

Sanctuary Care Limited

# Briggs Lodge Residential and Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Briggs Lodge Residential and Nursing Home provides care and accommodation for up to 66 older people. At the time of our inspection there were 30 people living on the ground and first floor. The second floor of the home had been registered to be used by another of the provider's services as a separate location. This arrangement was coming to an end and the registered manager told us they hoped to have the second floor in use for this service by the end of 2020. The second floor was not inspected as part of this inspection.

People had their own rooms and access to communal rooms such as lounges, dining rooms and a hairdressing salon. There was also a cinema, café and gardens which people could use. The home also had a room accessed from the garden, which was temporarily being used for visiting due to the COVID-19 pandemic.

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

People told us they were being supported by enough staff but at times they were very busy. Staff had been recruited into vacant posts, but some had left within short periods of time. This put pressures on existing staff which they were concerned about. Staff were recruited safely following necessary checks.

People had their medicines as prescribed and people were supported to manage their own medicines where possible. Risks had been identified and measures in place to support people safely. Not all risk management plans were up to date and completed consistently. This was also seen in care plans and other supporting documents. The registered manager was aware of this shortfall and had taken steps to make the required improvement.

People told us they enjoyed the food overall and were able to share their views on what menus should be in place. People were able to see a GP if needed. Health needs were recorded, and additional monitoring took place for areas such as food and fluid monitoring. Staff had daily handover to share information with each other.

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 living in a home that was clean and smelt fresh. Staff had been trained on infection prevention and control and followed the providers' policies and procedures. Personal protective equipment was available in the service and staff had been shown how to use it safely. People could have visitors but there were systems in place to reduce risks of infection. People and staff were engaging in the government COVID-19 testing programme.

People were supported by staff to maintain contact with friends and family. The staff used electronic

devices, letter writing and phone calls to help people keep in touch.

People and staff told us the leadership had improved. There was a registered manager in post who was supported by the provider. The registered manager completed weekly meetings with people to hear their views and share updated information. Staff were also able to attend meetings to get updates on working safely during the pandemic.

Quality monitoring was carried out by staff, the registered and regional managers. Actions required were added to the service improvement plan. The provider monitored the actions regularly to make sure they were completed in a timely way.

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

#### Rating at last inspection and update

The last rating for this service was Requires improvement (report published 7 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This is the second consecutive time the service has been rated requires improvement.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 February 2020. We identified four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve need for consent, safe care and treatment, good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Briggs Lodge Residential and Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

**Inspected but not rated**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Briggs Lodge Residential and Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors 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

Briggs Lodge Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. We contacted Healthwatch for feedback. 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

Due to the COVID-19 pandemic we needed to limit the amount of time we spent at the service. We spoke with four members of staff and reviewed a range of records. This included nine people's care records, multiple medication records and care monitoring records. A variety of records relating to the management of the service including policies and procedures were reviewed. 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 organised for an Expert by Experience to speak with three people and three relatives on the telephone about their experience of the care provided. We also talked with a further nine members of staff on the telephone and the registered manager.

#### After the inspection

We continued to review records and documents to validate evidence found. We looked at training data, meetings minutes, quality assurance records, staff rotas, complaints and safeguarding information. We spoke with the regional manager for the service to clarify evidence found.



# 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 remained the same. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to deploy sufficient staff to safely meet people's needs which put them at risk of harm. This was a breach of regulation 18 (Staffing) 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 18.

