

Pleasantly Limited

Roselands Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Roselands Residential Home is a residential care home providing accommodation and personal care to 28 older people, some of whom were living with dementia. The service can support up to 35 people.

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

The registered manager and staff team had worked hard to address the areas for improvement following the last inspection. Although improvements had been made, further time was needed to fully embed these changes into day to day practice.

Changes had been made to record keeping, but further improvements were required to ensure that records fully reflected people's needs and contained all the information staff may need. Quality assurance systems identified areas for improvement, but further time was needed for these areas to be fully addressed.

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. However, further improvements were needed to ensure mental capacity assessments and best interest decisions were recorded, and included peoples, and their relative's involvement.

There were systems in place to ensure people were safe. Infection prevention control measures meant people were protected, as far as possible, from the risk of COVID-19. The registered manager and staff were proud there had not been an outbreak at the home. During the pandemic staff had moved into the home for a short while to help protect people from the risk of infection. Visitors were welcomed back to the home in line with government guidelines. Throughout the pandemic visits for people receiving end of life care had been supported.

People were treated with kindness and care. One relative told us their loved one was, "Happy, well fed, warm and safe." Staff knew people well, understood their care needs and interests. People were involved in making decisions about their day to day care and support. People's privacy was respected, and dignity upheld. People received care and support that was person-centred and met their needs. They were supported to take part in a range of activities throughout the day.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff received regular training and supervision which enabled them to provide the care and support people needed.

Staff knew people well and understood the risks associated with their support. Risk assessments provided guidance about individual and environmental risks. People received their medicines safely, when they needed them. Recruitment procedures ensured only suitable staff worked at the service. Peoples nutritional

needs were met. They were supported to eat and drink a variety of homecooked meals throughout the day. People were supported to access healthcare as needed.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 19 November 2019). There were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated Requires Improvement. Further time is needed to allow these improvements to be fully implemented and embedded into everyday practice.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating. This enabled us to review the previous ratings.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Roselands Residential Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Roselands Residential 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

Before the inspection we reviewed the information, we held about the service and the service provider. We

sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our 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.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager and the operations manager. We spent time in communal areas observing interactions between people and staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed training data and quality assurance records. We contacted two professionals who regularly visit the service and six relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured that risks to people had been assessed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation.

At the last inspection risks associated with pressure damage and nutrition had not been addressed. At this inspection we found improvements had been made and risks to people were well managed.

- People were weighed monthly. If they had lost weight, or staff were concerned people were not eating enough they were weighed weekly. An action plan was in place which informed staff who was at risk from weight loss and what actions to take. This included food and fluid charts, regular snacks and higher calorie meals. The registered manager told us, and records showed, that this method was a success and had generally prevented further weight loss. If people had not responded, then a referral to the GP for further advice would be made.
- Risk assessments helped staff identify who was at risk of developing pressure damage. Care plans provided guidance for staff about how to support people. This included regular position changes and checks of people's pressure areas. Staff told us how they checked people when providing personal care. One staff member told us about the actions they had taken when they identified a reddened area. This included recording the concern and reporting to senior care staff.
- Risks associated with people's health needs were well managed. Some people were living with diabetes. Although improvements were needed to an aspect of one person's care plan (see well-led key question) there was information about what the normal blood sugar levels should be and what actions to take if they were outside of these ranges. Staff had a good understanding of the support needed.
- Some people had been assessed as at risk of falling. Guidance was in place about how to support people safely and staff were seen to support people appropriately. One relative told us their loved one's falls had reduced considerably since they moved into the home.

At the last inspection risks associated with the environment had not always been addressed because window restrictors were not in place on all upstairs windows. At this inspection we found improvements had been made. Window restrictors were in place and the registered manager had introduced a system to regularly check them.

- Other environmental risks were identified and managed. Regular fire checks were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation. Servicing contracts were in place, these included electrical equipment, gas and moving and handling equipment.

