

Bondcare (London) Limited

Fern Gardens Care Home

Inspection report

Fern Grove
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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

Fern Gardens Care Home is a care home with nursing for up to 92 older people. At the time of our inspection 11 people were living at the service. The service is managed by Bondcare (London) Limited, a private company.

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

People received their medicines safely and as prescribed. However, improvements were needed to make sure records were accurate to avoid risks.

We have made a recommendation in relation to this.

People using the service were happy living there. They received personalised care which had been planned. They liked the staff and had good relationships with them. People were given choices and felt respected and valued. There was a wide range of social activities which people participated in. People had access to health care services and had enough to eat and drink.

There were suitable systems for recruiting, training and supporting staff. The staff told us they enjoyed working at the service. There was good communication between staff to help make sure people received consistent care and support.

The registered manager was suitably qualified and experienced. They had introduced new systems for monitoring the service and improving quality. They involved staff in this work and helped to make sure all staff took responsibility for monitoring care. There were systems for investigating and responding to complaints, accidents, safeguarding alerts and other adverse events. These included learning from these. People using the service and other stakeholders were asked for their views on the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was inadequate (Published 10 September 2021) and there were breaches of Regulations. 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 9 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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

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

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?

Good ●

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Fern Gardens Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 conducted by two inspectors and a member of the CQC medicines team. The inspection was supported by an Expert by Experience who made phone calls to the relatives of people using the service. 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

Fern Gardens 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 looked at all the information we held about the provider. The provider was required to send us monthly

updates and information and we reviewed the most recent submissions from them.

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 received feedback from the local safeguarding authority, including information about the outcomes from safeguarding investigations.

We contacted the relatives of five people who used the service by telephone for feedback about their experiences.

During the inspection

We met and spoke with five people who used the service. We also observed how people were being supported and cared for. Our observations included, the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with staff on duty including care workers, senior care workers, nurses, the wellbeing and activities coordinator, catering staff, domestic staff and members of the management team.

We conducted a partial tour of the premises. We looked at how medicines were being managed. We looked at records used by the provider to manage the service, which included care records, records of staff recruitment, training and support, audits and meeting minutes.

After the inspection

The provider sent us evidence of action they took following the feedback at the end of our inspection. This included improved medicines records which we reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our inspection of 11 August 2021, we found the provider failed to manage medicines in a safe way which placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvements had been made and the provider was no longer breaching this part of Regulation 12. However, we identified further improvements were needed with some records relating to medicines and we have made a recommendation in respect of this.

- Some of the Medicines Administration Records (MARs) for one person did not record their medicines allergy accurately.

We recommend the provider review their processes and policy to ensure medicine allergies are recorded accurately in all records

- The provider had systems in place to reduce the risks relating to allergies and took further action following the inspection when we discussed our findings.
- During the previous inspection in August 2021 we had found medicines were not stored at appropriate temperatures. At this inspection, we found the staff stored medicines securely and at the recommended temperature range.
- The staff members gave medicines as prescribed. During the previous inspection we had found the medicines administration round had finished late. Also, the staff did not always give medicines as prescribed. During this inspection we observed staff give medicines to people. The staff were polite, gained permission before giving medicines and signed for each medicine on the MAR after giving it. The medicine rounds were completed in a timely manner. The MARs we reviewed provided assurance people were receiving their medicines as prescribed.
- The staff applied prescribed creams and recorded this in the designated records. Also, the staff recorded the site of application for transdermal patches prescribed to people at the home.
- Some people at the home were prescribed medicines to be given on a when required basis (PRN) for pain and constipation among other conditions. Guidance in the form of PRN protocols or information in care plans was available to help staff give these medicines consistently.
- An electronic system was used for care plans. The care plans we reviewed related to medicines were person centred. They provided guidance for staff on how to monitor and manage side effects of high-risk medicines such as insulin and anti-coagulants.
- Some people living at the home were given medicines covertly. The staff had carried out best interest

decision involving the GP and next of kin before giving medicines in this manner. The pharmacist was consulted about how to safely give people their medicines if they were given covertly. Covert medicines are given in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them.

