

Care UK Community Partnerships Ltd

Elizabeth Lodge

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

Elizabeth Lodge is a residential care home providing nursing and personal care to older people, some of whom were also living with dementia. The service is registered to accommodate 87 people. At the time of the inspection there were 53 people living in the home.

Elizabeth Lodge is a purpose built care home consisting of five separate units with their own lounges, kitchenettes and bathrooms. In addition the home has a number of large communal rooms for activities and visitors. The home is one of many homes run by Care UK, a large care provider in the UK.

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

People told us they felt safe living at Elizabeth Lodge. Risks to people's safety and wellbeing had been assessed and action taken to help keep people safe from harm.

The home followed appropriate procedures for reporting any accidents or safeguarding concerns. All incidents were analysed to see if any improvements were needed to avoid further incidents. People were protected from the risks associated with the spread of infection. The service was clean and action was being taken to prevent a new outbreak of COVID-19.

There were enough staff deployed to meet people's needs and ensure their safety. The home followed the provider's recruitment procedure but this was not sufficiently robust in checking applicants' conduct in previous employment and we have made a recommendation to improve the recruitment process. This is being discussed by CQC with the provider at a national level.

Medicines were managed and administered safely.

People told us they were happy with the care and support they received. Staff said they were happy working at Elizabeth Lodge and felt well supported by the management team. They received appropriate training for their roles. 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.

Relatives of people living in the home told us they were generally happy with the service.

Staff were caring and kind in their interactions with people. Staff knew people's individual needs and likes/dislikes well. Care plans showed good detail about people's needs and preferences. Staff supported people to meet their health and nutritional needs.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17/07/2019) and there were multiple breaches of regulation. 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 those regulations. At this inspection the rating has improved to good.

Why we inspected

We undertook this comprehensive inspection 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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elizabeth Lodge

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 three inspectors and a professional advisor who was a nurse. The inspection was also supported by 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. The Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last 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. We reviewed notifications of accidents and incidents, safeguarding alerts and feedback from relatives and professionals received since the last inspection. We used all of this information to plan our inspection.

We contacted relatives and friends of twenty-two people living in the home by telephone to ask their views on the quality of care provided. We received feedback from three professionals who had regular contact with the home.

During the inspection

We spoke with thirteen staff including the registered manager, the deputy manager, the clinical lead nurse, unit team leaders, nurses and care assistants. We spoke with twenty-one people living at Elizabeth Lodge and one visitor. We carried out observations of staff interacting with people in all four occupied units. We also observed a mealtime in three of the four units. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around all four occupied units and checked a sample of equipment.

We reviewed a range of records. This included medicines records in two of the four units and medicines management in general. We looked at the care records for nine people in detail. We looked at five staff files in relation to recruitment records. A variety of records relating to the management of the service, including quality assurance audits, infection prevention and control, training records and health and safety were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a further four staff on the telephone.

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 good. At this inspection this key question remains the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff recruitment records showed relevant checks had been completed such as application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks inform the service if a prospective staff member has a criminal record or has been judged to be unfit to work with vulnerable adults.
- Whilst most recruitment checks were complete and the home was following the provider's recruitment procedure, we found two of the five staff files we examined did not contain sufficient information about their conduct in previous care roles. The provider's policy was to only request references from the past two years. There was also no evidence they had contacted past employers to verify a concern the applicant had discussed with them. We are discussing the recruitment process with the provider at a national level due to the concerns we found.

We recommend that best practice is followed in recruiting all new staff.

- There were enough staff on duty to meet people's needs. Staff told us that when any colleagues were absent from work they were able to get extra staff. The registered manager confirmed that senior staff would work to cover shifts and that one to one staffing would be provided if required for a person's safety but this was not required at the time of this inspection. A number of relatives told us they thought the home was short staffed but we did not find any evidence of this at this inspection.
- People told us they didn't have to wait long when they called staff for assistance and we saw staff respond promptly when people needed support. Comments included; "They come as soon as I call" and, "There are always staff here to help me." Night staff also said there were enough staff on duty to meet people's needs at night.

Assessing risk, safety monitoring and management

- We did not find any concerns about health and safety in the building. The registered manager showed us records which were good evidence of regular health and safety and fire checks. There were maintenance staff who kept the building safe and decorated to a satisfactory standard.
- Staff had a good understanding of the fire evacuation procedure and people had individual personal evacuation plans.
- Risks associated with people's health and care needs were identified, assessed and recorded within their care records. This included risks associated with falls, mobility, skin integrity and nutrition.
- Risk assessments were comprehensive and included clear guidance on how to minimise risks and ensure

people's safety.

