Sovereign (Coxwell Hall) Limited

Coxwell Hall and Mews Nursing 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
Coxwell Hall and Mews Nursing Home is a residential care home providing accommodation with personal and nursing care to up to 66 people. The service provides care to people who require support with their physical needs but also people who live with mental health needs and dementia. At the time of our inspection there were 53 people using the service.

People were accommodated in two parts of a building which were linked together. One part, purpose built called Lavender Court and the other, in the older part of the building called, The Folly. People had access to gardens from each building.

People's experience of using this service and what we found
Staff ensured people received support to take their medicines. Some additional information was required in relation to medicines administered covertly (hidden in food or drink).

We have made a recommendation in relation to the covert administration of medicines.

Risk management processes were in place to mitigate or reduce risks to people's health and safety. This included falls from windows of height. A fire safety assessment had been completed by an external company and recommendations from this had been completed. People told us they felt safe and their relatives were reassured by the measures staff took to keep their relatives safe.

Safeguarding arrangements were in place to help protect people from abuse. Managers and senior staff worked with external health and adult social care professionals to safeguard people.

The service was staffed accordingly so people's needs were met and the running of the service overall, maintained. There were arrangements in place to keep the environment clean and to reduce the risk of infection.

People's care was delivered equally and without discrimination. The environment was adapted and decorated in a way which supported people who lived with dementia. Staff worked with a wide range of health and social care professionals to support people's access to health assessments, specialist treatments and appointments.

Staff were supported and trained to deliver people's care and treatment in line with best practice. People's eating and drinking needs were well supported.

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

People were treated with compassion, kindness and respect. Those who were important to people were made to feel welcome and their involvement encouraged and seen by staff as being integral to maintaining people's wellbeing. People's dignity and privacy was maintained, and their information treated confidentially.

People's care and treatment was planned around their physical, emotional and spiritual needs. People's individual preferences, choices, aspirations and wishes were explored and incorporated into the planning of their care. This included at the end of their life to support a pain free and dignified death.

People had opportunities to take part in social activities and staff remained aware of the risk of loneliness and self-isolation for others.

Concerns and complaints could be raised and there was a process in place to acknowledge and address these.

The registered manager was absent from the service so interim management arrangements were in place and working well. During the pandemic the provider's quality monitoring of the service had been through virtual assessment and regular conference calls with managers, for information gathering and support purposes. The provider had subsequently commissioned an audit of the service, by an external company, to enable them to assess the service's performance. This had resulted in an improvement plan, which the interim manager and team had made good progress against by the time of the inspection.

Audits had been completed by managers, which had identified areas for required improvement to the environment and premises. The provider explained that the refurbishment and repair work was due to commence in September 2022, having been delayed by the pandemic. At the time of the inspection general maintenance work was in progress.

The provider was making significant improvements to their IT systems which will make various management tasks easier and, for example, make record keeping easier.

Satisfaction surveys had been sent out to gather feedback from people and their relatives, on the services provided, but information had yet to be fully collated from these.

The service continued to work with commissioners including health and social care professionals to support people's access to the service as needed. This close working had benefitted people with complex needs where other care placements had not been successful.

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 outstanding (published 3 January 2020).

Why we inspected
The inspection was prompted in part due to concerns received about people's care and the condition of the environment. A decision was made for us to inspect and examine those risks.

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 outstanding to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coxwell Hall and Mews Nursing Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was 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 not always well-led.

Details are in our well-led findings below.

Coxwell Hall and Mews 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 Health and Social Care Act 2008.

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 was completed by 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
Coxwell Hall and Mews Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Coxwell Hall and Mews Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. Although at the time of the inspection there was a registered manager in post, they had been absent from work for a period of time and was absent at the time of the inspection. The service was being managed by an interim

manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information we held about the service including the information the provider sent us in the provider information return (PIR) to help plan this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We considered the feedback provided to us from commissioners of the service. We used all this information to plan our inspection.

