

RRC (GB) Ltd

# Restoration Residential Care Home

## Inspection report

8 Oakmead Road  
Croydon  
Surrey  
CR0 3AS

Tel: 02086843287

Website: [www.restorationcarehome.co.uk](http://www.restorationcarehome.co.uk)

Date of inspection visit:  
25 November 2020

Date of publication:  
05 January 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Restoration Residential Care Home is a residential care home providing personal care to up to four people in one adapted building. The service specialises in supporting people with mental health needs. There were three people using the service at the time of this inspection.

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

The quality and safety of the service had improved for people since our last inspection. People's records now contained current and accurate information about their assessed care and support needs. People were involved in making decisions and their records reflected their preferences and choices about how care and support was provided. There was now detailed information about identified risks to people's safety and wellbeing. Staff understood these risks and what action to take to support people to stay safe. People's records had been updated to reflect their communication needs and their wishes for the support they wanted to receive at the end of their life.

People said they were safe at the service. People were comfortable with staff and readily asked for their help and support. Staff had been trained to safeguard people from abuse. People and staff knew how and to who they should report any safety concerns. Changes had been made to recruitment practices to make sure people were supported by suitable staff. There were enough staff to support people. Health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises was clean and tidy. Staff followed current practice to reduce infection and hygiene risks at the service.

People were supported to stay healthy and well. Staff were better informed about people's healthcare conditions and the support they needed for these. The provider had improved access to support from healthcare professionals and people were able to see them when they needed to. Staff followed their recommendations to help people achieve effective outcomes. Information about people's medicines had been improved and people received these as prescribed. People were involved in planning menus and had a choice about what they ate. Staff encouraged people to make healthy food and drink choices and monitored people were eating and drinking enough to meet their needs.

Staff training and supervision arrangements had been improved. Staff received relevant training to help them meet people's needs. Staff were motivated and well supported. They understood their responsibilities for providing safe, high quality care and sought people's consent before this was provided. 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.

People could choose how their bedrooms were decorated and personalised. Improvements had been made to the communal garden which had been cleared of clutter. People had more choice and say about the activities they did. Due to national lockdown restrictions at the time of this inspection there were limited

opportunities for people to do activities in the community. However, people were supported to do more activities at home to keep them engaged and stimulated. People were supported to make video and telephone calls to relatives. Staff also provided relatives with updates about their family member.

The provider had improved their quality monitoring systems and made sure there were regular audits and checks of the service. They promptly addressed any issues identified through these checks. The provider had also improved their accident reporting and complaints systems to better understand and manage safety and quality concerns. Learning from incidents was shared with staff to help them improve the quality and safety of the support they provided.

The provider was open and honest with people about the things that had gone wrong and what they would do to put things right. The provider sought their feedback to check the action they took was leading to improvements for people at the service.

Despite the improvements made since our last inspection, it was too early to judge yet whether these could be maintained and sustained. Some of the planned improvements had not yet been fully embedded due to the current COVID19 pandemic. These issues were outside of the provider's control. However, this meant at the time of this inspection there was not yet enough evidence of consistent good practice over time.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection and update

The last rating for this service was inadequate (published 24 March 2020) and there were multiple breaches of regulation. This service has been in special measures since 24 March 2020. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions we looked at. Therefore, this service is no longer in special measures.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 27 November 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 person-centred care, dignity and respect, need for consent, safe care and treatment, receiving and acting on complaints and good governance. We undertook this 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 of Safe, Effective, Responsive and Well-led which had been rated inadequate and 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 changed from inadequate to 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 Restoration Residential Care Home on our website at [www.cqc.org.uk](http://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?

Good ●

The service was 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Restoration Residential 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 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:

This inspection was carried out by two inspectors. One inspector visited the service. The other inspector reviewed information and evidence off-site and conducted an interview with the registered manager via a video call.

#### Service and service type:

Restoration Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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:

The inspection visit took place on 25 November 2020 and was announced. We gave the provider one hour's notice to enable them to ensure the premises were set up as safely as possible to accommodate an

inspector on-site.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's action plan for improvements. We also reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used all of this information to plan our inspection.

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.

#### During the inspection

We spoke with two people who used the service. We observed interactions between people and staff. We also carried out checks of the premises. We spoke with the registered manager and two care support workers and reviewed a range of records. This included two people's care records, medicines records and some records relating to the management of the service.

