

Little Oyster Limited

Little Oyster Residential Home

Inspection report

Seaside Avenue
Minster-on-Sea
Sheerness
Kent
ME12 2NJ

Tel: 01795870608

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Little Oyster Residential Home is a care home providing personal care to 52 people at the time of the inspection. The service can accommodate up to 64 people who have learning disabilities, mental health conditions and physical disabilities across three buildings. The main building is divided into two floors and annex, and there are separate bungalows and flats where people are able to live more independently.

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

There had been some improvements within the service. However, there continued to be shortfalls in the service provided to people.

Individual risks were not always assessed and managed to keep people safe. Staff did not always follow the provider's COVID-19 policy or infection and protection government guidelines. This posed a risk where staff could transfer infection.

Risks to the environment had been considered as well as risks associated with people's mobility and health needs. The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.

People could not be assured new staff were adequately checked to ensure they were suitable to work with people to keep them safe. We found no evidence that people had been harmed however, systems were not robust enough to demonstrate staff recruitment was effectively managed. We made a recommendation about this.

Although there had been audits and checks of the service completed, these were not robust. This meant the management team were not always aware of concerns identified during this inspection in relation to recruitment practice and risk management.

People had regular staff who they knew well. People told us, "It's lovely here, I have been here two years, it is home"; "The staff and people are friendly, I like living at the service" and "I generally feel well looked after. The staff are brilliant." We observed positive interaction between people and staff, people were seen to be smiling and were chatting and laughing which indicated they were happy.

People were well supported by competent, knowledgeable and trained staff. Staff were well supported by the management team.

Medicines were managed safely. Staff understood the importance of safeguarding and the registered manager worked closely with the local authority.

Meals and drinks were prepared to meet people's preferences and dietary needs. People told us they liked

the food and everyone confirmed they had choices of meals. Meal time experiences had improved, people were treated with dignity and respect.

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.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight, referrals were made to dieticians, or if people had difficulty swallowing or had choked, they were referred to the speech and language team.

The management team carried out the appropriate checks of staff practice to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. The registered manager promoted an open culture and was a visible presence in the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Although the size and structure of the service was not in line with the principles of Right support, right care, right culture, staff tried to deliver care in a person-centred way that offered people choice and control. The service had been divided into two so that staff worked in one area with people to ensure people had consistent support. People were supported to be as independent as they could be.

People received person-centred care which promoted their dignity, privacy and human rights. People were supported to follow their interests and take part in activities in the local community (when there were no COVID-19 restrictions). People were supported to be involved in the day to day running of the service. Accessible information including pictures and symbols was used to support their understanding and engagement.

The registered manager demonstrated that they were committed to ensuring that people received high-quality care and were committed to continually improving the service. The registered manager worked with a wider management team to drive changes.

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 31 December 2019) and there were breaches of regulation 10,12,17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and when they would improve by.

At this inspection we found the provider had made some improvements by ensuring that staff received training and support to carry out their roles safely and staff treated people with dignity and respect. However, the provider requires further improvement in effective quality monitoring and assessing and

managing risks.

This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve; Safe care and treatment (Regulation 12), Dignity and respect (Regulation 10), Good governance (Regulation 17) and Staffing (Regulation 18) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this unannounced focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires improvement. This is based on the findings at this inspection.

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

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management, safe recruitment practice and effective systems to monitor the quality and safety of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Little Oyster Residential 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.

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 undertaken by three inspectors. Two inspectors visited the service and a third inspector collated and reviewed information and contacted staff by telephone to gain their feedback.

Service and service type

Little Oyster Residential 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

The provider was not asked to complete a provider information return prior to this inspection. 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 contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from a local authority quality assurance worker, they told us they had carried out a desk top review of the service in recent weeks and were collating their findings. We also received feedback from a local authority commissioner and a local authority safeguarding coordinator, who had both noted improvements since we last inspected the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided through video calls and through telephone calls. We spoke with eight members of staff including cooks, care staff and the registered manager. This included video calls with people and telephone calls with staff and relatives to help with social distancing within the service. We observed staff interactions with people and observed care and support in communal areas.

We reviewed a range of records. This included nine people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, risk assessments and procedures were reviewed.