- Staff knew people well and were knowledgeable about their individual risks.
- People were supported to take risks where they wanted to and were able to fully understand the possible consequences. One person told us how they had chosen to take a specific risk and how staff had helped them to do so as safely as possible.
- A large number of people living in the home were at high risk of falls and we found good person centred practice in trying to minimise falls. For example, some people had a soft mat next to their bed in case of falls, others had a low bed or bedsides, sensor equipment to alert staff that they were trying to get up, whichever was best for their individual needs and wishes.

Using medicines safely

- People received their medicines safely and as prescribed. Medicines Administration Records (MAR) were completed accurately. Medicines were stored safely, and checks showed that medicine stocks matched records. One medication room was above the recommended temperature for storing medicines safely. The service had already identified this and were taking action to remedy the situation.
- Where some people had their medicines covertly the required written protocols had been followed correctly. Covert administration is when medicines are administered in a disguised format hidden in food or drink. One relative said, "I don't know of any problems with her medication. Some they have to crush as she can't swallow and they checked that this was ok to do with me and with the doctor."
- People who had their food and medicines administered directly into their stomach through a tube had clear written information on how to give their medicines to ensure they received the right dose safely.
- Controlled drugs were stored, managed and recorded safely.
- The home used two methods of measuring people's pain, one for people who could explain their pain symptoms and one for people who could not. These were used to help staff ensure people received painkillers when needed promptly.
- People said they received their medicines and no concerns were raised about medicines by their relatives. Records had person centred instructions about how the person liked to take their medicines and what support they needed.
- All staff had received the required training to administer medicines safely and had their competence assessed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Elizabeth Lodge and their relatives also said they thought people were safe. Seven relatives told us they were concerned about their relative having falls and injuries in the home. Although this was a concern they were satisfied that the home took the right action. One relative told us that the registered manager had informed the local safeguarding team when her relative had some unexplained bruising which was the right thing to do.
- One relative had been concerned about the safety of their relative but told us this was in a unit which is no longer open in the home and they thought the person was now safe and well cared for in another unit in the home.
- Safeguarding policies and procedures explained the process of identifying abuse and what actions to take if any harm occurred. Staff at all levels had a good understanding of safeguarding and whistleblowing procedures and told us they would not hesitate to report any suspected abuse or misconduct from their colleagues.
- Staff received regular training on safeguarding. The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

Preventing and controlling infection

- There were appropriate procedures and practices in place to prevent and control infection.
- The premises were clean and there were clear processes in place for daily cleaning to prevent the spread of infections. Current guidance was being complied with for preventing and managing COVID-19 safely.
- Staff told us they had plenty of Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training on infection control.
- The home had a senior member of staff designated as infection control champion who kept up to date with government guidance and ensured staff followed current COVID-19 protocols. The provider supported good infection prevention and control practice by having a champion in each service who met together regularly to share information.
- The registered manager and deputy carried out daily checks on infection control practices. We observed all staff to be wearing their PPE appropriately and assisting people living in the home with handwashing and sanitising. We found that where staff had been found not wearing their masks correctly they had individual refresher training. If any staff member did not comply with PPE or testing requirements disciplinary action was implemented appropriately to ensure people remained safe.
- People in the home and their relatives generally thought the home was kept very clean. People said the cleaning was "good" and "it is very clean." A relative said, "Even before this pandemic this place was spotlessly clean. I always saw somebody cleaning. I'd see them come out of a room before the pandemic and change gloves and aprons etc."
- Elizabeth Lodge had suffered an outbreak of COVID-19 during the first wave of the pandemic including fatalities. At that time the health and care professionals visited and CQC carried out a remote assessment and the home was found to be following good infection and control practices. There was a designated room for COVID-19 testing and robust system in place to ensure people were tested in accordance with government requirements.
- There were clear procedures in place for cleaning medical equipment such as suction machines.
- A recent visit from the local authority has identified some minor areas for improvement and the registered manager was able to demonstrate to us that these improvements had been acted on immediately.
- There were good food safety and hygiene practices in place.