Preventing and controlling infection

At the last inspection we found the home was not always clean and the laundry room did not have an area for clean washing to be stored. At this inspection we were assured that the provider was promoting safety through the layout and hygiene practices of the premises. There had been a significant refurbishment of the laundry room, which included a separate area for clean clothes to be stored. We found the home was clean and tidy throughout. Frequently touched surfaces were cleaned regularly throughout the day. Windows were opened to aid airflow through the home.

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were required to take a lateral flow test and have their temperature taken before each visit. Visits took place in the dining room which was by the entrance to the home. This meant visitors did not have to enter the main areas of the home, which helped reduce risks to people.
- We were assured that the provider was meeting shielding and social distancing rules as far as possible. Some people were not able to understand social distancing. Staff told us they had tried to socially distance people at mealtimes however, some people became distressed if they were unable to sit with their friends.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were following current government guidance on PPE. PPE was available throughout the home and staff were seen to be wearing gloves, masks, visors and aprons where needed.
- We were assured that the provider was accessing testing for people using the service and staff. This included other visitors and professionals to the home, for example the hairdresser and chiropodist.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. There had not been an outbreak at the home. However, there were systems in place to ensure this would be managed safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Visitors were welcomed to the home and current government guidance was being followed. Visits were by appointment and time was allowed between each visit for cleaning to take place. These took place in the home and the registered manager told us that as the weather improved they hoped more visits would be able to take place in the garden. Visits to people who were receiving end of life care had been supported throughout the pandemic and these took place in people's bedrooms. People were also supported to keep in touch with their loved ones through phone and video calls.

Staffing and recruitment

At the last inspection we found staff did not always have time to provide companionship to people. At this inspection we found improvements had been made.

- There were enough staff to safely support people. We observed people being attended to in a timely way and provide support when they needed it. One staff member told us, "Mornings are busy, but the afternoons are relaxed, that's what I enjoy, because we can spend time with people."
- Staff were recruited safely. Checks were completed on new staff before they started work. This included employment history, references from previous employment and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from

working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Staff received regular safeguarding training and updates. They were able to tell us about abuse and what steps they would take if they believed people were at risk of harm. Staff told us if they were concerned, they would always report concerns. One staff member said, "I would always report it."
- When concerns were identified, the registered manager raised these issues with the local authority safeguarding team and worked with them to help investigate and address issues.
- Not everyone was able to tell us if they felt safe at the home. However, people appeared comfortable in staff presence and approached them freely. One person told us about their bruising. They told us they had fallen. They said, "Staff were here straight away, they couldn't have been kinder."

Using medicines safely

- Systems were in place that ensured the safe ordering, storage and disposal of medicines. Staff received medicine training and had their competency assessed before they were able to give medicines.
- Medicines were given to people individually, in a way that suited them. Where people required medicines at a specific time, such as before meals, this was followed.
- There was a homely remedy policy. A homely remedy is a medicine that can be purchased over the counter and does not require a prescription. They can be used to treat minor ailments, such as headaches. If people were taking a homely remedy frequently, staff contacted the person's GP for guidance. This ensured it was safe for them to continue with the medicine or if a prescribed medicine was needed.
- Where people had been prescribed 'as required' (PRN) medicines, such as inhalers there were PRN protocols were in place. This provided information staff would need to give these medicines. Staff told us if people needed their PRN medicines regularly this would be discussed with the person's GP to identify if the medicine should be prescribed and given regularly.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff told us how they recorded and reported any concerns they identified. People's risk assessments and care plans were updated. Information was shared with staff to ensure they were aware of any changes to care and support.
- Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.

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 remained the same.

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

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

At the last inspection we found people's care was not provided in line with the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation. However, further improvements were needed to ensure mental capacity assessments and best interest decisions were recorded and demonstrated peoples and their relative's involvement. Also, to ensure consent forms were only signed by people who had legal authority to do so.

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.