- There were appropriate policies and procedures regarding medicines management, disposal of waste medicines and receiving and acting on medicines alerts.
- The staff received training and were competency assessed to handle medicines safely.

Systems and processes to safeguard people from the risk of abuse

At our inspection of 11 August 2021, we found the provider did not effectively operate systems and processes to protect people from abuse. This was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching Regulation 13.

- The provider had procedures for safeguarding people from abuse. The staff had training in these and understood what they needed to do if they were concerned someone was being abused.
- In 2021, there were a high number of safeguarding concerns raised with the local authority. The provider carried out investigations into these and attended meetings with the local authority to decide how to protect people from further harm.
- The registered manager had developed systems to make sure protection plans were implemented and staff understood these. Previously staff told us they had not been made aware of safeguarding outcomes. They told us that now they were well informed and helped contribute ideas about how to make the service safer for people. The staff also told us they felt more confident raising concerns and speaking up when something was wrong.
- People using the service and their relatives told us they felt safe and well cared for.

Assessing risk, safety monitoring and management

At our inspection of 11 August 2021, we found the provider failed to always provide care and treatment 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) Regulation 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 12.

- The staff assessed risks for each person and created plans to help make sure they were safely supported. The assessments and plans were regularly reviewed, and people's views and wishes were considered as part of these assessments.
- We observed staff supporting people in a safe way. For example, supporting them to move around the home safely and when eating and drinking.
- Previously, there were concerns about the way in which the condition of people's skin was monitored, and wounds were cared for. At this inspection, we found improvements to the way staff monitored people's skin and how they responded when the condition of this deteriorated.
- Risks within the environment were assessed and monitored. Equipment was serviced and there were regular checks on health and safety. There were appropriate procedures to be followed in the event of a fire, and staff were familiar with these.

Learning lessons when things go wrong

At our inspection of 11 August 2021, we found the provider did not always operate systems to learn when things went wrong and keep people safe from harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, we found improvements and the provider was no longer breaching this part of Regulation 12.

- The registered manager had developed good systems for learning when things went wrong. Following each adverse event as well as when there were outcomes from safeguarding investigations they held a discussion with staff about what went wrong and what they could do to improve the service and learn from these events.
- They kept a clear record which set out the lessons learnt from these events. The staff told us they felt well informed and involved in making improvements.
- There were daily meetings for all senior staff to discuss the service and any areas where improvements were needed. All staff were also involved in daily handovers to share information.
- The provider's training included discussing situations which had happened so staff could learn from these.

Preventing and controlling infection

At our inspection of 11 August 2021, we found the provider failed effectively operate systems to prevent and control infection was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found we found enough improvements had been made and the provider was no longer breaching this part of Regulation 12.

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Staffing and recruitment

- There were enough suitable staff working at the service to meet people's needs and keep them safe. People told us they did not have to wait for care. The registered manager and regional support manager were nurses and had provided nursing care at times when staffing had been affected by periods of isolation due to COVID-19. One member of staff told us, "I was so impressed, when staffing was short [registered manager and regional support manager] came in and helped everyone."
- There were appropriate systems for recruiting and selecting staff which included checks on their identity

and suitability, an induction and competency assessments.

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.

We did not review this key question at our last inspection. The last rating for this key question (12 January 2021) was 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

- The provider had systems for assessing people's needs and choices. No one new had moved to the service since the last inspection. However, the staff had reviewed and reassessed people's needs regularly and updated care plans when these needs changed.

Staff support: induction, training, skills and experience

- People were supported by staff who had the training, skills and experience to care for them. New staff completed an induction which covered all areas of their roles and responsibilities. The inductions included a range of training and assessments of staff competencies.
- The provider's training manager was based at the service and worked alongside staff to provide training and support. They carried out observations, assessments and involved staff in identifying their own learning needs.
- Staff had completed a range of training in areas where there were gaps in their knowledge which had been identified through safeguarding concerns. Staff told us the training was useful and helped them in their roles. They were able to describe some of their learning and the management team told us they could see the difference in staff skills and confidence as a result of training.
- Nursing staff and other senior staff were provided with a range of clinical training in order for them to care for people's nursing and complex needs.
- The staff were well supported. The registered manager and other managers worked with them and staff told us they felt confident approaching them and discussing their work. They had regular team and individual meetings with the managers. There was evidence of regular assessments of staff skills and knowledge.