Learning lessons when things go wrong

- The registered manager ensured all accidents and incidents were recorded with details of the event, actions taken and any follow up action required.
- They analysed all accidents/incidents regularly, discussed in daily and weekly clinical meetings and shared any learning with staff on how to avoid a similar accident or incident in the future. Where a person had fallen over, the accident was analysed and appropriate action taken to improve their safety including use of technology such as sensor mats to alert staff to the person getting out of bed and referrals to specialist healthcare services such as physiotherapist where needed.
- There had been a serious incident in the home where a person was injured since the last inspection. We saw that the home had responded quickly to ensure this would not happen again. The person's care plan was immediately reviewed to a high standard to ensure their safety.
- People or their relatives were involved in actions planned after any fall.
- The registered manager was open and transparent and willing to learn from any mistakes.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the time of the inspection people were living in four separate units in the home each with their own lounge, bathrooms, kitchenette and dining room. The home also had other communal rooms for activities and visitors but due to the pandemic these were used in a planned way so that people from different units did not mix in groups.
- There were attractive gardens which people were using during the inspection to read, have afternoon tea and receive their visitors.
- The registered manager had ensured safe arrangements to facilitate visits during the current COVID-19 pandemic in designated areas or the garden.
- People's rooms were personalised with their own belongings such as art, photos and mementoes.

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

- People's needs were assessed and this information formed their care plan. People's care plans were comprehensive and holistic addressing their needs and preferences in all aspects of their life, for example physical and mental health, mobility, nutrition, communication and interests.
- Staff reviewed people's care plans and risk assessments every month to ensure they were receiving the right care and support.
- We found staff had good knowledge of people's needs as recorded in their care plans.

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

- People had good support to eat a balanced diet and remain well hydrated.
- Relatives gave mixed feedback about the food with some saying they thought their family member did not get offered a diet to suit their needs. We checked menus, records of food eaten, spoke with the chef, unit managers, registered manager and people living in the home about the food and we did not find any concerns about the quality and choice of foods.
- When we arrived at the home unannounced we found a wide variety of breakfast choices being served. As well as cereal, toast and fruit options there was a cooked breakfast and some mixed fresh berries and yoghurt dishes for people with diabetes as an alternative to sweeter fruit.
- We observed people to be eating and drinking well. Where a person was not eating their meal staff offered them alternatives to ensure they had something they liked. People who needed assistance to eat were supported with their meals with dignity and respect.

- The service offered a variety of drinks throughout the day. They had water coolers in each lounge and other cold drinks where people could see them.
- People were offered a choice of meals. We saw a choice of three dishes at lunchtime which people could see before they chose plus some people had their own dishes they had requested and the chef had catered for. This included foods from different cultures. Records showed evidence of people's cultural food preferences being met.
- The home had implemented "dining with dignity" standards and this prompted staff to ensure mealtimes were a good experience. In all four units staff supported people well with eating and drinking and ensured the mealtime was calm and not rushed.
- The kitchen staff sent prepared snacks to the units each morning for people to choose between meals. These included fruit bowls, crisps and fun size chocolate bars.
- Care plans recorded people's dietary needs including any religious or culturally appropriate dietary requirements. We checked and were assured that people were given meals that complied with their religious and cultural preferences. The person in charge on each unit knew people's dietary restrictions well. People with diabetes had specific care plans addressing their needs.
- Where people's food and fluid intake required monitoring due to specific health risks, this was completed appropriately.

Staff support: induction, training, skills and experience

- People received care and support from staff who were skilled and trained to carry out their role.
- Staff told us that they received an induction when they began working and received a good level of support from the registered manager and other staff in their unit.
- Staff also received training in mandatory topics. Staff were able to describe what they learned from their training. Comments included: "The training is very thorough", "Training is quite beneficial to the job" and, "There is so much training." Training was refreshed on a regular basis. Records confirmed staff had completed the required training.
- Staff told us that they felt well supported in their role and received regular supervision and annual appraisals which allowed them to assess their performance. One staff member told us, "I take my job seriously, they give me training and support and I try my best to do a good job." Another said, "I am very happy."

