

Midland Healthcare Limited

Rushey Mead Manor Care and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rushey Mead Manor Care and Nursing Home provides nursing and personal care to up to 50 older people, some of whom are living with dementia and/or physical disabilities. The home is multicultural and Asian languages are spoken there as well as English.

At the time of our inspection there were 36 people using the service.

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

Although people and relatives were satisfied with the care and nursing provided, and the home had improved since our last inspection, further improvements were needed to ensure people received a good service in all areas.

There was a continued lack of oversight and governance systems to monitor the home. The providers had a new quality assurance system in place, but this was not yet fully implemented. Improvements were needed to record keeping across the home to ensure it was well-organised and comprehensive.

People felt safe at the home and staff knew how to protect them from harm. However, risk assessments were not always fit for purpose. Staff were knowledgeable about people's care needs, but personalised care plans were not always in place as required.

The premises were being updated and improved to ensure they were suitable for people, but further work was needed to bring the environment up to an acceptable standard.

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; however, the policies and systems in the service needed reviewing to ensure they supported this practice.

The area manager and acting manager said they would address all the outstanding issues and implement a programme of improvement involving people, relatives, and staff.

The home was well-staffed, and the staff employed were suitable for their roles and had appropriate training. The staff were caring and had a good understanding of people's cultural needs and preferences and how to meet these.

Menus were well-planned with English and Indian dishes and the meals served met people's cultural and other dietary requirements. The home's activities organiser provided individual and group activities for people which they enjoyed.

The home had an open and friendly culture and people and relatives said the managers and staff were

approachable and helpful.

Rating at last inspection

The last rating for this service was requires improvement (report published 21 June 2018). 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. However, further improvements were needed for the home to obtain a rating of Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Rushey Mead Manor Care and Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and/or nursing. 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

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

The service did not have a manager registered with CQC. The previous registered manager de-registered on 30 March 2019. A new acting manager had been appointed and started work at the home on the second day of our inspection. This meant that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We looked at information from local authority commissioners and Healthwatch. Commissioners are people

who work to find appropriate care and support services for people and fund the care provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. health authority commissioners.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

During the inspection we spoke with six people using the service and four relatives. We spent time observing the people living in the home to help us understand the experience of those who could not talk with us. We also spoke with the acting manager, area manager, operations manager, clinical lead, nurse, senior care co-ordinator, three care workers, activity co-ordinator, administrator, the maintenance person, and the cook.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at five people's care and nursing 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 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 improvements were needed to some people's risk assessments/care plans to ensure staff had the information they needed to support people to stay safe. At this inspection some improvements had been made but there was further work to do to ensure risks to people were minimised.
- Some risk assessments/care plans were of a good standard, particularly those relating to nursing care. They included clear instructions to staff on how to manage risk to people through observations, interventions, joint work with healthcare professionals, and the use of specialist equipment. They were up-to-date and had been regularly reviewed and improved where necessary.
- Other risk assessments/care plans needed improvement. They had not always identified areas where the person was at risk and put a plan in place to minimise this. For example, one person was at risk of falling and distressed behaviours, but this was not addressed in their risk assessments/care plans.
- We discussed this with the area manager and acting manager. They accepted the need for improvement and said they would address this as a matter of priority. They told us they were going to review all risk assessments/care plans and make changes where necessary to ensure they were fit for purpose and easy to find in people's care files.
- A relative said staff cared for their family member in a safe way, ensuring they had the specialist equipment they needed, including a profiling bed, to minimise the risk of them coming to harm. The relative told us, "The staff see [person] regularly – [person] hasn't had any problems because they do an excellent job."
- Staff members had a good working knowledge of how to keep people safe. For example, they told us how they ensured hot water was a safe temperature and did not scald people when they bathed.
- People had personal emergency evacuation plans so staff know how to assist them to leave the home in the case of a fire or other emergency. One of these needed updating so it stated the correct moving and handling equipment the person needed. This was done during our inspection.

Using medicines safely

- At our last inspection improvements were needed to the way medicines were managed at the home. This was because: medicines were not always stored or disposed of safely; some medicines records were not fit for purpose; pain assessments had not been carried out; and the home's medicines policy was not fully legible.
- At this inspection improvements had been made and medicines were mostly safely managed. Medicines were stored at the recommended temperatures; medicines records were accurate and complete; a new

medicines disposal system was in place and working well: pain assessments were in place; and the home's medicines policy and procedure was legible and up to date.