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 Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively manage risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- At the last inspection, risks faced by people were identified but the plans in place to mitigate risks were not always personalised or up to date. At this inspection we found some improvement to risk assessments had been made. However, risk assessments were inconsistent. For example, some people had clear and detailed moving and handling risk assessments in place clearly detailing how staff should support them safely. One person's moving and handling risk assessment said they could not weight bare independently without the use of an aid. The registered manager told us they needed a full hoist to transfer. However, the risk assessment described transfer techniques which involved weight baring and standing with support of two staff. This put the person and staff at risk of injury.
- One person had a risk assessment in place because they were prescribed laxatives. The risk assessment did not provide guidance to staff at what stage to administer the laxative medicine. For example, describing how long in days or hours the person had last opened their bowels or how to recognise how the person showed signs they were constipated. The person did not communicate verbally so would be unable to tell staff. This put the person at risk of pain and discomfort from constipation.
- At this inspection, we found that clear risk assessments were in place to manage the risk of transmission of Covid-19. The service had a Covid-19 outbreak when we inspected. However, staff were not always following the risks assessments. During the inspection we spoke with two staff who were not wearing their masks correctly. This increased the risks to people and staff of contracting and transmitting Covid-19. We reported this to the registered manager.
- Each person had an evacuation plan (PEEP) which should describe the support they would need to leave the building in an emergency. However, the PEEP did not detail how to do this. PEEPs described the fire procedures staff should follow in general, rather than listing what staff should do to support each person. This meant that staff (including new staff and agency staff) may not know how people respond to the fire alarm sounding and how to evacuate each person safely.

Individual risks relating to the health, safety and welfare of people had not been robustly assessed. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008

- Risks to people's individual health and wellbeing had been assessed and well managed. People at risk of choking had appropriate risk assessments in place and action had been taken to ensure they were supported safely. Referrals had been made to specialist healthcare professionals when required. People living with diabetes and epilepsy had clear risk assessments in place so that staff knew how to support them safely.
- Risks to the environment had been considered. The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner. Checks had been completed on the fire equipment. Staff had participated in fire training and fire drills regularly.

Staffing and recruitment

- The provider had not consistently followed safe recruitment processes to ensure staff were suitable for their roles. We reviewed three staff recruitment files. Two of these files showed gaps in staff employment history. These gaps had not been addressed and recorded. We informed the registered manager of our concerns. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that a full employment history is required. The provider's application forms had only asked applicants to list their last 10 years of employment history which did not fit in with Schedule 3.
- The above shortfalls had not been identified during either the recruitment process or through any audits.

We recommend the provider considers Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to update their practice accordingly.

- Recruitment checks, such as two references and criminal record checks with the Disclosure and Barring Service, were completed before staff began working at the service. Proof of identity and rights to work in the UK had been checked.
- There were suitable numbers of staff to provide the care and support people were assessed as needing. Assessments of staffing levels were undertaken by the registered manager. Staffing levels were amended when required to meet people's changing needs.
- People told us their needs were met in a timely manner. We observed this was the case. People told us staff answered their call bells quickly. One person said, "Staff come quickly when I press my bell."

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed in a safe way. 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, however there was one further area for improvement.

- At this inspection, medicines risk assessments were in place in most people's care records. However, these risk assessments did not provide enough information to staff. Medicines risks assessments stated that people were prescribed tablets, capsules or creams but the risk assessments did not list specific tablets, capsules or creams people were prescribed and had not listed what each medicine was prescribed for. This meant that staff did not have all the information they needed to provide safe care. We reported this to the registered manager, who agreed to make further improvements. We will follow this up at the next

inspection.

- At the last inspection, the storage of equipment used to administer medicines was not always safe. At this inspection, medicines were managed safely and stored securely. Regular temperature checks were made on storage to ensure medicines maintained their effectiveness. There was clear guidance for staff to follow if people were prescribed 'as and when' (PRN) medicines.
- At the last inspection, records showed staff had not consistently followed their training in relation to management of diabetes. At this inspection, management of diabetes had improved where people had needed hospital treatment, they had received this.
- Medicine administration records were complete and accurate, and people received their medicines as prescribed. Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- Regular medicines audits were completed to identify any errors. During each medicine round medicines were counted so errors could be identified swiftly.
- Staff were trained to administer medicines. They double-checked people's transdermal patches (medicated pain patches) were not applied to the same area of the body each time which helped to avoid skin irritation.

Learning lessons when things go wrong

- Systems were in place to monitor accidents, incidents near misses and to learn lessons. Incidents and accidents were discussed as a staff team, so everyone remained aware about people at risk and how to support them accordingly.
- The registered manager regularly audited and reviewed any accident and incidents.
- Action was taken to prevent repeated incidents. For example, when it was identified people had problems with swallowing or had choked, referrals (including urgent referrals), had been made to speech and language therapists for advice. Where people had experienced declining mental health, which had escalated into incidents, referrals had been made to the mental health team.
- Where medicines errors had happened. These were fully investigated and records made of the outcome. Records did not always specify what action has been taken. We spoke with the registered manager about this and they agreed to make this clearer.

