

Mrs Brenda Clark

Greenways Care Home

Inspection report

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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

Greenways Care Home is a residential care home providing accommodation and personal care for people aged 65 and over living with a variety of needs including dementia and diabetes. At the time of the inspection there were 12 people living at the service. The service can support up to 15 people.

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

People received personalised care and support from staff who knew them well. People's independence was promoted, and their dignity respected. People spoke highly of the staff, one person told us, "The girls are good, we have a good old laugh, you are not lonely." A relative commented, "Staff are all kind, caring and lovely and know my relative really well."

People told us they felt safe and were happy with the support they received. One person told us, "I am very happy living here, I have no complaints, staff are nice, I can't say more than that, I'm very happy."

People were supported by enough staff, one staff member told us, "This is a family home, we are one family here. If anyone has any problems, we all pitch in to help." We observed kind interactions between people and staff; staff supported people in a relaxed and unhurried way.

People's medicines were administered by staff who were trained and competent. Staff received safeguarding training and demonstrated an understanding of appropriate reporting. Lessons were learned when things went wrong, people and staff were kept informed of any changes made in the service as a response.

People's risks were assessed, and person-centred care plans were written to guide staff on how people wished to be supported. People contributed to their care plans which were reviewed when needed.

People told us they enjoyed the food provided at the service. They were involved in choosing the menu and staff were happy to make meals off menu. One person told us, "The food is very good, always choices and I enjoy it."

People had access to healthcare services and staff supported them to attend appointments. Where needed, staff engaged with healthcare professionals to promote good outcomes for people. One person told us, "They call the doctor if need be."

People and their relatives knew who the provider and management team were and told us they were comfortable to raise issues or give feedback to them. Relatives told us they were kept informed of changes from the provider and management team. Comments included, "They do phone me if there are any problems. They have been emailing to keep us up to date with COVID-19 restrictions." And, "I phone them and ask most times, but they have always contacted me if there is anything."

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

At the last comprehensive inspection (published 13 February 2020) there were multiple breaches of regulation, and the rating was inadequate. At the last focused inspection (published 1 September 2020) the service was rated requires improvement. Improvements had been made but the service remained in breach of regulation 15. 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 followed up from the inspection (published 13 February 2020) and found the provider was no longer in breach of regulation 9. Improvements had been made and the provider was also no longer in breach of regulation 15.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services. Concerns were identified in relation to aspects of care provision and previous ratings. As a result, we undertook a comprehensive inspection to review the key questions. This enabled us to check they had followed their action plan and to confirm they now met legal 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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. 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 Greenways Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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.