During the inspection
We visited the care home for two days and spoke with seven people who used the service and eight relatives to learn about their experience of the services provided. 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 spoke with six care staff, two nurses, two housekeepers, a chef, the activities coordinator, the interim manager and assistant manager as well as the operations manager. We spoke with one visiting adult social care professional.

We spoke with the nominated individual as part of this inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed four people's care files and a selection of medicine records. We reviewed records and documents relating to the Mental Capacity Act and best interest decisions. We reviewed three staff recruitment files and the service's training and supervision record. We reviewed a selection of records pertaining to the management of the service which included audits, virtual quality assessments plus support calls, the improvement plan, a fire assessment report, maintenance records and the complaints policy and procedures.

Good

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

● During the inspection we found an open, unrestricted window on the first floor of the building. Action was taken immediately to address any risk posed by this. After the inspection the provider informed us this was not normal practice. We were provided with information which showed why this had not posed a risk to people and assurances regarding the assessment and management of other windows of height in the care home.

● Other risks related to people's health, safety and welfare had been assessed and managed. This included risks that could arise from fire, falls, malnutrition, people's behaviours, anxieties and eating and drinking, such as choking. One person told us why they felt safe, they said, "Safe yes because I get on with the staff, they'll sit there with you, that's very good, they did last night."

Using medicines safely

● Some people required their medicines to be given in their food or drink. Although staff had attempted to seek authorisation from a pharmacist before doing this, they had been unsuccessful in obtaining this. This means, without pharmacist involvement and guidance, it is unknown whether medicines administered in this way alter the way they work and if this has an impact on people.

We recommend the provider, ensures, advice is taken from an appropriate source, on the safe administration of medicines, before these are added to foods or fluids.

● Records showed people received their medicines. Medicines were regularly reviewed to ensure what was prescribed for people remained appropriate in maintaining their health and welfare. One relative said, "Medication has been thorough. We trust them and have been guided by their advice. "They confirmed the GP had provided the treatment required.''

● The use of medicines prescribed to help reduce people's distress was monitored. This ensured other agreed ways of reducing people's distress were tried first, this avoided the overuse and dependency on medicines to support people's well-being. Staff were often successful in reducing people's distress by using distraction techniques and alternative calming techniques.

Systems and processes to safeguard people from the risk of abuse

● People were protected from potential abuse. One relative of a person who lives with dementia said, "Currently [person] is very safe, [person's] main aim is to escape and that was a worry before."

● Staff had received training on how to identify abuse and report their concerns. Senior staff shared relevant safeguarding information with appropriate agencies and professionals who also had responsibilities to safeguard people.

● There were arrangements in place to safeguard people from financial abuse. One relative said, "They used to ring me up and say [name] needs this or that, small items like toiletries. Now [name], has an account, I put money in, they buy what [name] needs and they give me a receipt."

Staffing and recruitment
● The provider's recruitment process protected people from those who may not be suitable to care for them. Recruitment checks were completed, such as a clearance by the Disclosure and Barring and checks on past employment and reasons for leaving, which helped the provider make safer recruitment decisions.
● There were enough skilled and experienced staff deployed to meet people's needs and choices and to support the smooth running of the service. One person said, "You can always find somebody if you want a bath or a shower. You can have them any time."

Preventing and controlling infection
● People told us their home was kept clean. One person said, "Spotless, cleaning everywhere all the time" and a relative said, "Very clean inside, not prepossessing but they have had COVID to cope with."
● 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.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● There were no visiting restrictions in place at the time of the inspection, so we observed people receiving visitors. One visitor confirmed they were able to visit their relative as they wished, and the staff supported them to do this safely.

Learning lessons when things go wrong
● The interim manager had introduced reflective processes to follow when things went wrong or not to plan so learning could be taken from these, for example, after the need to raise a safeguarding referral to the local authority.