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

- People were supported to have enough to eat and drink. Their individual preferences and dietary needs had been assessed and planned for. The catering staff had clear information about people's needs and dietary requirements.
- Menus included a range of choices and we saw people were given choice when meals were served. Dietary requirements based on religious, cultural and medical needs were catered for and people confirmed they were happy with the food.
- People were given enough to drink. A range of hot and cold drinks were always available and people were given choices about these. People also had access to fruit and snacks which were offered throughout the day.

- People were supported to enjoy food to celebrate specific events. For example, the day of our inspection was Shrove Tuesday and people were offered pancakes which they were invited to help prepare. The wellbeing coordinator organised for people to take part in other national food events and festivals.
- The staff monitored people's food and fluid intake. They responded when people's needs changed and when they lost or gained unexpected weight. The staff had made referrals to other professionals when they needed to make sure people were receiving the right care and support with their nutritional needs.

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

- People's healthcare needs were assessed and planned for. The staff monitored their health.
- People were able to see the GP and other healthcare professionals when they needed. The provider sourced their own physiotherapist who visited each week to support people needing this service.

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

- The building was suitable to meet people's needs. At the time of our inspection, only one of the home's units was being used. This unit had recently been decorated and included attractive features. There was appropriate signage to help orientate people and there was information about activities and pictorial menus on display. The corridors and rooms were light, well ventilated and appropriately equipped.
- People had access to a well-kept garden and communal rooms. There was also a gym which had benefited some people who had been able to increase their strength and mobility. All bedrooms were for single use and had en-suite facilities. People had personalised their rooms with their own furniture and belongings.
- There was suitable equipment in place, including adjustable beds, sensors to alert staff if someone fell, hoists and slings. This equipment was regularly serviced and cleaned.

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.

- The provider ensured people consented to care and treatment in line with the MCA. They had assessed people's mental capacity and applied for DoLS when this was needed.
- The staff asked for people's consent before providing care. They made sure people had information to make choices and respected their decisions. We observed staff were patient whilst people made decisions. Sometimes the staff rephrased what they had asked and used objects of reference to help those people make decisions.
- People were involved in reviewing their own care where they were able, and this was recorded. For people who lacked the mental capacity to make decisions, the provider had consulted others and made decisions in their best interests. They had involved people's families and legal representatives, as well as the GP who had recently reviewed people's decisions about their care. This was recorded.
- The staff had received training about the MCA and demonstrated they understood about obtaining

consent.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our inspection of 11 August 2021, we found people were not always treated 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.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 10.

- People were well treated by staff and told us they had good relationships with the staff who were kind and caring. One person told us, "It is good here, all the people are friendly, and I love this place. They have looked after me well." There was a friendly atmosphere where people using the service interacted and spent time with each other. Relatives told us people were respected and cared for well. One relative told us, "All the carers that look after [person] are nice and [person] smiles when [they] see them."
- We observed the staff providing gentle, kind and patient care towards people. They were friendly and respectful in their interactions, offering people encouragement and giving people choices. The staff were attentive when people needed something and responded in an appropriate way. Throughout the day we observed the staff checking on people's wellbeing.
- The staff had received training about caring for people in a respectful way. Some staff had signed up to become dignity champions. There was information on display and in people's care records reminding staff about how to be respectful and caring. Managers undertook regular recorded observations, including checks at night, to make sure staff always did this. The staff demonstrated a good understanding about providing care and showed a genuine affection for the people they were supporting.
- People's diverse needs were respected. Their cultural and religious needs were recorded and they were supported to access appropriate food and worship if they wanted.