Greenways 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

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, who was also the manager, administrator, care worker, maintenance personnel and the cook.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures. We spoke with two healthcare professionals who regularly visit the service, two care workers, the deputy manager and six relatives of people who use the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection improvements had been made to environmental risks, however, further works required completion, including radiator covers not being fixed to the wall.
- At this inspection we found the radiators covers had been fixed to the wall. Maintenance issues had been dealt with and ongoing checks were made to prevent risks to people.
- Environmental risks assessments had been completed, these included fire risk assessments and personal emergency evacuation plans (PEEPs). PEEPs were kept in an accessible box and were readily available in the event of an emergency. Other environmental checks were made, and any shortfalls were addressed, for example, an audit identified the need for new laundry equipment.
- People's health risks had been assessed and managed safely.
- Staff informed us they had the opportunity to read people's care plans and risk assessments. One staff member told us, "I have time to read the care plans, we generally have more time in the afternoon. I speak to the GP with the weekly round and get my information from the care plans."
- People had individual risk assessments in place to identify and mitigate risks. For example, a person who liked to smoke cigarettes had an individual risk assessment in place so they could safely do this. We observed staff responding immediately to the request for a cigarette whilst ensuring the safety measure were in place for the person.
- People's care plans were developed from the findings of individual risk assessments, which included risks such as falls and how staff could support a person to minimise falls.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse. Staff received training and understood policies to prevent the risk of abuse to people.
- People were comfortable to speak to staff and management if they had concerns, comments included, "The staff come if you ring and they are always popping their heads around the door." And, "The manager (provider) is alright, would tell them if I was worried about things."
- People felt safe at the service, one person told us, "The best thing about living here is safety, knowing you are not on your own. I feel better being here, especially at night."
- Staff described signs they would watch out for to identify abuse and understood their role in preventing, documenting and reporting any concerns. One staff member told us, "I would report to the manager (provider). I could also report any concerns to social services if they did nothing, I know they would do something though."
- The provider understood their obligation to report any concerns to the local authority and to CQC. We saw examples of when this had been done and actions in place to prevent reoccurrence.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff had time to spend with them. One person told us, "You have your button to press and you don't have to wait long. The staff come in a lot and chat to me." And "Enough staff, yes I have not noticed any problems."
- Feedback from staff confirmed there were enough staff to meet people's needs, our observations confirmed this. People were supported in a relaxed, unhurried way and call bells were answered promptly. One staff member told us, "Staffing levels are enough, most people have an element of independence."
- The provider described their value-based recruitment and told us, "I am very selective with my staff, I need to see they would treat the residents well and fit in with the team."
- Staff were recruited safely. Staff recruitment files included completed application forms, employment histories and gaps of employment were explored and documented. Checks on people's suitability to work in a care setting were undertaken, such as references and the Disclosure and Barring Service (police checks).

Using medicines safely; Learning lessons when things go wrong

- People were administered their medicines safely by trained and competent staff.
- Staff were guided by detailed protocols to enable them to identify when people required their 'when required' (PRN) medicines. Most people were able to tell staff if they needed their PRN medicines, one person told us, "They notice and ask if I need the pain killers."
- Staff were observed to engage with people when administering their medicines, this included explaining what medicines were for and ensuring they had enough to drink when taking their medicines.
- We saw personalised medicine support plans for people which included past reactions to medicines and behaviours which may be displayed whilst taking a medicine.
- Storage and recording of medicines were completed in line with best practice. The medicine room was well organised with separate lockable cupboards and trolleys for different types of medicines, for example, homely remedies and PRN medicines.
- We saw personalised plans for people living with diabetes, these were contained within the medicine records. They included the potential need for sugary supplements should a person become unwell. The high sugar supplements were available in the medicines room. A staff member advised this had been put in place following professional advice.
- The provider gave examples of learning lessons where things had gone wrong, one example included a medicine review of a person who experienced a change of behaviour. Professionals such as the GP and Dementia Crisis Team were contacted to guide staff on how best to support the person.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People who were admitted to the service underwent a period of isolation as stated within the current guidance.
- We were assured that the provider was using PPE effectively and safely. Staff were seen to wear their PPE appropriately; the service held a good stock of PPE.
- 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. Housekeeping staff ensured the home was kept clean and regularly cleaned high touch points within the service.
- 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.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The visiting policy had recently been updated to allow friends and family to visit in people's bedrooms. This was subject to the visitor wearing appropriate personal protective equipment (PPE), temperature checks and a negative COVID-19 test. A visiting pod had been built and other visiting options were available such as garden visits or contact by the use of technology such as video calls.

Is the service effective?

Our findings

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

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

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

At our last inspection the provider had not ensured the premises were properly maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At the last inspection, it was found some improvements had been made to the environment. There were still areas that needed action, such as flooring, the delays were due to the impact of the COVID-19 global pandemic.
- At this inspection we found improvements had been made to the environment, including completion of new flooring and refitting of the radiator covers.
- Checks to the water systems had been undertaken. Staff made a record of bath temperatures; we saw these were within the recommended range.
- The garden had been tidied to allow more light into the service and had an accessible outdoor space. A canopy had been installed to provide shelter for those who wanted to use the garden. One person told us, "When the weather is nice, I go into the garden a lot. I had all my meals down there when it was warm." Another person told us, "I like the garden here, sometimes I have my lunch in the garden."
- People told us they liked the décor of the service and any maintenance issues were swiftly dealt with. One person told us, "We have a super maintenance man, he is very polite and does what's needed."
- Staff told us, if any maintenance was required, they would write it in the maintenance book. Records confirmed this and identified issues were rectified quickly.