#### After the inspection

We spoke with a relative by telephone about their experiences of the service. We interviewed the registered manager via a video call and a care support worker by telephone.

We reviewed information we asked the provider to send us. This included information about; the service improvement plan, audits including their latest infection prevention control (IPC) audit, their COVID19 contingency plan, health and safety checks of the service, staff training and supervision, accident and incident reports, staff rotas, menus, minutes of meetings, satisfaction surveys, complaints and policies relating to safeguarding and IPC.

# 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 good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found risk assessments were inadequate and did not guide staff to know how to provide safe care and treatment. 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 improvement had been made and the provider was no longer in breach of this aspect of the regulation.

- People's records now contained current and detailed information about identified risks to their safety and wellbeing. People had been involved in discussions about these risks and supported to have a say in how staff could help them to stay safe. For example, one person was concerned about the risk of potential financial abuse and had agreed a plan with staff about actions they could take to reduce this risk.
- There were plans in place to guide staff on how to manage identified risks to reduce the risk of harm or injury to people. Staff were well informed about these risks and knew what action to take to support people to stay safe. For example, one person was at risk of falling due to their mobility. There was information for staff about what to do to reduce this risk. We observed staff prompting and supporting the person in an appropriate way to reduce the risk of them tripping and falling.
- Records showed senior staff reviewed identified risks with people to make sure plans in place to manage these remained appropriate.
- The provider made sure there were regular health and safety checks of the premises. They promptly dealt with any issues arising from these checks. Safety systems and equipment used at the service was maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had been trained to deal with emergency situations and events if these should arise. For example, if a fire was to break out in the home there were plans in place to help evacuate people safely from the premises in this instance.

### Using medicines safely

At our last inspection we found medicines were not being managed in a safe way and people were not protected from potential 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 improvement had been made and the provider was no longer in breach of this aspect of the regulation.

- People's records now contained information about their prescribed medicines and how they should be supported with these. This helped inform staff how to support people to take these in a timely and appropriate way.
- The provider had made sure people's medicines were now regularly reviewed by their GP and the specialist healthcare professionals involved in their care, to check these remained appropriate and safe for people to use.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them. Medicines were stored safely and appropriately.
- The registered manager carried out regular checks on medicines records and of stock. They also regularly assessed staff's competency to make sure medicines were being managed and administered safely.

#### Learning lessons when things go wrong

At our last inspection we found accidents and incidents involving people had not been recorded and analysed to identify patterns and reduce the risk of harm to people. 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 improvement had been made and the provider was no longer in breach of this aspect of the regulation.

- The provider had improved the accident and reporting system. They made sure all staff knew how and when to report an accident or incident involving a person. This was regularly discussed at staff team meetings.
- The registered manager reviewed all accident and incident reports to look for trends, patterns or concerns which might indicate an underlying issue affecting a person's safety and wellbeing.
- After one person had a fall, the registered manager reviewed the circumstances surrounding this and identified a concern about the person's health which may have contributed to this. They sought immediate support for the person from the GP.
- Learning from this incident was shared with all staff to help them identify signs and triggers to indicate this person was unwell again, so that prompt support could be sought for them from the GP.

#### Staffing and recruitment

At our last inspection we recommended the provider follow best practice guidelines to ensure they were managing the recruitment of staff in a safe way.

- The registered manager had taken action to address inconsistencies we previously found in a staff member's records. This included obtaining missing information and seeking assurances the information provided was accurate. The registered manager told us additional management checks were now in place to make sure all the necessary checks of new staff were made at the appropriate time.
- No new staff had been employed by the provider since our last inspection. The improvements made to the recruitment process would help the provider make sure only suitable staff were employed in future.
- Prior to this inspection we received concerning information about staffing at the service, specifically at night. We were told staff on duty at night often went to sleep. We were also told night staff were on duty over consecutive nights without reasonable time off between shifts.
- We looked at staff rotas over an eight week period. Shifts had been rotated amongst the staff team so the same staff were not always on the same shift, including at night. Staff had days off at reasonable intervals so were not working long, consecutive shifts without a break. The rota indicated there were enough staff on duty to meet people's needs. One person told us, "Always someone around if you need them."