- Consent forms were in place, for example with regards to the use of photographs. Some people had capacity to consent, however, these consent forms had been signed by people's relatives and not by the person themselves. One person's relative had signed to say they agreed with the person's care plan, however, there was no information to show if the person had agreed to their care plan being shared. We discussed this with the registered manager who was able to explain the rationales behind these signings. For example, although one person had agreed to having their photograph taken, they had been unable to sign the form. However, this rationale had not been recorded.
- Mental capacity assessments and best interest decisions were not decision specific. They did not detail how decisions were made or demonstrate how the views of people and those involved in their care were taken into consideration. Some people had sensor mats in place and there was no information to show how these decisions had been made in people's best interest and were the least restrictive option.
- We discussed these issues with the registered manager and staff. They were able to tell us how decisions had been made, who was involved and their views. However, this was not recorded.

This is an area that needs to improve and be fully implemented and embedded into everyday practice.

Throughout the inspection we saw staff asking people's consent, offering people choices and respecting their choices. One staff member told us about a person who was less able to make their own choices and decisions. They said, "We can tell by body language and facial expressions, that helps us know what they want."

After the inspection the registered manager sent us some information to demonstrate work had commenced to improve this area.

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.

- DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff.

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

At the last inspection we recommended that the provider ensure staff communicate to people what food is being served at mealtimes to ensure people know what they are being served and offer them a chance to have an alternative meal should they wish. At this inspection we found improvements had been made.

- People were asked, during the morning, what they would like for lunch. There were two choices and alternatives were also available. At the mealtime there was a menu on each table, so people knew what was on offer. If people changed their mind from their original choice, then this was provided.

- At the last inspection food was prepared away from the home and then delivered. Following consultation with people and their relatives the decision had been made to stop this service. All meals were now fresh home cooked meals which were prepared and cooked at the home. People told us they enjoyed the food, one person said, "It's very tasty." We saw people had access to snacks and drinks throughout the day.

- People's nutritional needs were met. See also 'Safe' section of this report. The cook and staff understood people's dietary needs, for example, people requiring a diabetic diet had their own desserts prepared. Where people were losing weight, the cook was aware and was able to fortify their meals to help prevent further weight loss. The cook regularly spoke with people after their meals to make sure people enjoyed the meals provided and identify areas for change.

- Where people required support with their meals this was provided appropriately. We saw a staff member sitting with a person, supporting them appropriately. They were engaging with the person and supporting them at their own pace.

- As part of their competency assessments the registered manager completed observations of staff to ensure they had the appropriate skills to support people's nutritional needs.

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

- People's needs and choices were assessed before they moved into the home. This helped to ensure staff had the appropriate knowledge and skills to look after people effectively.

- Recognised tools, such as Waterlow and malnutrition universal screening tool (MUST), were used to assess people's level of risk of skin damage and malnutrition.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people who lived at the home. Staff told us they received the

training they needed to support people effectively. There was a training plan which showed what training staff had completed and where updates were required. The training programme included workbooks that staff completed to check they had understood the training and gained the required knowledge. Staff had recently received face to face training for practical moving and handling, fire safety and first aid. There were regular spot checks on staff competencies by the registered manager. These included, handwashing, the use of PPE, safeguarding and moving and handling.

- When staff started work at the home, they received an induction which introduced them to the day to day running of the home and people who lived there. They spent time shadowing colleagues until they were confident working independently. Staff received regular supervision where they were able to discuss any training needs they may have.
- A few staff supported a person with their insulin injections. All staff received diabetes training, but only those who had been assessed as competent were able to support with giving the insulin. Due to the pandemic staff competencies had not been reassessed by a relevant healthcare professional during 2020. The registered manager had identified this, and competency assessments were arranged with the district nursing team for the week following the inspection. The registered manager had also identified further staff to complete insulin competencies to further develop the staff team.

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

- The service had been adapted to meet people's needs. People's bedrooms had been personalised to reflect their own choices and personalities. When people had been assessed at risk of falls, sensor mats were put in place to help keep the person safe.
- There was a passenger lift which provided access throughout the home. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.
- There was level access throughout the home and to the outside. There were seating areas in the garden which people were able to access when they wanted to.
- There was a large lounge area with plenty of seating areas for people to sit in small or large groups, watch television or take part in activities.
- The registered manager told us about ongoing works to improve and refurbish the home. This included a gradual replacement of all the carpets and planned work to the outside of the building.