- One of the home's two medicines trolleys had a damaged door, although it remained secure. We discussed this with the area manager who said new trolleys had been ordered and were due to arrive after our inspection.
- We were unable to locate risk assessments for topical creams kept in the rooms of people living with dementia. The nursing staff said they would address this.
- People were satisfied with how staff managed their medicines. A person said, "I have medication morning, afternoon, teatime and night." A relative told us there had been an issue with their family member not taking their medicines, but staff stayed with them now to ensure they had their medicines as prescribed.
- Staff were trained in safe medicines management and their competency checked before they could administer medicines. People's medicines were reviewed in conjunction with their GPs and changes made where necessary. If people were on covert medicines (medicines administered in a disguised form) correct procedures were followed.

Preventing and controlling infection

- The provider's infection control folder was incomplete and there was no evidence that infection control audits had taken place. We discussed this with the area manager. Following our inspection, the area manager sent us the home's new audit schedule, and this included monthly infection control audits.
- The home was mostly cleaned to a satisfactory standard, although the kitchen needed a deep clean. The acting manager arranged for this to be done following our inspection.
- People said they were satisfied with the cleanliness of the home. A person said, "The house is clean, and my room is clean." Another person told us, "The house is properly clean."
- Staff were trained in infection control. They washed their hands thoroughly and wore protective clothing when providing people with personal care.

Learning lessons when things go wrong

- Staff recorded accidents and incidents and documented them in a file. This process was meant to give staff an overview of accidents and incidents in the home, so they could learn from them and put measures in place to reduce the risk of them happening again.
- However, the accidents and incidents file was not up to date. There had been no audits since April 2019, and that audit was incomplete. Staff had analysed three falls but the paperwork for one of them did not record the remedial action taken. We discussed this with the area manager who said they would update the file and ensure lessons were learnt where necessary.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. A person said, "I'm not scared [because] I've got a call bell for when I need them [staff]." Another person told us, "There's no danger, honestly. It's my second home. I can talk to anyone if I'm worried." A relative said, "I don't see anything worrying here - the carers are very good."
- Staff were trained in safeguarding and knew how to recognise signs of abuse and how to respond, including referring any incidents to a relevant outside agency if needed.
- The provider was aware of their safeguarding responsibilities and worked with the local authority to help ensure people were safe at the home.

Staffing and recruitment

- The home was well staffed. People and relatives told us staff were available day and night to meet people's needs. A person who was being supported in their room said, "I've got a button [call bell] and they [staff] come quickly. They ask if I'm thirsty. They come all the time to see if I'm alright."

- Staff were available in communal areas and on the landings where some people were in their rooms.
- Staffing numbers were calculated depending on people's needs at any one time and extra staff put on duty where necessary, for example if a person was unwell.
- Staff said they thought there were always enough staff on duty to keep people safe.
- Staff were safely recruited. Records showed they had the necessary checks carried out, including a criminal records check, to ensure they were suitable to work with people using the care services.

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At our last inspection improvements were needed to the adaptation, design and decoration of premises to ensure they were suitable for people's needs. At this inspection the home was being refurbished and some improvements had already been made, although substantial work still needed to be carried out.
- The area manager told us bathrooms and bedrooms were being upgraded and new flooring laid in some parts of the home. We saw one bathroom and one bedroom where refurbished work had begun.
- On the first day of our inspection the garden at the front of the home was overgrown, the fence broken, and there was rubbish on the lawn area making it unsuitable for people to use. On the second day this garden had been cleared, the grass cut, and the fence repaired meaning people could now use this garden if they wanted to.
- There was a lack of signage throughout the home which could make it difficult for people to orientate themselves. The area manager said this was due to the redecoration programme and that signage would be put up as soon as practicable.
- There was a range of communal areas people could use to visit as well as their own rooms. A person said, "I can go to a quiet room with my family or my bedroom." One person had their own small personalised lounge which they said they were happy with.
- Some people, who spent most of their time in their rooms, had butterfly stickers on their doors. Staff told us these indicated the occupants wanted passing members of staff to look in and socialise with them to prevent them becoming isolated. This was in addition to people's regular well-being checks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People were assessed before they came to the home to ensure staff could meet their needs. Assessment covered people's physical, mental, social and cultural needs.
- Improvements were needed to the assessment documentation to ensure that all areas of risk were identified. For example, one person has a history of distressed behaviour, but the assessment form did not record this. This meant staff might not have the information they needed to support the person effectively. The area manager said people's assessments would be reviewed and improved as necessary.
- Staff were trained in equality and diversity and understood people's individual cultural needs. People were supported to follow their cultural practices and routines in line with their preferences.