- We discussed the concern about staff sleeping at night at the service with the registered manager. They told us due to the current COVID19 pandemic and associated risks, some staff were uneasy travelling between the service and home in between shifts. They said to ease this anxiety, one of the unused bedrooms at the service was being temporarily used by staff to sleep over at night. They told us this had no impact on people as these staff were not on duty.

### Preventing and controlling infection

At our last inspection we recommended the provider follow best practice guidelines to ensure they were managing the risk of infection.

- At this inspection we found staff followed safety procedures when preparing, serving and storing food to reduce risks to people of acquiring foodborne illnesses.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- Due to limitations with the physical environment people could not always easily socially distance. However, people had their own en-suite rooms should they need to isolate.

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

- People were safe at the service. One person said, "I like it very much (living here). Nothing's too much for them (staff). They are very nice people." Another person told us, "I'm good. It's alright here. Staff are fine."
- Staff had been trained to safeguard people from abuse and knew how to recognise signs that a person may be at risk.
- Information was displayed for people, visitors and staff about how and to who to report any concerns they had.
- When concerns about people had been raised, the registered manager assisted the local authority with their enquiries and investigations. This helped the local authority identify any actions needed to ensure people's ongoing safety.

# 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 inadequate. 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.

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).

At our last inspection we found the provider was not providing care and support in line with the MCA. As a result, people were at risk of having decisions made without their consent and not in line with their best interests. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we checked to see whether the service was now 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. We found enough improvement had been made and the provider was no longer in breach of regulation.

- The provider had assessed people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, the provider involved people's representatives and healthcare professionals, to make sure decisions would be made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate health and social care professionals. The provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

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

At our last inspection we found the service had inadequate systems in place to ensure people had access to healthcare services and received appropriate care and support in a timely manner. This may have put them

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 improvement had been made and the provider was no longer in breach of this aspect of the regulation.

- People's records had current information about their health and medical conditions. Staff were well informed about people's conditions and how they needed to be supported with these
- People were able to see healthcare professionals when they needed to. This wasn't always possible face to face due to the current COVID19 pandemic, however staff made sure people could attend 'virtual appointments' instead.
- Staff followed recommendations from healthcare professionals to help people achieve effective outcomes. For one person, staff sought advice from the GP as they were concerned the person may be at risk of choking. Staff were advised how they could support the person to cut up their food and eat their meals more slowly to reduce this risk. The person's records were updated to reflect this advice and staff followed this when supporting and prompting the person with their meals.
- People attended reviews with mental health professionals involved in their care. Outcomes from these meetings were reviewed for any changes needed to the support people required.
- Staff reported any concerns they had about people promptly so that people received appropriate support from the relevant healthcare professionals. For one person, staff arranged for them to speak with specialist healthcare professionals when staff became concerned about the person's mental health and wellbeing.

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

At our last inspection we found the provider had failed to carry out an appropriate assessment of people's needs and preferences to provide effective care and support. 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 in breach of this aspect of the regulation.

- The provider had made sure people's care plans now accurately reflected people's assessed care and support needs.
- People's care plans set out the support they needed with their assessed needs. This included information about their choices about how, when and from whom this was provided.
- Staff recorded daily the support they provided to people. From these records we could see care and support provided to people reflected their preferences and needs.

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

At our last inspection we found the provider had failed to ensure people received care and treatment that met their support needs and supported them to stay healthy. This demonstrated 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 improvement had been made and the provider was no longer in breach of this aspect of the regulation.

- One person told us, "The food is very nice. [Staff member] makes soup and stew. And we have egg and chips which is my favourite. They make a variety. We can choose what we want, which is nice."
- People were provided information about meal choices and supported by staff to plan menus. Staff understood people's specific dietary needs and preferences and took this into account when planning and preparing meals.
- A menu was planned in advance but this was flexible, based on people's preferences each day. We observed one person tell staff they wanted to eat something different for their evening meal than what was

on the menu. Staff made sure they could have this.

- Staff encouraged people to make healthy food and drink choices and to eat nutritious and well-balanced meals. We saw a bowl of fresh fruit available for people to help themselves to and fresh vegetables in the fridge to be used in meal preparation.
- Staff monitored what people were eating and drinking to look for any issues that people might be having with food and drink, so that appropriate support could be sought for them if they needed this.