Good

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
● People's needs were assessed prior to moving into the care home to ensure staff could meet these. Staff skills and the needs of others, at that time, were all considered when decisions were made about a new admission.
● People's ongoing needs were assessed, on a regular basis, or as their health changed, to ensure the adopted plan of care and treatment, remained effective in supporting their health and well-being.
● Appropriate referrals were made to external health professionals and specialists to ensure people's physical and mental health needs were supported in line with best practice guidance. This included the assessment of people's oral health.
● The care home's person-centred approach meant people's choices and wishes were accounted for when assessing, planning and delivering people's care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Ambulance services, including NHS Rapid Response, were used to provide emergency treatment. In May 2022 staff started to use the RESTORE 2 tool which helped them assess deterioration in people's health in a more formal and responsive way. The tool supports the nursing staff to make better decisions when deciding which medical service is needed and to confidently impart information which other services require to make an assessment.
● When people transferred into the care of others, such as on admission to hospital, staff ensured important information went with them about their health and care requirements. People's positive behaviour support plans would also be shared. A plan was in place to implement hospital passports. These provide hospital staff with additional information, other than that pertaining to people's health and care, about a person prefers to be communicated with, their likes and dislikes; particularly important to understand where people have lived with a longstanding mental health need or a learning disability and cannot share this information.
● People had access to GPs, dental, optical and chiropody services to support their ongoing health needs. One relative told us about their relative's recent review meeting and said, "They are under the GP and the Mental Health team is still involved. We had a meeting five weeks ago. Care coordinated and meds changed." Another relative said, "We know [name] has GP visits and chiropody. We know this because they tell us."

Staff support: induction, training, skills and experience
● There were arrangements in place for new staff to complete training which supported them to provide

care to set national standards. One member of staff told us they had completed their induction training and had found staff to be supportive.

● The training records showed all staff had completed ongoing, online and face to face training in key subjects such as, fire safety, infection control, equality and diversity, safe moving and handling and safeguarding. More specific training was provided in line with staffs' roles and responsibilities.

● The service specialised in supporting people who lived with dementia. The provider had ensured staff had received training in subjects such as dementia care (which included the Butterfly Approach – a person centred approach to dementia care), positive behaviour support and physical intervention.

● Where a physical intervention was incorporated into a person's care plan, staff were guided to implement their training. Staff confirmed they had completed training in conflict resolution and restraint. This training had been provided by an external training provider whose training on this subject was compliant with the Restraint Reduction Network (RRN) Training Standards. One relative said, "Yes trained well (the staff). I've seen how they handle [name], gently and professionally; knocks my socks off."

● Support had been given to staff to help them develop professionally. Some senior care staff were completing the nursing associate foundation degree. This gave them enhanced knowledge of patient care and practical skills and enabled them to support the nurses. Nurses were supported to maintain their continued professional development (CPD) requirements and to revalidate their registration with the Nursing, Midwifery Council (NMC).

● Staff told us they felt well supported. Some staff supervision sessions had been missed earlier in the year but were now scheduled.

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

● People were positive about the food provided and we observed relaxed and supportive mealtimes. One person said, "Breakfast was lovely, thinking about my fourth piece of toast now. I've had coffee, toast, sitting relaxed eating my breakfast." A member of staff heard the comment about the fourth piece of toast and went and got this for them.

● The inspection was completed during a heatwave and we observed staff to be fully focused on keeping people hydrated. There were cold drinks continually provided, including ice lollies. People dependent on staff to support them to drink were observed receiving support to drink and suck on ice lollies. One person said, "I had an ice-cream yesterday, lots to drink today. Nice food enjoyed it."

● People were supported to make food and drink choices. One person said, "Good choice, lots of different things."

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

● The inside of the care home had been designed to help people orientate themselves using different coloured doors to bedrooms and toilets. Memory boxes were also on the walls outside of people's bedrooms. Memory boxes contain items which have meaning to the occupant of the room, to also help orientate them and stimulate conversation.

