. The CQC ratings from the last inspection was also displayed in the home, as legally required.