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

- People were supported to express their views and make decisions. We saw staff offering people choices and respecting these. Music in communal areas was selected to reflect people's choices and tastes. They were able to make decisions about how they spent their time, food and activities. Staff were patient and explained choices well and allowed people time and space if they were finding a decision difficult.
- Care plans included information about people's choices and preferences. Each month, care plans were reviewed through "Resident of the Day", a type of review which looked at all aspects of the person's care and involved them and their families by asking for their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. The staff provided care in private and did not discuss information about people where this could be overheard.
- People were supported to be independent when they were able. People had equipment to help them be independent, for example when eating, drinking and moving around.
- One person told us they did not always feel able to undertake some tasks when asked to by staff. We discussed this with the registered manager. They met with the person and came to an agreement about how the staff should approach them to support their abilities and independence as well as respecting their choice on days they did not feel able to undertake these tasks. This agreement was discussed with staff and added to the person's care plan.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our inspection of 11 August 2021, we found people did not always receive personalised care which met their needs and reflected their preferences. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 9.

- People received care which met their needs and reflected their preferences. They and their families confirmed this. Comments from relatives included, "They look after [person] well, [they] always look clean, have regular chiropody and hairdressing" and "[Person] is really happy and is settled well."
- The staff created care plans which described people's needs and how these should be met. The care plans were detailed and included personalised information. Records of care showed staff were following care plans.

Meeting people's communication needs

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

At our inspection of 11 August 2021, we found people's communication needs were not always being met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvements had been made and the provider was no longer breaching this part of Regulation 9.

- People's communication needs were met. Staff had created care plans which described people's communication needs. One person did not speak English and staff communicated with them using an electronic translation application. The person explained this worked well and they felt confident communicating with staff.
- Staff also used objects of reference and different ways to communicate information to people who had

cognitive impairments to help them understand. They made sure people had the right glasses and hearing aids, which were cleaned and working.

- There was a range of accessible information, including signage and the use of photographs and pictures for menus and activities. We saw the staff using these to help explain choices to people.
- The provider was able to produce their documents, including policies and procedures, in different languages or formats if requested.

Improving care quality in response to complaints or concerns

At our inspection of 11 August 2021, we found the provider did not have robust arrangements in place to act on complaints. This was a breach of Regulation 16 (receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 16.

- Complaints and concerns were taken seriously and acted on. People using the service and their relatives told us they knew who to speak with if they had a concern and felt this would be addressed.
- Information about the complaints procedure was displayed and provided for people using the service, their representatives and staff.
- Records showed the provider had investigated and responded to complaints and concerns, and that they had made improvements to the service as a result of these.

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 take part in a range of social activities. The provider employed a wellbeing coordinator who had planned a wide range of different events and activities each day. They created a programme and people were aware of different activities in advance. Activities included celebrating religious, national and special events.
- There were external entertainers, different craft, cooking and music activities, as well as games for groups of people. The wellbeing coordinator also provided individual support and activities for people who preferred this.
- We observed people being supported to join in a range of different activities, with staff from all departments supporting them, joining in and making sure people were happy and enjoying themselves.
- The wellbeing coordinator spoke with people about what they wanted to do and made sure their hobbies and interests were reflected in the activities programme. The service had access to a minibus for people to take part in trips out of the home.
- There were resources for people to help themselves and for care staff to use at times when the wellbeing coordinator was not available. There were also trolleys of toys, craft items and pampering products (for nails and massages) available for organised and ad hoc activities.

End of life care and support

- People were supported with care at the end of their lives. Care plans recorded people's wishes and specific needs. The clinical staff were trained to administer end of life medicines using a syringe driver (an intravenous pump used to give a constant stream of medicines to relieve pain and discomfort).
- The staff worked closely with palliative care teams and medical professionals to make sure people were receiving the right care.
- The registered manager and staff had received a number of cards and letters from relatives after their loved ones had passed away thanking the staff for their care. One relative had written, "In [person's] last few

months, we were touched by the support you and the staff showed as [person's] health started to fade, making every effort to keep us informed and enable us to visit as often as possible."

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

At our inspection of 11 August 2021, we found systems and processes had not been operated to ensure a good quality service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had systems for assessing and monitoring the quality of the service. These included regular audits, checks and asking stakeholders for feedback. When things had gone wrong, the registered manager had met with the staff so they could learn from these and improve the service together. For example, following safeguarding concerns.
- Since the last inspection, there had been improvements in all areas of the service, including providing more personalised care and support, better trained staff and a reduction of adverse events where people had been harmed or were placed at risk of harm. There were also improvements in staff skills when supporting people to wash, move safely and in providing choices. Communication within the staff team had improved leading to better and more consistent care.
- The registered manager had introduced systems to help ensure all staff were involved in monitoring the service and speaking up when something was wrong.
- Relatives told us they had seen improvements at the service. Their comments included, "I can see the staff are nice and friendly and things are getting better" and "They really are trying to improve things, the manager is often on site and has a little chat." This relative went on to describe how the levels of personal care, food and environment had all improved.