● Communal rooms supported social gatherings, provided places to sit and relax, to eat and to take part in activities. There were additional areas for people to sit if they wanted or needed less stimulation.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care was delivered in line with the MCA principles; people's consent was sought before care was delivered. Where people had been assessed as lacking capacity to make decisions about their accommodation, care and medicines, these were made on behalf of people and in their best interests.
- Least restrictive practice was adopted when supporting people, for example, administering people's medicines covertly was only practiced, after the person had been supported to take their medicines non-covertly first and they still refused. Where restrictive practices had been assessed as possibly needing to be an option, only to keep a person or others safe from harm, this had been incorporated into an agreed behaviour support plan.
- Mental capacity assessments were completed with people for all aspects of people's care and treatment and where decisions were made in people's best interests this was clearly recorded.
- Application for DoLS had been made to the local authority appropriately and we had received notification from the service when these had been authorised. There were no unmet conditions to people's authorised DoLS.

Good

Is the service caring?

Our findings

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

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

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

- We observed staff being very attentive to people. Some staff were better at interacting with people and making a connection than others, although all interactions were respectful and kind.
- People were supported in a non-judgemental way which included times when people were expressing their distress.
- Staff knew people well and were aware of their individual needs and preferences. One person said, "Some carers [care staff] are very good. They are good, they treat you well. I do get upset sometimes. The best thing in here are the people [staff]." Another person said, "I can go out for a cigarette if I want to. Carer takes me out into the garden when I ask for my cigarette." Staff respected people's diversity.

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

- People who found it difficult to express themselves in a way which was acceptable to others, and who were potentially at risk of being ostracised, were supported by staff to still have a voice and to be part of the home's community.
- One person said, "They [carers and other residents] are great, a very nice bunch of people. When I came, I was worried I wouldn't talk to whoever, but I can speak to everyone here."

Respecting and promoting people's privacy, dignity and independence

- We observed staff supporting people in a dignified way, for example, when needing to encourage people to use the toilet or at mealtimes when people needed support to eat. One person said, "They [staff] help with baths and showers, they make sure nothing happens, it can be embarrassing but they make sure you feel ok."
- Staff provided a good balance between supporting people's safety and dignity and helping them to maintain their independence. We observed this when staff supported people to mobilise, to eat and to express themselves, encouraging people's independence but there to provide support when needed. People were free to walk with purpose and to go outside, alone if safe to do so, or with support. One person said, "I can walk around, go where I like, very nice garden."
- One relative told us what was important to them about how the staff treated their relative, they said, "The respect they have for [name] and [names] dignity. They spend as much time as they can with [name] despite being very busy. From conversations with [name] we know they do talk to him."
- We observed staff knocking on people's bedroom doors before entering. One person said, "They [staff] do show respect, always knock on the door, say hello, you alright, need anything."

Good

Is the service responsive?

Our findings

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

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

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

- The care home had adopted the Butterfly approach to dementia care; this meant people's care was tailored to their individual needs and preferences. Staff took time to understand people, build relationships and to ensure people knew they mattered.
- Improvements were being made to people's care plans to ensure these reflected the home's personalised approach. Managers were waiting for a new IT system to be implemented which would enhance and further support personalised care planning.
- Where people were unable to contribute to their care planning, their representative(s) were consulted. One relative said, "They [staff] have talked me through the care programme [their relative's care plans]. I see the same staff all the time. Staff know peoples' back stories and they are all approachable. Not only do they understand [name] condition but they have helped me to understand it." Another relative said, "I've been spoken to about the care plan. Have had a detailed meeting and can access the plan if I ask."
- Technology was used to support timely intervention from staff. This included alarmed bedroom door sensors to alert staff of someone attempting to leave their bedroom, alarmed pressure mats for when people stood up or fell and convulsion alert mats for beds.