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

- The provider assessed people's needs before they moved into the service. Pre-admission assessments considered the practical, social and emotional assistance each person needed. People said they were able to trial the service before making the decision to stay on a permanent basis. One person told us, "The hospital sent me in to try it for 6 weeks, I decided it would be the best thing to stay, all I have to do is press my button and somebody comes along night and day."
- People's needs were assessed in line with best practice taking into consideration their protected characteristics under the Equalities Act 2010 including people's beliefs, abilities and sexuality.
- People had been assessed for nutritional requirements and skin integrity risks; care plans were written based on the findings to guide staff.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. Staff told us they had appropriate training to meet people's needs. Staff received training relevant to the people they supported, for example, dementia care, diabetes awareness and the mental capacity act.
- Most staff held a nationally recognised diploma in health and social care and were encouraged to keep their skills and knowledge up to date. A staff member told us following a discussion with a healthcare professional, additional training had been arranged to support the staff's confidence to take observations such as blood pressure readings.
- The provider assessed new staff using an induction check list. If required, new staff completed the Care Certificate, a work-based, vocational qualification for staff who have no previous experience in the care sector. New staff shadowed experienced staff until they were deemed competent and confident to work on their own.
- Staff told us the provider undertook regular and relevant supervisions and well-being checks. Staff advised the management was supportive.

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

- People were supported to maintain a well-balanced diet.
- People spoke highly of the food available, comments included, "Food is very good, always choices and I enjoy it." And, "They always have choices available; they offer different things every day." A visiting health professional told us, "The food smells delicious, homecooked food, people often comment on it."
- People advised meal options were offered on a daily basis and our observations confirmed this. One staff member told us, "If people just want toast, they can have toast, if people want a roast, they can have that." We observed staff encouraging one person to eat, they were not very hungry and were offered soup in a bowl or a mug. The person agreed and finished their soup.
- People had been assessed for malnutrition. Where needed, people were prescribed supplement drinks to aid weight gain and people's care plans guided staff to encourage food intake and snacking. One person told us, "I lost a lot of weight before I came here, I have put on a little bit now, the food is plentiful. I want to stay the same size now; I am happy as I am."
- Where needed, meals were adapted to suit people living with diabetes. Staff advised low sugar options were available and meeting records showed this had been discussed. Kitchen staff were given a list of people's dietary requirements to ensure the appropriate food was offered.
- We observed lunch time was relaxed, staff served people in an unhurried way and people enjoyed conversations whilst eating.

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

- People were supported to access healthcare services, staff worked alongside professionals to achieve good health and well-being outcomes for people. One person received support from the diabetes nurse, and with healthy eating, supported by staff, their diabetes had improved which reduced their medicines.
- One visiting health professional told us, "Staff are responsive to our instructions, if we say something they listen and act. They seem to contact us at the right time, they don't delay if they are concerned about anything." A relative commented, "I'm confident staff know what to do and call the nurse if needed, I would say they are well trained."
- Appropriate referrals were made for people where there were health concerns. We saw evidence of the speech and language therapy (SaLT) team being engaged for someone who was coughing when eating meals. The SaLT team had made some suggestions and staff had followed their guidance.
- The service arranged for podiatrists, hairdressers and dentists to visit people in the home. People's care plans were updated to reflect professional advice. Staff told us, where services were unable to visit due to