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

- People were supported to maintain and improve their health needs. Records showed and staff told us, people were supported to access health care professionals when they needed to and when their health needs changed. This included support from GP's, district nurses and chiropodists. During the inspection one person was supported to attend a dental appointment.

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.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At the last inspection we asked the provider to make improvements because people did not always have an active voice and were not involved in decisions about their care and their dignity was not always respected and maintained. At this inspection we saw improvements had been made.

- Throughout the inspection staff asked people what they would like to do, what they would like to eat and where they would like to spend their day. We saw staff talking to people about activities, telling them what was on and what time it started. They discussed it with the person and allowed them time to decide. We saw another person in bed during the late morning. Staff explained this person wished to have a lie-in and this had been supported.
- Care plan reviews had been completed and these showed that people, and where appropriate their relatives, had been involved in the reviews
- At the last inspection people looked unkempt, they only received one bath or shower a week and their clothes were not well laundered. At this inspection people looked clean, tidy and well dressed in clothes of their own choice. Clothes had been well laundered, see also 'Safe' section of this report. A relative told us about their loved one's care. They said, "[Name] has good general care, they are clean and content."
- People were supported to receive a bath or shower when they wanted one. People's care plans included details of how they preferred to receive personal care. The registered manager told us there was a bath / shower list to give an overview of people's preferences however, people could receive them more or less often as they wished. In the afternoon we heard staff talking about a person, asking where they were. A staff member said the person had decided they would like a bath and that is what they were doing.
- Staff treated people with dignity. We saw one person needed support with personal care. The staff member spoke discreetly to the person and then supported them to the bathroom. The staff member was calm and natural. They did not draw attention to the person or their need.

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

- One person told us, "It's lovely, you'll like it here." Another person told us staff were very kind. Relatives told us staff were kind and caring. One relative said, "All staff are amazing."
- Staff knew what was important to people, one person had an object of comfort they liked to keep with

them. Staff ensured this object was nearby and engaged the person in conversations about it.

- People's bedrooms were personalised with their own items such as photographs and ornaments. One relative told us, "[Name] has all the usual things you would have at home in their room."
- The registered manager completed spot checks of staff to ensure they consistently supported people with dignity and respect.

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.

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; End of life care and support

At the last inspection we found people did not always receive person-centred care and there was a lack of information about end of life care. This was a breach of Regulation 9

(Person-centred care) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

- At the last inspection people's care plans lacked detail around their life history and things that were important to them. Staff did not always know people's backgrounds. At this inspection there was information about people's life history, their hobbies, likes and preferences. There was also a stable staff team, with no use of agency staff. This meant staff knew people well and were able to tell us about their backgrounds likes and dislikes.
- Staff knew about the care and support people needed. Care plans contained guidance, and although some care plans needed further detail (see Well-led section of this report), staff provided the care people needed. For example, one person's care plan informed staff to provide catheter care. Staff told us about the catheter care required and how this was provided.
- At the last inspection activities did not take into account people who stayed in their rooms. At this inspection we found improvements had been made. Activity staff had an overview of the activities people engaged in. This included people who remained in their rooms. Activity staff had started to develop individual photo folders for people who stayed in their rooms to demonstrate what activities they had engaged in.
- There was a wide range of group and individual activities taking place each day. Staff took advantage of the good weather and were sitting outside with people, enjoying a cup of tea. Other people were watching television, others were playing games and staff were painting people's nails, giving them a choice of colours. Some people had chosen to stay in their own rooms and watch television.
- There was a range of interactive activities displayed in communal corridors. On one wall there were pictures of flags, with the question "Which Country?" An answer booklet was also on the wall. Another wall had photographs of movie starts for people to identify. The registered manager told us people would often spend time in these areas looking at the puzzles.

- At the last inspection end of life care plans contained minimal information. At this inspection no one was receiving end of life care. Improvements had been made to care plans and these included details of people's end of life wishes. Some people had Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms in place. These show discussions people, and their relatives have had with health professionals about their end of life wishes. For example, do they wish to be resuscitated.

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.

- Care plans contained information about people's communication needs. Staff were able to tell us how people communicated. Where people were less able to communicate verbally staff told us how they used their knowledge of people to help determine their needs.
- Information was displayed around the home in large print to make it easier for people to see, information about making a complaint was available in an easy read format.