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

- The local Care Homes Assessment Team reviewed the health and care needs of every new person moving into the home and the registered manager said they found this team to be very supportive. They worked together to meet people's health needs and ensured they were referred for specialist services such as physiotherapy, speech and language therapy and tissue viability service where needed.
- The registered manager told us that recently they have moved to one GP practice for the whole home which had helped people receive a more efficient service and they had good access to the GP out of hours services. Other professionals gave positive feedback about the work of the management team and nurses at Elizabeth Lodge when addressing people's health needs.
- Staff knew people well and reported any deterioration in their health. Care records showed referrals were made to specialist healthcare services where a specific need had been identified. Relatives told us that staff informed them when their relative needed to go to hospital or was feeling unwell.
- Oral care and hygiene was included in people's care plans so staff knew what support they needed with their dentures or teeth to maintain good oral hygiene. We asked some people about this and they said staff

always helped them to clean their teeth.

- Staff maintained records of people's health and weight to help healthcare professionals monitor them effectively.

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.

- The registered manager understood the key principles of the MCA. Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Where people lacked capacity and best interest decisions had been made on behalf of people, these had been clearly documented.
- Staff understood the MCA and were able to explain how they supported people to make their own decisions and choices as far as they were able to.

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 requires improvement. 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.

At our last inspection the provider had failed to respect people's dignity as we found concerns about the quality of social interaction, support at mealtimes and lack of choice for people about when they had a bath or shower. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

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

- Staff supported people in a respectful and caring way. The registered manager told us they had worked hard to ensure staff understood the importance of good interaction and treating people with dignity. Some staff who we had observed not treating people with dignity had left the home since the last inspection.
- People told us staff treated them well and that they liked the staff on their unit. Where people could not talk to us we observed how staff interacted with them and we saw people appeared comfortable with staff and were smiling when staff spoke with them.
- People's protected characteristics were addressed in their care plans. People's religion and religious practices were recorded. Prior to the national lockdown people could attend religious services in and outside the home. At the time of the inspection this was not happening.
- People's cultural needs and preferences were recorded. This included the languages they spoke and the food they liked to eat. We saw staff talking to people in their preferred languages at times.

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

- People who were able to communicate with us told us they felt they made their own decisions about their care and said staff asked them what they wanted. We saw staff asking people if they wanted to use the toilet, have a lie down, go to their room etc and staff respected what the person said.
- Two people told us they made all their own decisions.
- We checked people's care plans to see how often they like to have a bath or shower and we asked people about this. We found there was good practice in this area. People were able to choose whether they wanted a wash, bath or shower and this happened as often as they wanted which ranged from every day to once a week.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were caring and knew them well. One person said, "They know me really well. They do everything I want. I couldn't ask for more."
- Staff encouraged people's independence. One person told us they were at risk of choking but had made an informed decision that they wanted to continue eating certain foods. The chef, nurse and other care staff worked together with the person to respect their decision and help them to be as safe as possible.
- One person said, "I am 95, I don't have long left and in that time I will do what I want." When we asked if they could always do whatever they wanted they said they could. Another person said, "I do what I want. I go to bed when I want and I get up when I want. I eat what I want, whatever I ask for they will get for me. I choose."
- We saw staff respecting people's dignity and privacy throughout the day. Staff approached people discreetly when supporting them to go to the toilet. They asked people, "Would you like to.." and, "Is it alright if we.." and explained to people where they were taking them and what was going to happen.
- Staff empowered people to be as independent as they wanted to be. We saw staff asking people their opinions and acting on people's requests, even if they changed their mind a short time later. Staff supported people to make their own choices.

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 now improved to good.

This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure meaningful interaction and appropriate activities for people to provide person centred care. 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; 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

- Care was personalised to meet people's individual needs.
- The home operated a "resident of the day" process whereby each person living in the home had their care needs reviewed on monthly basis on a set date and discussed with them.
- People's care plans were comprehensive and addressed their holistic needs. Plans included information about people's history and their family so that staff could talk to them about things that were important in their life. Staff were knowledgeable about people's personal interests and their families.
- The home had a "lifestyle" team whose job was to support people to have meaningful days and enjoy activities. Records showed these staff spent time with people chatting individually and arranging small group activities.
- We saw records and photographs of activities that had taken place including art, pampering, exercise and magic table which is a technology allowing individual games and sensory experiences. We saw staff interacting positively with people in the lounges and gardens, talking with people and responding to their needs. We saw records of how each person spent their day which included activities such as listening to music, looking at photographs, having a visit, watching television, reading newspaper, puzzles, exercise classes etc.
- Staff were preparing for a fancy dress barbecue which was planned to take place two days after the inspection.
- Twenty-five staff were trained in Namaste care which is a way to communicate with and provide a positive meaningful interaction with people who live with advanced dementia.

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.