Meeting people's communication needs

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

- People's communication care plans gave information about how people communicated and how information should be provided for them. The service could provide information in different formats to suit people's needs; such as large print, audio and in different languages 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 were supported to take part in organised social activities if they wished to and other activities which were meaningful to them. One person enjoyed gardening and another laying the tables at mealtimes. The activities coordinator confirmed they were arranging for external entertainers to visit again (since the pandemic) and was going to start organising outings again.
- During the pandemic's restrictions staff had used a secure communications application (App) to keep

relatives informed of the activities their relatives took part in. One relative said, "As far as activities, [name] has been fully involved as we enter the post COVID stage. Even at the height of COVID we stayed in touch through the [name] app and they [staff] sent us pictures of interactions. [Name] loves flower arranging and has thrown herself in to the singing." The App also allowed people, relatives and staff to communicate with each other and therefore supported relatives to remain well informed and connected with their relative in the care home as well as the staff.

● Staff told us they promoted a family like atmosphere where those who were important to people were welcomed, and people were supported to maintain contact with their relatives and friends. One person said, "We have get-togethers sometimes, family and friends come to visit me." Another relative told us they visited most days and had to take it day by day as some days were better than others for making a connection with their relative who lived with dementia. We observed friendly banter between the staff and this relative which indicated a warm and supportive relationship had been formed.

● Staff were aware of those who did not have family visits and those who were less able to socialise and were at risk of becoming socially isolated. Staff made frequent visits to people who were bed-bound or who preferred to remain in their bedroom to reduce the risk of isolation and loneliness.

● We observed one member of staff reminiscing with one person about the music the person liked. They played some of the person's chosen music for them. There were many other observations made of meaningful interactions between staff and people.

Improving care quality in response to complaints or concerns

● The provider's complaints policy and procedures were up to date. Records showed complaints had been recorded, investigated and managed in a compassionate and appropriate way. The interim manager had implemented a 'concerns' file, recording issues raised, but where the person raising them did not wish to follow the formal complaints procedure but required a response or action.

● One relative said, "I know the complaints policy is in the documentation somewhere." They confirmed they felt able to raise any issue with the interim manager or assistant manager.

● One person said, "If I had something happen [meaning they were unhappy about something] I could talk to most people [staff]." Another person said, "Never had a worry or complained."

End of life care and support

● At the time of the inspection no-one was receiving end of life care although some people were frail. People's frailty was reviewed by the nurses and their GP and this helped the person, their relatives and health professionals to make informed decisions at the right time.

● A form had been implemented to support staff to deliver people's end of life care in a person-centred way. Used as guidance it supported staff to ensure people's care was delivered in accordance with their wishes and that people's family and friends were supported and involved.

● A member of staff contacted one person's representative during the inspection because their relative's health was declining. They were able to compassionately explain to the relative, that following a visit by the GP, the GP wanted to consult with them about what their wishes were in the event of a further decline. People's wishes in this respect were recorded so staff and visiting professionals were clear about these.

● Staff had received training in end of life care and the nurses were trained to administer end of life medicines where required to keep a person comfortable. Arrangements were in place with external health professionals, such as the GP, supplying pharmacy, community nursing team (where required) and religious leaders to support a person at the end of their life.

Good

Is the service well-led?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant the service management and leadership were in the process of making improvements to the service, but more time was required to complete these and to make improvements to their quality monitoring processes as identified during the inspection.

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

- Managers understood their responsibilities with regard to taking action to protect people from risk and to ensure measures were reviewed to ensure the risk management action adopted remained effective.
- During the pandemic the provider had monitored the service through virtual assessments and support conference calls. In March 2022, the provider made a proactive decision to commission an independent quality assessment of the service to ensure they had a comprehensive understanding of the service's performance. This had resulted in an improvement plan, which at the time of the inspection, the interim manager and deputy manager had made good progress against, with monthly support from the provider's operations manager.
- Some actions were still in progress at the time of the inspection, which included, for example, the development of electronic care records, the maintenance of staff competency and supervision records and the introduction of hospital passports. Plans were also in place to centralise care and service records to increase the effectiveness of audits.
- Environment audits had been completed and showed areas for refurbishment had been identified. A program of refurbishment had been delayed due to the pandemic and was due to commence in September 2022. The exact detail of this longer-term improvement plan was not available at the time of the inspection, but the provider has since shared this with us. It includes making repairs and improvements to the windows and roof once quotes for this work have been received and the work organised.
- At the time of the inspection we were told by managers that although records pertaining to people's fluid and food intake, behaviour and accidents and incidents were completed, they were not analysed to look for trends and patterns, to establish if any changes to people's care and risk management needed changing. The provider has since explained the processes they have introduced to support the analysis of these records so it can be identified where people's support is effective and where adjustments are required to their support.
- Both the interim manager and deputy manager, in the absence of the registered manager, were fully aware of their regulatory responsibilities and clear about each other's roles and were working effectively together to manage the service.