the COVID-19 pandemic, staff supported people to attend clinics outside of the service.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's care was delivered within the principles of the MCA. Staff had received training and understood how to uphold people's rights.
- MCA assessments had been completed and reviewed. Documentation showed where people had conditions attached to their DoLS authorisation, the conditions had been met. For example, a condition was set where a person's behavioural medicines had to be reviewed three monthly. We saw evidence this had been completed with a good outcome of the medicine no longer being necessary.
- People confirmed staff asked for consent before assisting them. Staff advised consent was sought verbally, if someone declined assistance their wishes would be respected. One staff member told us, "When I give personal care and medication I always ask for consent, I normally check the care plans to see what they can manage and just ask them."
- People had signed consent forms, where appropriate we saw evidence of people's lasting power of attorney (LPA) giving consent on people's behalf and appropriate decisions being made in people's best interest.

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 comprehensive inspection in December 2019, this key question was rated as requires improvement. At the last inspection on 5 August 2020 this key question was not covered. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the inspection in December 2019 people's independence was not always respected where people were able to manage tasks themselves. The poor maintenance of the service did not promote people's dignity or demonstrate respect. People's ensuite bathrooms had missing tiles, flooring was in need of attention and in some cases mould on walls.
- At this inspection we saw improvements to the environment, people's ensuite bathrooms had been properly maintained, people told us their bedrooms and bathrooms were kept clean. One person told us, "They are always cleaning, especially with the virus."
- People confirmed they were treated with dignity. One person told us, "They always knock on my door, they take the time to talk to me, the girls dress me and make sure I look my best."
- Staff described how they promoted independence for people and encouraged people to make choices. One staff member told us, "If they want to sit up at night watching TV they can, there are no rules." Another staff member advised how they encouraged good mobility and told us, "I encourage people to walk around as much as possible, like into the garden, down for lunch."
- People spoke highly of the care staff, comments included, "I get on well here, the staff are marvellous, they do what you ask them to do if you want anything."
- Relatives provided feedback regarding the care staff. One relative told us, "They look after my relative very well. It's ever so slightly tacky in a cosy family way, but my relative likes it. The care is wonderful."
- Staff respected people and promoted their dignity. Staff described protecting people's dignity as not speaking about people in front of others and closing doors and curtains when assisting with personal care.
- People confirmed staff were respectful to them and always awaited a response when knocking on the door before entering, our observations confirmed this.

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

- People were supported by staff who respected their equality and diverse needs. Staff knew people well and were able to describe people's preferences and knew what was important to them. One staff member told us, "I'm very happy in my role, I wouldn't want to work anywhere else. All the residents are wonderful in their own ways, sure we have different personalities but that's what makes everyone unique and special. We just adapt our approach to suit them."
- Staff ensured people's diverse needs were met. We saw examples of people being supported to maintain close relationships with their significant others. For example, a person's partner lived in a neighbouring care home. Staff took the person to visit their partner to maintain their relationship.

- Where people had religious beliefs, the staff had made arrangements for local religious ministers and groups to spend time with people. This had stopped during the COVID-19 pandemic, however, the provider advised services were due to recommence.
- Staff received training on equality and diversity and had read the provider's policy. Our observations and feedback from people, supported staff practiced what they learned.

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

- People were encouraged to express their views and supported to make decisions about their day to day lives. People told us they felt in control of their lives. Comments included, "I mainly deal with the doctor and nurses myself, but the staff support me when I need them to." And, "I get a choice on what I want to wear. I have hearing aids, but I don't wear them all the time, the girls encourage me but respect my decision."
- People were given the opportunity to choose their bedrooms and the décor. One person told us, "I have chosen my room, I was in another one, it was smaller, I got given a choice and chose this one. All my pictures got put up. I have a nice space, it's like a miniature flat."
- People were asked for feedback from the provider. One person told us, "I express my views when asked, there's no problem with that but I have no complaints."
- We observed people being offered choices of food and drinks, people were comfortable to make requests to staff, we saw staff promptly responding to individual requests.

Is the service responsive?