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

- People said they liked the food served and it met their cultural and other dietary requirements. A person told us they got enough to eat and drink and staff asked them what they wanted. The person said, "I can get roti [a round flatbread] and other Indian food - everything's perfect." Another person told us the staff make sure their food had no sugar in it as they were on a diabetic diet.
- Menus were well-planned with English and Indian dishes, both vegetarian and meat-based. A relative praised the food served and said it was prepared in a way that made it easier for their family member to eat.
- Staff were knowledgeable about people's preferences and dietary requirements. The acting manager was reviewing how soft food was prepared and served to ensure it was presented in an appetising way.
- Where necessary people had nutritional care in plans in place. These addressed risks, for example, malnutrition and/or choking. People who needed specialist support with nutrition were referred to speech and language therapists and dieticians.
- Not all the people who were at risk of malnutrition had food and fluid charts in place. The acting manager said they would address this to ensure people's food and fluid intake was recorded where necessary.

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

- A PEG (percutaneous endoscopic gastrostomy) care chart for a person did not include a record of the advancement and rotation of the PEG. Nursing staff told us this was performed at feeding times, but there was no record to show this. The nursing staff agreed to ensure this task was recorded in future.
- People told us their healthcare needs were met. A person said the staff called their GP for them if they were unwell. A relative told us, "They [staff] do as much as they can for [person's] health and the doctor comes." A relative said their family member had a medical complaint and the staff addressed this by giving the person medicine when they needed it which made the person feel better.
- People saw health professionals, for example, GPs, district nurses, chiropodists, and opticians when they needed to. Staff said if people were unwell, they reported this to the nurse on duty who would assess the person and refer them to external healthcare services if needed.
- People had healthcare 'passports' which they took with them if they needed to go into hospital. These provided a good overview of their health and social care needs to assist hospital staff in caring for them effectively.
- We looked at how staff had supported a person diagnosed with a chest infection. Records showed staff took appropriate action to ensure the person had the support and medicines they needed to become well again.
- Staff used an assessment tool to determine if people were in pain. This was designed to assist staff in assessing pain levels in people who might not be able to say if they were in pain, so they could receive effective treatment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Some people, who had restrictions placed on them, had authorisations from the DoLS team in place to show this was being done lawfully. However, not all staff were aware of the conditions on these.
- The home used a DoLS tracker and where necessary people had been referred to the local authority's DoLS team for assessment.
- People and relatives told us staff always asked people for their consent before carrying out care tasks. A relative said, "They ask [family member] nicely every time they do something as if they're asking permission."
- All care plans were accompanied by individual decision-specific best interest documents, and a further document explaining why and how these decisions had been reached. This showed staff had assessed people's ability to make decisions.

Staff support: induction, training, skills and experience

- People and relatives said the staff were well-trained and knew how to meet people's needs. A relative said, "[I have] no complaints or problem with any of the work the carers do. They're dedicated."
- A person explained how effectively staff supported them with their personal care and nutrition. A relative told us they had observed staff supporting people living with dementia skilfully and with patience.
- Staff completed a range of introductory and general courses in health and social care. Staff said if they requested more training the provider's training manager would arrange this for them.
- If staff needed specialist training this was provided. For example, visiting specialist nursing teams trained staff in specific medical procedures and assessed them as competent.
- Staff told us they had supervision sessions with managers to discuss and reflect on their work. The acting manager said the home's programme of staff supervision was being reviewed to ensure it met the needs of the staff.

Is the service caring?