Preventing and controlling infection

- We were not always assured that the provider was using PPE effectively and safely. We have reported our findings in relation to this in the 'Assessing risk, safety monitoring and management' section of this Safe domain.
- 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.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to have effective safeguarding systems in place to protect people from the risk of abuse. Staff understood their responsibilities to protect people from abuse. All staff had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise, and report concerns outside of their organisation if necessary. Where safeguarding concerns had been received, appropriate action had been taken to address these. A staff member said, "I have learnt about safeguarding. I know I can go to my supervisor and tell them anything I am worried about. I can also go to [registered manager] if I don't think it is being dealt with right. I can ring the safeguarding number or ring CQC. If I saw or heard something that I didn't think was right I would definitely say something."
- Posters and information were on display around the service telling people about how to stay safe. This information was in an easy to read format to help people understand.
- People told us they felt safe. Comments included, "I feel safe because the doors are locked at night and people can only come in if they go through reception. Staff recognise me going in and out, so I don't get stopped"; "I do feel safe" and "It's been fine. It is safe because of people."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving into the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, gender, culture and their abilities. People were reassessed as their needs changed to ensure the care and support they received met their needs including oral health.
- At the last inspection, care files contained generic information and lacked key details that would facilitate personalised care. At this inspection, lots of work had been done to provide more personalised information. However, there was still an area for improvement to remove some generic guidance for staff. We discussed this with the registered manager.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the training they needed to perform their roles. 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

- At the last inspection small numbers of staff had attended learning disability and autism training. At this inspection, training records showed 89 out of 91 staff had attended learning disability training and 88 staff had completed autism training. This showed that training for staff to meet the needs of people had improved.
- At the last inspection specialist training for staff to support people who used specialist feeding pumps and tubes had not taken place. At this inspection, staff had been trained to provide specialist support. Training had been undertaken, a group of staff attended this training on the day of our inspection. A total of 46 staff had been trained and had their competency assessed by a qualified specialist trainer.
- Training records evidenced staff had received training in a range of courses to enable them to meet people's needs as well as the provider's mandatory training. Additional training included training relating to people's medical conditions such as Parkinson's disease, cerebral palsy, epilepsy, dementia, Multiple sclerosis and training in swallowing problems.

- Staff received regular support from the management team in the form of supervision, during which they were encouraged to share any ideas to enhance the lives of the people they were supporting, and also offered training, guidance and personal support when needed. Staff were given opportunities to complete vocational qualifications relevant to their role.
- Staff told us the induction programme was thorough and supported them to be effective in their roles. One staff member told us, "I was shadowing for over a week and there was a lot of face to face training. I was a carer before so was pretty confident." Another staff member said, "I have had an induction and done quite a lot of training."

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

At our last inspection the provider had failed to ensure staff treated people with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) 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 10

- At the last inspection, people's experiences of meal times were mixed. In one area of the service, people were not always treated with dignity and respect and the meal time experience was not pleasant. At this inspection, we observed that meal time experiences had improved. People appeared happy, there was a relaxed atmosphere and people chatted with their friends and peers.
- Meals and drinks met people's assessed needs. When people's needs changed such as their ability to swallow, people were reassessed and were supported to access thickened fluids or foods of a different texture to meet their changing needs. Changes were quickly communicated to kitchen staff. Referrals had been made in relation to this to people's GP's and speech and language therapists (SALT).
- There was a good system in place to check that people had drunk enough to keep themselves healthy and hydrated. Records relating to food and fluid intake were clear, consistent and accurate. People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.
- People gave us positive feedback about the food at the service. One person told us, "Some food is nice. Some not so nice, because I am not keen on stews and casseroles." We chatted with this person and they confirmed they could have something else if stew or casserole was on the menu. They said, "There is always a choice." Other people told us, "I have a soft diet because I have difficulty with swallowing, the food tastes nice. My drinks are thickened too"; "I like dinners" and "The food is very good."

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

- The design and layout of the service continued to meet people's needs. People knew where their rooms were and where to find communal areas such as the lounge, toilets and bathrooms.
- People had been supported to personalise their bedrooms. We saw photographs of people and their artwork had been used to decorate the communal areas. One person told us, "I chose the colour of my room." Another person said, "I have a view of the sea and I chose the decoration in my room. I have lots of pictures of friends and family."
- The hallways were wide and provided sufficient space for people who used wheelchairs to mobilise within the home. There was plenty of space to support people to use moving and handling equipment where this was necessary. The environment was physically adequate to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. People had a health action plan in place. This outlined specific health needs and how they should be managed. Staff had sought medical advice when required and had discussed concerns with relatives.
- People received appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants, mental health teams and specialist nurses. Records showed that staff took timely action when people were ill. One person became unwell during the inspection, staff quickly acted and paramedics attended and took the person to hospital for treatment.
- People were supported to see an optician, dentist and chiropodist regularly. A person told us, "Staff call a doctor if I'm not well. I have had Covid tests, staff ask me if I want one."
- The registered manager detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.

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.