Our findings

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

At the last comprehensive inspection in December 2019 this key question was rated as requires improvement. At the last inspection on 5 August 2020 this key question was not covered. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At the last comprehensive inspection, the provider had failed to ensure care plans provided enough detail for staff about people's support needs, choices and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- At the last inspection people did not always receive personalised care which met their needs and choices. People were not able to choose how often, when, or how they had a bath. A rota showed that people had an institutionalised 'bath day' and time.
- At the last inspection people did not always have enough detailed care plans in place for conditions such as dementia or diabetes. People did not have care plans in place which detailed their end of life wishes.
- At this inspection people had personalised care plans in place which promoted their choices and preferences. People told us they felt in control of their lives and support received. One person told us, "The staff do things as I want them to, I have no complaints, its fine."
- People's care plans detailed their preferences such as a wish to bathe or shower and at what time. One person said the staff were flexible to their needs and told us, "I was supposed to have a bath this morning but was tired, I asked to have one a bit later and they did not mind one bit."
- Detailed and person-centred care plans were in place for conditions such as diabetes and dementia. Staff were guided by the care plans but knew people well.
- People had detailed life histories in place, these were split into different eras of their lives from childhood through to retirement. The information helped staff identify likes and preferences such as activities and aided discussions. One person told us they used to get up early for work and still likes to get up early. They told us, "I go to bed when I want, if I want to get up early I can."
- During the inspection the service was not supporting anyone at the end of their lives. People had detailed and person-centred end of life care plans in place which they had contributed to. The care plans contained people's wishes such as, where people would like to spend their last days and who they would want to be informed. Further information included religious or spiritual wishes and practical arrangements.
- The provider described working with professionals to ensure staff were enabled to care for people at the end of their lives.

Meeting people's communication needs

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

- The service was able to meet people's communication needs. Care plans guided staff on people's preferred way of communication. This included staff speaking clearly and face to face, and staff encouraging people to wear their hearing aids and glasses.
- We saw people had the opportunity to be visited by the opticians on a regular basis and when eyesight had deteriorated.
- Documentation was available for people in an easy to read format and large print if required.

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

- People told us they were encouraged to maintain relationships with their loved ones, as well as build new ones. One person said, "I do spend time in my room, I enjoy it. I do go out and family come in to see me. My little great grandson goes down a storm. The girls love him."
- We received mixed feedback from relatives in regard to visiting arrangements. Some told us they had not been able to visit their loved ones within the service but were able to use the visiting pod, others confirmed they had visited inside the service. We observed people were receiving visitors in their rooms in line with the current visiting guidance. Staff advised the service's policy had recently changed and in-house visits were welcomed upon risk assessment.
- Relatives had differing views on the activities provided. Comments included, "My relative gets bored. They do some activities but my relative is not interested." The relative spoken with then confirmed staff do put their family members favourite programmes on the TV which they were pleased about. Other comments included, "My relative gets up when they want to. It's usually later afternoon and then they have a potter round. My relative does what they want to do. They've got a fabulous garden and my relative likes to spend time in the gazebo."
- People told us they decided on what they wanted to do and if they wanted to join in an activity. The provider told us it had been difficult to motivate people with joining in social activities. They advised people liked to pass the time chatting with each other and watching TV.
- One person told us, "I'm never bored, I like to spend time in my room I live TV and I like to read, I do join in if I feel like it but lately I have preferred to be up here in my room."
- Various activities had been arranged within the service, for example, an exercise class had recently taken place. There were puzzles and books available to people should they wish to use them. A staff member told us, "We bat a ball around and have reminiscence quizzes which we do, we make a big deal of occasions such as St Patrick's day."
- The service had strong links with local church groups, due to the COVID-19 pandemic, the church groups had not been visiting the service. The provider confirmed this was due to recommence in the coming weeks.