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

At our inspection of 11 August 2021, we found systems and processes had not been operated to ensure a good quality service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- There was a positive culture at the service, where staff demonstrated a commitment to improvements and providing good quality care to people using the service. The management team had worked hard to improve communication between staff groups. Some of the comments from staff included, "Before no one could talk but now there is lots of communication, it is a better place to work, all the changes are for the good", "We can spend a lot of time with residents, everything has changed since [registered manager] got here, it is so much better", "Staff morale is better, we have a better handover and know what is happening, we give choices to residents, [registered manager] came and changed so much", "We are now working as a team" and "It is fantastic here now, so many changes, everything is to a better standard."
- Relatives told us they felt the service had improved. One relative told us, "I genuinely think the staff are trying to do their best."
- The provider's training manager, who was based at the service to provide onsite training and support told us, "The culture and atmosphere has really improved. Nurses lead from the top and there is good communication and handover with all staff. Staff speak with people well and communicate well. They have taken on board training. [Registered manager] is doing a good job, he is so kind and caring, he listens to staff and responds."

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 and staff understood and acted on the duty of candour. They had transparent communication with people using the service, relatives and others when something went wrong.
- The provider was required to send CQC monthly reports of audits and their action plans to improve the service. They met this condition of their registration and described when things needed improving within their reports. They also completed statutory notifications as required following these up with phone calls and additional information to explain what action had been taken following adverse events.

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

- The management team and staff understood their roles and responsibilities. The registered manager was also managing another of the provider's homes. They were suitably qualified and experienced and had a support team of other senior staff and managers who worked alongside them. They had developed staff to improve their skills, so they felt confident in their roles.
- There were daily management meetings and handovers for all staff, to share information.
- Staff told us they felt supported. Their comments included, "Meetings take place without fail and issues are dealt with speedily and how they should be", "I have enough support from the management, everything is discussed very openly, so we know what is happening", "We have a lot of meetings and [the registered manager] has a surgery where we can come and see him, about anything we need to talk about" and "[The registered manager and regional support manager] are very hard working and always hands on." The staff also told us they felt more confident in their roles and had a better understanding of regulatory requirements.
- Relatives told us they found the registered manager supportive. One relative told us, "I feel [registered manager] is much more approachable and personable. He is more interested in what we have to say and the general welfare of people." They went on to tell us they felt the quality of care had improved and said, "The carers are not on edge anymore. I call at any time and they seem to take an interest and tell me what [person] has done."

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

- The registered manager and staff engaged with people using the service and their representatives.

Families told us they were in regular contact. Their comments included, "[Staff] call me to tell me when [person] is resident of the day and to ask my views", "[The registered manager] answers my questions satisfactory, he doesn't try to hide behind excuses" and "The manager has set up weekly calls with me to discuss [person's] care."

- Since the last inspection, there have been two relatives meetings where people were informed about changes within the service and were asked for their views.
- People using the service spoke with the wellbeing coordinator and other staff each day and told us they felt well informed and involved in decisions about the service. The wellbeing coordinator developed a bimonthly newsletter which included information about the service, special events and photographs."
- The provider asked people using the service and others for their views through surveys. They had created a summary of the responses which included a "you said, we did" section to describe what action they had taken to respond to people's concerns.
- People's diverse needs were supported. Care plans described protected characteristics and how these should be met. People were provided with equipment, social events and additional support to meet these needs.

Working in partnership with others

- The staff worked in partnership with other professionals to make sure people received the care they needed. They regularly met with the GP and pharmacists to discuss people's health and medicines needs. They made timely referrals for other specialist support when needed.
- We observed the nurse on duty liaising with another care provider, a pharmacist and the GP to help make sure the right support was in place for two people who were moving away from the service. They were professional and communicated clearly with others in the best interests of the people using the service.