- At our last inspection there were not enough staff deployed to meet people's needs and keep people safe. Since that inspection we continued to receive concerns about staffing numbers at the service. At this inspection we saw this had improved however, there was still further improvement required in how staff were deployed effectively.
- Whilst people told us they felt safe, they told us staff were often busy. One person said, "It's always busy, they [staff] are always busy like beavers but it's nearly always possible to get someone." Another person told us, "They sure could do with more [staff] but there is always somebody around to help. Occasionally you have to wait a little longer, when they have to see somebody else."
- Shortfalls were caused in part by new staff starting work then leaving after a short space of time. One member of staff said, "There are a lot of new staff coming in, and there is a lot resigning. I don't understand this. Some staff come for two weeks then resign."
- The provider had recruited staff since our last inspection. However, some staff had not stayed and left in a short space of time. The registered manager told us, "For staff new to the sector it is hard having a COVID-19 test every week, care is not what some people think it is going to be."
- The registered manager told us some staff who had previously left the service had returned which had strengthened their numbers and experience available. We were told the staff had left without giving notice leaving gaps in the rota to be covered at short notice. This had impacted on staff deployment.
- Staff we spoke with told us whilst staffing numbers had improved, how the staff were deployed was not always effective. Comments about staffing included, "I think there is enough staff when I work, it is to do with organising and utilising staff effectively, you do have enough" and "There has been improvements, I can't say the improvements are consistent. It is less of a problem of numbers more about distribution."
- The provider used a dependency tool which the registered manager completed on a weekly basis. The tool indicated how many staff were needed to safely meet people's needs based on dependency levels. These levels were consistently met.
- At our last inspection people told us they did not feel safe with the staffing numbers deployed. At this

inspection people told us they felt safe. Comments included, "It's quite good, yes I feel very safe", "They [staff] do everything necessary for me, I feel safe here" and "It's great here, they [staff] never pass the door without waving and saying hello. It's very safe."

- We discussed concerns about staff deployment with the registered manager. The provider was planning to open the nursing unit before the end of the year. The registered manager told us, "I am looking to strengthen the team and put more bodies in. The numbers of people we have at the moment we are fine." They told us their staff turnover rate was not high for the region.
- Staff had been trained on safeguarding and understood their responsibilities to report any concerns. The registered manager shared information appropriately with the local authority safeguarding team.
- Staff had been recruited safely. The required pre-employment checks had been carried out which included obtaining references and a disclosure and barring service (DBS) check.

#### Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to assess and manage risks to protect people from harm and failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- People had their medicines as prescribed. At our last inspection we saw gaps in recording on people's topical medicines administration records (TMAR). This meant the provider could not be sure topical creams were being applied. At this inspection this had improved.
- People who had creams prescribed had a TMAR in their rooms. Staff had consistently recorded when they had applied their creams. There was a body map in place which gave staff guidance on what cream to apply to which area of the body.
- Staff had been trained in medicines management and had their competence to administer medicines checked.
- At the last inspection we saw some people had not had their medicines as prescribed as stock had not been available. This had improved, records we reviewed demonstrated all stock required was available.
- At the last inspection the provider was waiting for a new electronic medicines system to be installed. This system had not been installed but all staff had been trained on how to use it. The registered manager told us they were hoping to have it in place before the end of the year.
- People's risks had been identified and recorded in their care plans. We found some risk assessments had not been updated consistently. For example, one person who smoked had been assessed as needing to smoke in the garden using the designated smoking area. We observed and staff told us the person always smoked on the first-floor balcony. Whilst this was assessed as safe the person's risk assessment had not been updated to reflect this change.
- People had a personal emergency evacuation plan in place which gave staff guidance on how to evacuate people in an emergency. We found two that were not reflective of people's current needs. We shared this with the registered manager who informed us they would review them without delay.
- Where people had additional action needed to keep them safe this was carried out. For example, people's weights were being monitored to identify any early signs of malnutrition.
- People were supported to take positive risks. For example, people were able to manage their own medicines. We saw risk assessments in place and staff carried out checks to make sure people were managing safely.
- Risks around the environment had been assessed and were being managed. External contractors visited



the service to carry out safety checks and maintenance staff also carried out checks for systems like fire alarms.