Improving care quality in response to complaints or concerns

- People told us they were comfortable to raise complaints if they needed to. One person told us, "If I am not happy I just tell the staff, I can speak up for myself very well, If I really needed to complain I would speak to [provider] but it has never been that bad. They would sort it out quickly."
- Relatives knew who to speak to if they had any complaints. One relative told us, "I've been in a lot of care homes and I would say [provider] does a good job. They're a good listener and doesn't fob you off at all. They do a very good job considering. I don't think there's anywhere else I would want my relative to go."
- The service kept a log of complaints received and dealt with them on an individual basis. We saw records

of the providers responses to complaints to the complainant satisfaction.

- The provider described how patterns and trends in complaints would be established and gave examples of how the analyses would be used for ongoing learning.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found although improvements had been made to the governance systems, improvements to the environment had been delayed due to the COVID-19 global pandemic.
- At this inspection improvements had been made to the environment and an ongoing plan of improvements had been established.
- Quality assurance processes were in place to continually improve the service. The provider told us, "We replaced a lot of things replaced flooring upstairs, replaced washing machine and tumble dryers, dishwasher, all born from audits. We are looking to make improvements to systems."
- The provider and staff were clear about their roles. There was a clear line of accountability, responsibilities were divided between the management team.
- The provider understood their regulatory responsibility to submit notifications to CQC for events within the service.
- The service responded well to feedback from external agencies. One staff member told us, "We welcome these inspections you know, helps to keep us on track, if we can make improvements we will."
- The service had engaged with a pharmacy to audit medicines. We saw where areas of improvement had been identified, the service had responded well and put measures in place. For example, the rota had been adjusted to allow for more time to book in the monthly medicines.
- Staff gave positive feedback regarding the provider. Meetings were held and staff received regular updates regarding any changes to the service.
- The provider kept their knowledge current through attending local authority manager's meetings and forums. The provider and management team cascaded their knowledge to staff to ensure they were aware if changes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had an open-door policy where people and staff could speak with them at any time. The provider was supported by a management team, people and staff told us they were comfortable to approach any of the management team. One staff member told us, "I feel supported and if I had any concerns [provider] is always there. There is nothing I can't go to them for. They are very approachable and very nice; they are good to their staff. They help in our personal lives where appropriate."
- People told us they were able to give feedback and opinions. One person told us, "I have been to a house

meeting, my family have had meetings here too, the staff are involved."

- We saw people's bedrooms were personalised to their taste. One person told us, "I'm very happy with my room, it is nice and bright and it suits me as it is, I know it's a bit cluttered but that's my stuff and I like it like this."
- The provider spoke of how well they knew the people using the service and told us, "We are a tight knit team, it's a family business and we are a small home, so everyone acts like family."
- Staff felt confident to raise complaints or give feedback to the provider. One staff member told us, "[Provider] is always asking our views on things, I am sure they would do something about anything problems if we said."
- The service engaged with people using the service. The provider told us of improvements which had been made with people's involvement. For example, newly replaced flooring had been chosen by the people using the service. We saw meeting minutes where people had discussed menu preferences.

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

- The provider understood their duty to be open and transparent when something went wrong. They described how they would provide an apology and make changes to avoid further incidents. The provider told us they would speak with all parties concerned and document actions taken.
- We saw examples of the provider carrying out their responsibilities under the duty of candour. Relatives confirmed they were kept informed of incidents. One relative told us, "[Provider] is brilliant. They're always in touch. I don't have any concerns."

Working in partnership with others

- The service worked in partnership with external agencies and within the organisation. A variety of professionals including district nurses, the SaLT team, occupational therapists and the community matron had been involved to provide advice and enable staff to support people's needs. A visiting professional told us, "There are homes to different levels that suit the patients, they (the provider) seems to choose appropriately and can meet people's needs. The carers are very caring. The patients seem quite relaxed in their company."
- The provider regularly networked with other local providers to share knowledge and mutual support. The provider and management team were members of various care management online forums where good practice and support was shared.