- At this inspection, care records showed that MCA assessments had taken place in relation to specific decisions.
- The registered manager had applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The registered manager monitored when they were authorised or due for renewal. Records evidenced that DoLS conditions were monitored and actions took place to meet these.
- We observed people making decisions about their care and treatment. People's choices and decisions were respected. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities. Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them.
- Where some people did not have capacity to consent to a specific decision, MCA assessments showed that best interest decisions had been made. The decision-making process (showing that relatives or paid representatives had been involved, dated and signed) had not always been clearly recorded. We discussed this with the registered manager who provided additional evidence to show others had been involved in decision making for example, in moving to a different unit within the service. The registered manager agreed to make sure records were clearer to evidence best interest decisions.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure effective systems were in place to identify and address issues with the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- At the last inspection, quality assurance systems were not robust. At this inspection, the systems to review and check the quality of the service had improved however further improvements were needed because audits had not identified the continued areas of concern found at this inspection in relation to safe recruitment practice and risk management.

Systems to monitor the quality and safety of the service were not robust enough to identify areas that needed improvement. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to check the quality of the service. Including, reviewing care plans, incidents and accidents, health and safety, training, moving and handling equipment, medicines and infection control. Where issues had been identified records showed that actions had been taken in a timely manner. Some actions had been delayed or paused during the COVID-19 pandemic such as changes to the nurse call alarm system.
- The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

- The provider continued to use a range of methods to engage people, staff and other professionals in the development of the service.
- Where the service had previously held regular meetings for people who lived in the home, these had not happened as it was unsafe for large groups of people to meet. Therefore, feedback had been gained from one to one discussions and small meetings. People received easy to read information and newsletters to ensure they received information.
- People were asked to complete feedback surveys which were in easy read format. Where people needed additional support to have questions in a different language staff supported these people to give their feedback in their first language. People were enabled to provide feedback on a monthly basis through the 'resident of the day' process where their wants and needs were reviewed. People were positive about the staff and the home. Comments included, "I am happy here"; "Staff are good. They are lovely people"; "The staff and people are friendly"; "Staff are kind to me, all of them are good"; "I enjoy it here, I feel very supported. They look after you here" and "I generally feel well looked after." A relative told us, "No criticism of the support there."
- The registered manager told us relatives and outside professionals had also been asked to complete a survey. Due to the COVID-19 pandemic surveys had been completed with relatives by telephone. Some relatives we spoke with did not recall completing surveys. One relative said, "The care home has never asked for feedback or given me a survey. I think it would be important as would stop small issues becoming huge concerns and also would highlight the great job they are doing."

Working in partnership with others; Continuous learning and improving care

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. Health and social care professionals gave us positive feedback about how the registered manager worked with them, how improvements had been implemented and how they had worked well through the COVID-19 outbreak.
- The management team had developed systems and process to meet changing guidelines from the governing bodies. For example, safe social distance garden visits had taken place when it was safe to do so. The service had developed procedures to be able to test visitors to enable visits in the conservatory when restrictions were lifted and provided communication and updates. Some relatives felt that communication could be improved in relation to this as they were finding it difficult not seeing their loved ones as often as they would have liked. They also said, "Care home are saying I can visit but outside only and its freezing cold." People were enabled to keep in contact through video calling or phone calls, however internet signal restricted some people in doing this. One relative confirmed they got good communication from the service's social media account and found this useful.
- The registered manager was involved in local registered manager support networks and COVID-19 social media support networks which had been developed. The registered manager also gained support through the Skills for Care network and was completing a 'Well Led' course.
- Staff were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from speech and language therapists, the GP or dieticians.

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

- People appeared comfortable around the registered manager and management team. We observed people asking them questions and approaching them and being supported by them. People told us they could tell the registered manager or staff of they had any concerns or worries. Some people told us they

could also discuss any such concerns or worries with their local authority care manager.

- Records showed that people had been provided training and support to help them understand how to stay safe in the pandemic. People had received certificates to evidence their achievement and participation in the training. As a result of the training some people wore face masks in communal areas.
- Outside of the COVID-19 pandemic restrictions people were supported to achieve goals, gain skills, attend college and to do activities and outings which they enjoyed. One person told us, "I am struggling with not being able to go out into the community at the moment due to COVID-19." Another person said, "Staff help me to go out, sometimes shopping sometimes the beach when the weather is nice."

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

- The registered manager had a good understanding of their responsibilities under the duty of candour.
- The registered manager demonstrated that they were committed to ensuring that people received high-quality care and were committed to continually improving the service. The registered manager worked with a wider management team to drive changes. Staff confirmed they were able to go to their line managers for support as well as the registered manager.

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 17 HSCA RA Regulations 2014 Good governance Registered persons had failed to ensure systems to monitor the quality and safety of the service were robust. Regulation 17