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

At our last inspection we recommended the provider ensured people's preferences and needs are considered when designing the home.

- One person told us, "I like my room. [The registered manager] said she is going to paint this room. I asked for magnolia last time and I think I would go for that again."
- People's bedrooms were personalised and reflected their choices for how these were furnished and decorated. In addition to their own room, the premises offered people other spaces they could spend time in. This included a communal lounge, kitchen/diner and garden.
- The garden had been improved and was now clean and free from clutter. There was a plot where people could grow flowers and vegetables if they wanted to. During the warmer months the garden had been regularly used by people for activities and events such as summer BBQs.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider ensured their policies and procedures supported staff to provide effective care and support.

- The provider had taken action to provide staff with relevant training to help them meet the range of people's needs. This included training in specific topics to support people with diabetes, epilepsy and swallowing difficulties. Staff told us they felt able to meet people's needs.
- The provider had also taken action to make sure all staff received regular supervision and an annual appraisal to discuss their work performance and any further training they needed to help them provide effective support to people. A staff member told us, "If I identify a course that I think maybe good for me and help people, the registered manager is quite supportive and will let me go on this."

# 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 inadequate. 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; support to follow interests and to take part in activities that are socially and culturally relevant to them; supporting people to develop and maintain relationships to avoid social isolation

At our last inspection we found the provider placed people at risk of social isolation and of not receiving the care that they required. 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 in breach of this aspect of the regulation.

- People's records had been improved and contained up to date information for staff about how their care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day.
- Staff understood people's care and support needs and how these should be met. Each person had a designated keyworker who was responsible for ensuring their needs were being met. Keyworkers reviewed the support provided to people at regular intervals to check this was continuing to meet their needs and preferences.
- Since our last inspection people had been given more choice and say about the activities they would like to do and which reflected their interests.
- We saw between the two periods of national lockdown restrictions due to the COVID19 pandemic, people had undertaken trips and social outings in the community of their choosing, for example a day out to the local city farm.
- Unfortunately, at the time of this inspection national lockdown restrictions were in force so there were limited opportunities for people to do activities in the community. However, people were still supported to go with staff to the local shops on a one to one basis and staff made sure this was done in a safe and appropriate way. One person said, "[Staff member] went to the trouble of getting me a black mask. She is very kind. I wear it down the shops. [Staff member] makes sure I wear it in Sainsburys."
- Records showed people were continually asked for their ideas and suggestions for outings and activities they would like to do in the future. The registered manager told us they planned to arrange further outings based on people's suggestions as soon as they were able to.
- Due to lockdown restrictions people were doing activities at home. The provider had signed the service up to an online live activities service provided by a mental health charity and all the people using the service took part. Activities included quizzes, bingo and gentle exercises.
- Staff also undertook daily activities with people based on people's preferences including playing games

and quizzes.

- People were helped to maintain relationships with the people that mattered to them. The lockdown restrictions meant it was difficult for relatives to visit with their family members. One person was taught by staff how to use a tablet to make video calls so they could stay in regular touch with their relative.

Improving care quality in response to complaints or concerns; meeting people's communication needs

At our last inspection we found the provider had failed to establish and effectively operate an accessible system for identifying, receiving, recording, handling and respond to 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 in breach of regulation.

- People's feedback during this inspection indicated they had no current issues or concerns about the quality of care and support provided by staff.
- People were encouraged to raise concerns with staff and when they did, we saw these were dealt with appropriately by the registered manager.
- There were arrangements in place to deal with formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- The registered manager told us they had not received any formal complaints from people about the service since our last inspection.

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.

- People's care records showed their communication needs had been discussed, recorded and highlighted. Staff understood how people should be supported with these needs.
- The provider had made some information available to people in easy to read formats. This included information about COVID19 and on how to make a complaint.

End of life care and support

At our last inspection we found the provider had failed to assess and respond appropriately to people's changing needs to ensure they received end of life care that met their needs and 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 in breach of this aspect of the regulation.

- At the time of this inspection no one was in receipt of end of life care and support.
- People's records had been updated to reflect their wishes for the support they wanted to receive at the end of their life. This helped to ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

# 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 improvements had been made since our last inspection but some aspects of service management and leadership were not yet fully consistent.