#### Preventing and controlling infection

- People were living in a clean home. Staff had cleaning schedules which helped to make sure all areas of the home were cleaned thoroughly.
- Visiting was restricted and pre-planned. This enabled staff to clean the visiting area thoroughly following each visit. There was a designated room on the ground floor accessed from the garden for visitors to use. There were procedures in place for visitors to follow such as temperature checks and use of personal protective equipment (PPE).
- Staff had been trained on infection prevention and control and on how to use PPE effectively and safely. Staff told us they had supplies of PPE available.
- We observed there were stations on both floors with PPE supplies where staff could put on and remove PPE safely. There were posters up which gave staff guidance on PPE use and how to wash their hands safely.
- People and staff were engaging with the governments COVID-19 testing programme. There was an area of the home which could be used for isolating people if needed.
- The provider's infection prevention and control policies and procedures had been reviewed and updated to make sure staff had guidance on working in the pandemic.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded on the providers electronic system. This made sure the provider had oversight of all records. Monitoring was carried out regularly to make sure action was taken to prevent reoccurrence.
- Meetings were held with staff and there was a daily handover meeting where any incidents could be discussed.
- The registered manager and staff reflected on action that could be taken to reduce the risk of reoccurrence. For example, following an incident in the very hot weather this year the provider identified action needed to keep people safe. People's rooms were to be fitted with thermometers to enable staff to monitor the temperatures of rooms. This would help identify rooms that were becoming too hot.

# 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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with appropriate support, training and supervision to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) 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 18.

- At the last inspection staff had not had the support or training they needed to make sure they were effective. At this inspection this had improved and there was further improvement planned.
- New staff had received an induction to help them in their roles. Training had been provided and staff had been able to shadow more experienced members of staff. One member of staff told us, "Induction has been good, I have been paired up and buddied and I can ask anything I want. They have an induction workbook which I have been through and there is an online portal to do training."
- At the last inspection there was concern about how staff were trained in moving and handling. Action had been taken by the provider to make sure staff working at the home were able to deliver this type of training. This meant staff were not working for long periods before receiving this training.
- At the last inspection we saw staff missed opportunities to engage with people living with dementia. At this inspection we saw interactions had improved and staff were engaging with people positively.
- The registered manager had started to deliver dementia training to staff however, since the pandemic this had been paused. The registered manager told us they planned to resume this training over the next few months.
- Staff had good dementia knowledge and skills. We observed them leading by example in how they interacted and supported people. One relative told us about the positive outcomes they had seen for their relative, they told us, "I really do think they [staff] are trained and know what they are doing." Another relative said, "There might be different staff, but I always see empathy and understanding, I think they are pretty well trained."
- Staff were able to have supervision with their supervisor to talk about any concerns they had or training needs. Some staff told us they had not had much opportunity for supervision. When we checked records, we saw they had supervision. We raised this with the registered manager who told us they had identified this as an issue. They told us they would do a piece of work to make sure staff recognised all the forms of supervision they had.

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

At our last inspection the provider had failed to ensure care and treatment had been provided with the consent of the person or relevant person. This was a breach of regulation 11 (Need for consent) 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 11.

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 found they were.

- People's mental capacity was assessed regarding specific decisions, including whether the person had capacity to consent to living at the home and receiving care. One person told us, "They [staff] say is that alright for you, things like that. They never assume anything, and they check. We rub along together very well."
- We saw some people's records for documenting assessment of capacity were inconsistent. We raised this with the registered manager who told us this was an issue with the electronic system in use for care planning. This issue had been identified and shared with system developers. It was due an improvement fix before the end of the year.
- When people had appointed a representative with Power of Attorney, to make decisions on their behalf, this was clearly documented. Copies of this authorisation were held at the home. This ensured that staff knew who to consult with regarding specific decisions about people's care.
- DoLS applications were made to the local authority and were awaiting approval.