- People's care plans included their communication needs. Examples of this were whether the person had glasses or hearing aids and whether they needed reminding or assistance to wear these.
- Staff knew which languages people spoke and were able to call on colleagues or relatives to help interpret if there was a communication difficulty. We saw a person trying to explain what they wanted to eat to a staff member who could not understand them. The chef came to see the person as they spoke the same language and were able to resolve the issue.

Improving care quality in response to complaints or concerns

- We saw records which showed the home was responsive to concerns and complaints. The registered manager apologised when something went wrong and tried to ensure the staff team learned from any mistakes.

End of life care and support

- People reaching the end of their life received a good standard of care and support. The staff team had access to specialist professionals to support and advise them where needed to ensure people were comfortable at the end of their life.

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 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.

At our last inspection the provider had failed to make improvements relating to concerns found in the home. This was a breach of regulation 17 (Good governance) 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 17.

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

- The registered manager had several systems and processes in place which allowed them to monitor and oversee the quality of care people received.
- The registered manager had a good understanding of regulatory requirements. They delegated some responsibilities for the deputy manager and clinical lead and they worked closely together.
- There was a monitoring system in place to ensure the home ran smoothly including audits of medicines, housekeeping, laundry, care records and infection prevention and control audits. In addition the provider had a regulatory compliance team and also completed regular audits including regulatory governance reviews using CQC standards. These were comprehensive and supported the home to develop an improvement plan where improvements were identified as needed.
- There was evidence of continued learning in the home. The registered manager gave us some examples which included a newsletter with important messages for staff, sent to all staff by email and displayed in key places in the home. This included important learning from incidents that had taken place to ensure the same incident could not happen again.

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

- The registered manager told us they made themselves available to staff and worked with staff providing day to day care to act as a good role model. They said they empowered staff by always listening to their ideas.
- There was a scheme in place where staff could nominate each other to thank colleagues for their work and show appreciation.
- People living in the home told us they felt listened to and thought staff knew them well and acted on their

wishes. One person told us, "I will do what I want and they respect that. If I am not happy I tell them and they listen and put it right."

- People's life histories were recorded and known by staff who worked with them which added to a person centred culture.
- There were multiple electronic tablets in the home to enable people to communicate with their friends and families. Staff supported people who needed help to use these. We saw people using them during the inspection. Staff told us of one person who had a videocall with their spouse every morning where they chatted and ate their breakfast together as they had done this in person in the home before the national lockdown.

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

- The registered manager understood their responsibilities around duty of candour and being honest when something had gone wrong. They reported all incidents to the local authority and CQC and worked in partnership when other authorities were involved in any concerns.
- We saw evidence that the registered manager wrote to people to apologise and explain if there had been a concern relating to their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives knew the registered manager and said they had contacted them with suggestions and concerns. One relative said, "I don't find them to be proactive but when I make suggestions they do act on them." Other relatives said similar comments. One relative told us, "Yes I am happy with the quality of the care and in the last few months they have changed and seem to listen more to relatives."
- Staff ensured people's views were sought and considered. Where people were unable to speak for themselves staff observed what they liked and disliked and also consulted their relatives.
 - Staff told us they felt well supported by the management team.
- The menu in the home had recently changed after consultation with people and staff. The results of the change were being reviewed. As many people enjoyed a cooked breakfast they had changed the main meal to the evening and served lighter lunch options. The registered manager said that so far they had noted people were less sleepy in the afternoons, more engaged and there had been a decrease in the number of falls. Everybody was engaged in the monitoring of this change in the home to try and benefit people.
 - There was a customer relations manager employed part time at the home who had responsibility for liaising with external authorities and families.
- Relatives meetings were being held remotely by Zoom/videoconference during the pandemic.
- There had not been a quality assurance survey sent out to relatives in 2020 during the pandemic but there had recently been a survey by an independent company and the registered manager was awaiting the results of this feedback.
 - Staff told us that they were engaged, felt involved and enjoyed working at the home. One care assistant said the registered manager was, "One of the most approachable managers I've ever had."
- The home used bank (temporary) staff when needed. One of the bank staff told us they were treated the same as permanent staff in that they had to complete the same training, they had supervisions and appraisal and they felt "very well supported."
- The service worked in partnership with a variety of health and social care professionals such as social workers, GPs, the Care Homes Assessment Team nurses and representatives of the local authorities and clinical commissioning group. Professionals gave us positive feedback about the way the home worked with

them.