Continuous learning and improving care

- The provider had recognised that improvements to the IT systems, along with the introduction of new software, would improve the effectiveness and ease of auditing. Training on the new electronic care records

system had been provided and the provider had installed high-speed broadband to support these improvements. They were waiting for the communications provider to connect the service.
● Information relating to accidents and incidents, fluid and food intake and people's behaviour and complaints will be entered into the system and managers will be able to be pull off information and reports, making analysis and auditing of this information much easier.
● A complaints tracker form had been introduced, this will enable the progress of a complaint to be more easily monitored to ensure complaints are managed in accordance with their complaints policy and procedures. It will also help staff analyse the reasons for the complaint, take learning from this and improvements can be made to the service.
● A process for analysing and reflecting on how certain situations were managed and how people's care was delivered had been introduced. This enabled staff to openly discuss, without judgement, areas for learning in order to improve practice and outcomes for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Managers were open and promoted an inclusive culture and staff confirmed managers and senior staff were approachable and supportive.
● Meetings were held with staff, so they felt included and informed about what was planned and taking place in the service. Daily meetings took place between heads of departments to discuss any emerging risks and any changes in operational plans for the day and they passed this information onto their teams.
● Managers and senior staff promoted a positive culture person-where people and staff were understood, supported and listened to. One person spoke to us about the atmosphere in the home, they said, "I feel it is comfortable and friendly" and a relative said, "The atmosphere is generally good, access to the garden, not a sense of isolation or shutting out the older generation."
● People's views on their care were sought to support changes or improvements to this where needed. The managers confirmed people's representatives would be more involved in the planning and reviewing of people's care, now the COVID restrictions had lifted.

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
● Both the interim manager and deputy manager understood the need to be open and honest with people and their representatives about things which had gone wrong or not to plan. Reflective processes had been introduced by the interim manager, so that learning could be taken from these situations to inform necessary change or improvements to care. For example, following the sharing of safeguarding information with relevant agencies.
● Managers were open and transparent when asked for information by professionals, such as the Coroner's Office, following a death.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Relatives spoken with had been aware of the management changes. One said, "Management have been very good to me, approachable about everything, reassured me. They have nothing to hide. The only thing is that I would have wanted to have been informed about the new manager, but since he has been here, he has contacted us, responded very well and seems to have hit the ground running." Another relative said, "[Name of assistant manager] sends lots of messages to my phone to keep us in touch. Just very slow to inform us when the interim manager came." The provider has since explained to us, the good reasons for this delay.
● Communication with relatives and people's representatives had been maintained throughout the

pandemic; the use of a communications application (App) had obviously been successful. Relatives told us they had appreciated being kept informed about the activities their relative was taking part in and being able to ask any questions and have a response back from staff. One relative said, "Never a time during COVID when I didn't get some sort of a response."

● The provider had recently formally sought feedback from people and relatives. So far, the response rate had been low, and the information already received had yet to be collated. We saw some of this feedback which was predominantly positive; with no significant concerns raised.

Working in partnership with others

● The service worked closely with commissioners, including health and social care professionals to ensure people could access the specialised support the service could offer when it was needed.

● Staff worked closely with specialist health and social care practitioners to support people's complex mental health needs. In one person's case this had vastly improved the person's quality of life and wellbeing. An adult social care professional said, "Staff have done all they can to support (name)." They told us staff had worked extremely well with the person."