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

- At our last inspection we saw pre-admission assessments were completed on forms that had tick boxes which meant there was little personalised details. At this inspection we saw this had improved.
- Assessments had been completed in full making sure staff had the information they needed to meet people's needs. Assessments were reviewed regularly to make sure any changes in needs were identified.
- At the last inspection, we found oral health care records were inconsistent. At this inspection this had improved, and further improvements were planned. Staff completed electronic records to record the care and support they provided.

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

- At our last inspection we made a recommendation for the provider to seek guidance on how to involve people in the planning and evaluation of menus. At this inspection we found changes had been made and people were now involved in menu planning and evaluation.
- The provider had changed their menu planning system. Kitchen staff planned menus with involvement from people living at the service. People could attend a weekly meeting where they could discuss food

amongst other items. Comments from people about this included, "You can comment on what goes on the menu if you want, we have meetings. Everyone can say something if they want", "The chef attends meetings, that was useful and I hope we do it more" and "They [staff] definitely ask if there is anything they could do to make it better, I'm also impressed when they ask that."

- People's comments about the food included, "The food is very good, I get more than I need", "There are two choices every meal but if you don't fancy one of those they always say would you like a sandwich or something on toast instead" and "The food is quite good but it's not always healthy. There is a great emphasis on cakes and puddings, and I worry about my weight."
- People shared with us at times they had found some meat to be tough to chew. We raised this with the registered manager who told us they had identified this issue and taken action to remedy the concern.

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

- Staff worked together to meet people's needs. They communicated with each other using various methods which included a daily handover.
- The registered manager told us they were planning to improve handover further, by moving from paper handover records to electronic recording. This would ensure the staff had the most up to date information to share.
- Healthcare professionals were contacted when needed to make sure people's health needs were met. One relative told us, "As far as I know they can call a doctor when they need to."
- A local GP had commenced visiting the home weekly. This made sure people had consistent access to a GP for their health needs. During lockdown the registered manager had stopped non-essential professional visits, but these had resumed in recent months.
- Staff contacted relatives when appropriate to discuss healthcare professional visits or health concerns. One relative told us staff contacted them straight away if there was any concern. They told us, "If they [staff] think a problem is approaching they contact me immediately so we can make a decision together."

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

- The home was purpose built and able to meet people's needs. Corridors were wide and staff could move wheelchairs around easily.
- At our last inspection we saw there was no signage available to direct people to communal areas or bathrooms. This had improved and we saw signage had been put up which helped people find their way around.
- The registered manager had added boards to the walls on the first floor with objects for people to engage with. The boards were themed for different occupations and activities. For example, there was a board with brushes and wigs attached, a board with different work tools attached.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirement notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to make sure they had an accurate, complete and contemporaneous record for people using the service. 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.

- At our last inspection we found records to monitor people's additional health needs had not been completed consistently. At this inspection we found this had improved and staff had recorded their interventions on individual monitoring records.
- For example, records for people's food and fluid were well-maintained. The electronic record keeping system prompted staff and records showed what was offered to the person and how much they had. There was a clear running total for the day, and in the records reviewed, people consistently were above their recommended intake.
- At our last inspection we found care plans were not personalised and lacked detail. At this inspection we found this had improved but further work was required to make sure recording was consistent.
- For example, some care plans were very detailed, and it was clear that people had been involved in their assessment process. For others, there was evidence of conflicting statements about people's needs.
- Care plans were in place for people's end of life preferences and choices, but these were inconsistent in quality. Some people's care plans stated their wishes and included their pre-planned funeral arrangements. For other people, generic statements were used, which lacked person-centred detail.
- We raised these issues with the registered manager and regional manager who told us they had identified this shortfall. They were working with the designers of the electronic care plan system to adjust the generic statements staff were using in people's records.
- One member of staff told us about end of life training they had completed which they had found valuable. They said, "We were given an e learning course as we had a resident who was end of life. We had a talk about end of life care with a nurse. It wasn't a training session it was a sharing of knowledge; it was nice. It was a difficult topic and doing it informally was good. I think it benefitted the person a lot and for new staff it was beneficial for them too."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant some of the service management and leadership was inconsistent. Improvements seen will need time to embed into practice and ensure a consistency in leadership.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to make sure they had systems and processes in place to assess, monitor and improve the quality and safety of the service and did not ensure records were maintained securely. 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.