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

At our last inspection we found the provider had failed to establish effective governance systems or processes to oversee the running of the service and monitor, assess and improve the quality and safety of the service provided to service users. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the provider had failed to support people to participate in making decisions relating to their care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reported this breach in the 'Caring' section in the last inspection report.

At this inspection we found enough improvement had been made and the provider was no longer in breach of the above regulations.

- The provider had taken on board our findings from the previous inspection and used this to make improvements to the quality and safety of the service. Information about people, their care and support needs and risks to their safety was now accurate and current. People were involved in making decisions about the care and support they needed and their records reflected their preferences, choices and needs. People's consent was sought before care and support was provided.
- The provider was working with healthcare professionals to make sure people had access to support for their healthcare needs when required. Staff knew how to provide care that was more person centred and safe.
- There was improved management and oversight of medicines, recruitment, staff training and supervision, records and support for people with activities. People had a say in the design and decoration of the environment and the meals they ate. The provider managed infection risks appropriately.
- The provider had improved their systems to assess and monitor the quality and safety of the service. There were regular audits and checks of key aspects of the service and prompt action was taken to address any issues identified through these checks. The registered manager told us the improvements made to these systems made them feel more assured that issues and concerns would be picked up more quickly and dealt with appropriately.
- Despite the improvements made since our last inspection, it was too early to judge yet whether these

could be maintained and sustained. In addition, some of the planned improvements around the provision of activities had not yet been fully embedded due to the current COVID19 pandemic and wider restrictions in terms of safe access to the community. These issues were outside the provider's control. However, this meant at the time of this inspection there was not yet enough evidence of consistent good practice over time.

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

At the last inspection, due to the issues we found, we could not be assured the provider fully understood their responsibility with regard to their duty of candour. At this inspection we found improvements had been made.

- The provider had been open and honest with people about the issues we found at the last inspection. They had told people how they intended to make improvements.
- The provider used surveys to check that action they had taken had led to improvements. People's responses indicated they were satisfied with the support they received and had no concerns or complaints.
- Systems for reporting and learning from accidents, incidents and complaints had been improved. Evidence was seen of learning being shared with staff to improve the quality and safety of support they provided.
- The registered manager fully understood their responsibility for meeting regulatory requirements. Since the last inspection they had notified us promptly of events or incidents involving people. This meant we could check appropriate action was taken to ensure the safety and welfare of people and others in these instances.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; working in partnership with others

At our last inspection we found people did not speak positively about their experiences of the registered manager. At this inspection their feedback indicated improvements had been made.

- One person said about the registered manager, "She's fine. She's the one that makes sure I get my cream." Another person told us, "Nothing (is) making me upset. Everything's going ok."
- Recent responses from surveys also indicated people had no concerns. One person had commented, "This home is run by a very nice and honest family and I like all staff." Another person had written, "I love it here"
- We observed people were comfortable approaching the registered manager and staff with any issues or concerns they had. The registered manager knew people well and what was important to them. Their interactions with people were considerate and patient and they were focussed on meeting people's needs and resolving their queries.
- The registered manager held regular team meetings with all staff to make sure they were clear about their responsibilities for providing high quality care to people.
- Staff felt well supported and motivated. A staff member told us working at the service was, "very educating and invigorating."
- The registered manager had rewarded staff for the commitment they had demonstrated in caring for and supporting people during the pandemic.
- Relationships and communication had been improved with healthcare professionals involved in people's care. Staff made sure recommendations and advice from healthcare professionals was used to design the

care and support provided to people. A staff member told us, "I feel we have much better relationships with the people we support and other healthcare professionals. For example [person using the service] is benefitting from these improvements as [person] is more vocal and feels really comfortable talking to people, staff and care co-ordinators."

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

- People's views about the service and how it could improve, were sought through surveys, meetings and regular reviews of their care and support needs. Responses received from recent surveys indicated people were satisfied with the care and support they received. A suggestion made recently by one person had been acted on and a weekly 'fish and chip supper' night had been introduced at the service.
- Staff's views about the service were sought through surveys, supervision and team meetings. Staff told us they felt able to share ideas and views with the provider about possible improvements that could be made.
- Healthcare professionals and local neighbours were also asked to share their experiences of the service. Feedback from recent surveys indicated they had no current issues or concerns about the service.