Our findings

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

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

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

- The home had an established staff team and people and relatives had the opportunity to get to know the staff who supported them. A person said, "At night and weekends, it's the same staff, and it's the same staff morning and night." The person appreciated having regular staff.
- The staff were caring and kind. All the people and relatives we spoke with praised the staff team. A person said, "They [staff] are nice and kind, all of them. Everybody's okay. I've got friends here. I'm happy and we pass the time."
- Relatives commented on how well staff communicated with people living with dementia. They told us about their 'patience' and 'caring manner'. One relative said a staff member was particularly good at providing reassurance when they assisted their family member at mealtimes. They told us, "[Staff member] is very caring and knows how to persuade [person] to eat a meal."
- Staff listened to people, spent time with them, and made them feel valued. A person said, "Everyone's nice, perfect. This is my second home. They're [the staff] good to me." A relative said staff made people 'happy' and told us, "I think this is a very good place."
- The staff team were multicultural and multilingual. They knew how to meet the cultural needs of people from range of different backgrounds.
- Staff created a warm and homely atmosphere for people. For example, after lunch they played Indian music as staff attended to people, brought them drinks, and socialised with them in a range of languages including Gujarati, Hindi and Punjabi. Some people were writing or drawing. Three people were singing Hindu songs.

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

- People told us they had a say in their daily routines and how their needs were met. A person said, "I get up when I want to, and at 9pm I'm in my room watching TV."
- People and relatives said they were involved when care plans were written. A relative told us, "The care plan was written properly, and I have no complaints." Another relative said they were involved in care planning for their family member because the family member was living with dementia and unable to take part.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. For example, they knocked on bedroom before entering and

provided discreet personal care, ensuring people's privacy was maintained.

- Staff supported people to be independent. They encouraged people to do as much for themselves as possible and to go out into the wider community where possible. For example, one person was supported to go out independently, initially with staff present, and then, after safety checks, on their own.
- Family members and friends were welcomed at the home. We saw staff greeting visitors and offering them refreshments. A relative told us they liked coming to the home because the staff were as kind to them as they were to their family member.
- People's records were kept securely in line with the General Data Protection Regulation (GDPR). This meant no-one had unauthorised access to people's personal information.

Is the service responsive?

Our findings

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

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

This meant people's needs were not always met.

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

- At our last inspection people had care plans but they were not always followed, and some were not fit for purpose. At this inspection some improvements had been made but further work was needed to bring all care plans up to a good standard.
- Although staff were aware of people's mental health needs and how to address them, people did not always have care plans for these. For example, one person had a diagnosed mental health condition which they took medicines for, but there was no care plan for this. However, other people did have comprehensive mental health care plans. We discussed this with the area manager and acting manager who said they would review care plans to ensure they were in place as required.
- Most people's care plans included some personalised information about them, but further detail about their personal histories, likes, dislikes and preferences would assist staff in getting to know them and meeting their needs in the way they wanted. The area manager and acting manager agreed to address this during their proposed care plan review.

Meeting people's communication needs

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

- Managers and staff understood their responsibility to comply with the Accessible Information Standard (AIS). They assessed people to identify their communication needs.
- Some key information, such as the complaints procedure and daily menu, was only available in English, despite most of the people using the service not having this as their first language. The area manager said this situation would be addressed, and information translated into other languages as necessary and practicable.

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

- An activities organiser was employed five days a week and provided culturally appropriate individual and group activities. During our inspection we saw people singing, listening to music, doing craft activities, and watching TV. The activities organiser ensured everyone who wanted to be included in activities had the opportunity and adapted activities to meet people's individual needs.

- People said they enjoyed the activities at the home. A person told us, "Everyday people are here in the dining room and the staff sing songs and we do prayers." The activities organiser also provided activities for people who preferred to stay in their rooms including massages and listening to their favourite music.

Improving care quality in response to complaints or concerns

- Relatives said if they raised concerns staff addressed them and made improvements. A relative said their family member's personal care had improved after they spoke to staff about it. Another relative said they had spoken to the director of operations that day about some concerns and had received assurances that these would be addressed.
- A small number of complaints had been received since the last inspection. These had mostly been investigated, though in one complaint not all the concerns raised had been addressed. We made the area manager aware of this shortfall.
- The home's complaint policy and procedure did not include all relevant information, such as how to contact the local authority, or explain the role of the local government ombudsman. It implied CQC would investigate complaints, which it has no legal power to do. The area manager said the procedure would be amended and improved so it provided comprehensive information for complainants.