- At our last inspection the service was not well-led. There had been a number of managers employed who had left the service which had caused uncertainty. At our last inspection a manager was employed but had not completed the registration process. They are now registered as manager.
- At our last inspection people and staff were concerned about the management approach. They did not feel their concerns would be looked into so had stopped informing the registered manager. There were also concerns about the registered manager not listening to people or staff which had led to poor communication.
- Following our inspection, the provider took action to further support the registered manager. They placed a support manager at the service to help with management responsibilities and they organised coaching for the registered manager.
- At this inspection people and relatives told us the management had improved. Comments included, "[Registered manager] is quite good, I can talk to him alright. He seems open to any discussion and he listens", "[Registered manager] is very nice, very approachable, we like him, he jokes a lot and chats quite a lot, I see him most days. He's usually very positive about things" and "I think the manager is really helpful and dynamic, I like him, he's a good manager. When I raised the issue of my relative declining it was the manager who listened and suggested [relative] should be encouraged to participate more in activities, and he made it happen."
- Staff told us the registered manager had improved in their management approach. Comments included, "I was not sure of [registered manager] at first, I have warmed to him, he is very approachable and will listen", "I would go to the [registered manager] now, he came and apologised to me, told me he was not listening. I

had supervision the other day, it was good to talk to him" and "Improvements have been made, [registered manager] is now open to listening to the staff, this is a massive improvement. He has taken it on board and adapted his management style."

- At the last inspection some staff did not feel valued by the management or the provider. Staff told us this had improved, they felt able to approach the registered manager and that they would listen to them. However, staff told us they were concerned about staffing issues such as new staff not staying for long and inconsistency in the rota planning.
- At the last inspection we observed and were told the staffing shortfalls were having an impact on the provision of person-centred care. At this inspection we observed positive social interactions between people and staff that demonstrated staff were kind, respectful and knew people well.
- Comments from people and relatives about the staffing approach included, "Staff are amazing, I appreciate their consistent approach even during COVID", "If staff have to help me wash, they respect my privacy, they turn away or wait outside the door" and "The staff are very nice, they are very friendly, always smiling and make me smile. They are always jolly and make my day, if I am feeling fed up, they change that, they are very kind."
- Quality monitoring was carried out by staff at the service and the provider. Findings were logged on electronic systems so action plans could be produced. The registered manager and regional manager monitored action plans weekly to make sure action needed was completed.
- The regional manager continued to visit twice a month to support the home. They carried out checks to ensure the service was working safely and to check the quality of care was improving.

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

- Since the last inspection the registered manager had increased 'resident's meetings' to weekly. This enabled people to meet regularly with management to discuss any concerns or share ideas.
- We saw there were easy read posters up around the home with information for people about COVID-19.
- The provider had carried out annual surveys for people and staff, but results had not been collated at the time of our inspection.
- Due to the pandemic visiting for people's relatives and friends had been reviewed and restricted. Staff had supported people to keep in touch with families using various means of communication such as electronic tablets, letter writing and by telephone.
- People's relatives received communication from the home by email and newsletters. One relative told us, "We get emails and newsletters. They include photos of the residents as well as information for us." The registered manager told us they also had a social media presence which they used to communicate with relatives.

Working in partnership with others

- The registered manager told us relationships had been developed with local GP surgeries. There was now a regular weekly visit by a GP who represented all the surgeries. This had helped to provide consistency for people with their healthcare.
- Since the outbreak of COVID-19 the local authority had a team of workers who were supporting care homes. The registered manager told us they attended forums and engaged with the team for advice and guidance.