End of life care and support

- There was a system in place to record people's wishes and preferences for end of life care, and a policy and procedure for staff on how to do this.
- Staff had not had formal training in end-of-life care. The area manager said this issue would be addressed.

Is the service well-led?

Our findings

Well-led – this means 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 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 improvements were needed to the provider's quality assurance system to ensure they had an overview of the quality of residential and nursing care at the home, and that any shortfalls were addressed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection a new quality assurance system was in place but not yet implemented, and there was no evidence that effective quality monitoring had taken place.
- The providers had not identified and/or addressed the shortfalls described in this report, namely: appropriate and personalised care plans and risk assessments not always in place; a damaged medicines trolley; a lack of infection control audits; an out of date accidents and incidents file; the overgrown and unusable garden area at the front of the home; MCA policies and procedures not always being followed; and assessment documentation and nutritional records not always fit for purpose.
- Although care and nursing records contained some good information about people's needs, they required some re-organisation and improvement. It was sometimes difficult to locate information in care files and indexes did not always tally with where information was eventually found. This could be a problem for staff unfamiliar with the people's needs.
- Some staff said they didn't always have the opportunity to read people's care plans and risk assessments, although they did understand people's needs from handovers and other communications with their colleagues.
- The local authority inspected the home's kitchen and food hygiene arrangements on 12 September 2018. The rating was '3 - Generally Satisfactory' and the provider was told to make improvements. Most of the issues raised had been addressed. However, the kitchen remained in a poor state of cleanliness. Following our inspection, the acting manager told us the kitchen was to be closed for 24 hours for deep cleaning.
- Healthwatch inspected the service in February 2019. They made several recommendations which had mostly been met. However, Healthwatch recommended staff photos, roles and names should be displayed in reception so people and visitors knew who was on duty. This had not been done by the first day of our inspection, but by the second day the board was on display.

These concerns constitute an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

- We discussed these issues with the area manager and acting manager who said auditing care records and making improvements was a key part of their new quality assurance system and said they would ensure this was done as a matter of priority. They also said they would ensure staff had the opportunity to read people's care plans and risk assessments.
- By the second day of our inspection the acting manager had carried out the first 'walkaround' audit. This covered people's care, health and safety, the dining experience, and people's and relatives' feedback on the home. This led to improvements including new cleaning schedules and changes to the way soft food was prepared.
- At the time of this inspection the home did not have a registered manager. However, an acting manager was newly appointed and told us they were in the process of submitting an application to CQC to become the home's next registered manager.

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

- People and relatives told us the managers and staff were approachable and the culture of the home open and friendly. A person said, "My family talk to the managers - they're good." A relative told us, "I met the operations manager once before and today. They deal very well with me and tell me everything. Even the cleaner and the laundry ladies talk to me with respect and are cheerful."
- Staff members spoke positively about the culture of the service and described how all staff cared for the people they supported, kept them safe, and provided them with respectful and dignified care.

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 service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.
- Staff knew how to report concerns to management and felt confident they would be listened to. They also knew how to take concerns outside the home if they needed to, for example to local authority and CQC.

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

- At our last inspection there was little evidence that people, relatives and staff had been involved in the running of the home or been asked for feedback on it. Since then the provider had carried out a quality review survey which showed overall positive feedback on the home.
- The last residents' meeting was held in April 2018. The acting manager said they intended to re-start these meetings and have them regularly to enable people and relatives to have more of a say in the running of the home.
- Staff were trained in equality and diversity and understood the importance of providing a good quality service to people. They discussed people's cultural needs and found ways for these to be met. For example, staff led prayers and singing in the home and accompanied people to their places of worship.

Continuous learning and improving care

- Managers and staff took part in regular training events and implemented learning to improve the quality of care at the home. For example, nursing staff had worked with palliative care nurses to enhance how people were supported at the end of their lives.
- Staff members felt supported in their roles and told us managers promoted a good standard of care. A staff member said: "I am always supported by the nursing staff if I have a query." Staff said management listened their suggestions and made improvements to people's care as a result.

Working in partnership with others

- Since our last inspection managers and staff had worked in partnership with the local authority to make ongoing improvements to the home. Information received from the local authority showed they were satisfied with the progress made.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not ensure that effective systems or processes were in place to assess, monitor and improve the quality and safety of the services provided.</p>