Improving care quality in response to complaints or concerns

- There was a complaints policy and this was available to people. Records reflected that complaints received were recorded, investigated and responded to. These were regularly analysed to identify any themes or trends.
- There had been some complaints to CQC which we had shared with the registered manager. We saw these had been recorded, investigated and as far as possible, responded to.
- The registered manager and operations manager were trying to identify ways to encourage relatives to raise concerns with them in the first instance. A recent relatives survey had been sent out and this included questions specifically about complaints.
- Relatives we spoke with told us they were happy to raise any concerns with the home. One relative said, "I have brought a few issues to the Registered Manager's attention and these have been immediately dealt with."

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 remained the same.

This meant that leaders were continuing to work towards the delivery of high-quality person-centred care.

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

At the last inspection we found quality monitoring processes did not identify the shortfalls we found and records held about people did not meet requirements. This was a breach of Regulation 17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation. However, further improvements are needed to ensure these improvements continue and are fully implemented and embedded into everyday practice.

- We found improvements were still needed to some aspects of care plans. The registered manager completed care plan audits and these identified areas where information was needed. This audit was then placed at the front of the person's care plan for staff to address. For example, we saw one care plan that did not include a person's life history. This had been identified and staff were working at develop this. However, we also found that some care plans needed further detail, for example, the catheter care plan as discussed in Responsive. The care plan did not include details of when staff should change the catheter bag, or how they should do this. There was no information about how staff should keep the catheter area clean, what they should look for or what to do if the catheter wasn't draining. Although people received appropriate support to manage their diabetes, one plan did not reflect the level of support the person may require.
- Our inspection in September 2019 identified improvements were needed to ensure mental capacity assessments were decision specific. This had also been identified in the audit by the external organisation. Although work had commenced these improvements had not been fully implemented and embedded.
- Although people engaged in a wide range of activities, there was no detailed information about what they done and whether they had engaged in the activity. There was limited information to link the activities with people's care plans. Staff had a good understanding of what people liked to do and there was a wealth of photographic evidence showing what people were doing and their enjoyment. The registered manager recognised this was an area to develop and improve.
- Discussions with the registered manager and staff showed that they knew people well and understood their care and support needs. This helped to limit any impact the lack of information may have on people.

We identified these issues above as areas that need to be improved and developed and embedded into everyday practice.

- There was a quality assurance system which included regular audits by the registered manager. These identified areas for improvement and development and what the home was doing well. There were also regular audits by an external organisation. Where improvements were required, recommendations were made, and actions taken to address the areas identified.
- The audit by the external organisation had identified improvements were needed in relation to some aspects of people's care plans to ensure they included all relevant information. They had also identified improvements were need to MCA and the lack of recorded information. When we discussed this with the operations manager and registered manager, they were aware improvements were needed and identifying ways to address this.

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

- There was a positive culture at the home. The registered manager had a good understanding of people, their care needs and preferences. People knew the registered manager and approached them freely.
- Relative's generally spoke well of the home. One relative said, "Staff are approachable with any concerns, any questions things are sorted. We're kept updated about any changes etc." Another relative told us the home had improved since the registered manager had been in post. They said, "Since [Registered Manager] took over it has improved, it's odourless and there's been lots of environmental improvements." We were also told, "Staff have people's well-being at heart."
- Staff spoke well of the registered manager. They said she was approachable, and they could discuss any concerns with her. One staff member said, "It's a nice place to work and we're well supported."

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; Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of their responsibilities of the regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.
- Following concerns raised about relatives being added to a WhatsApp group without their permission, the registered manager contacted those involved, offered an apology and advised them how to leave the group if they wished to.
- In response to concerns raised with CQC rather than with the home, the registered manager and operations manager was looking at different ways of how this could be addressed. Therefore, questions about complaints had been included in the feedback survey. Consideration was being given to holding a virtual relatives meeting.
- Information about accidents, incidents, safeguarding and complaints was shared with staff, when appropriate to do so. This helped to prevent reoccurrences.

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

- People, their relatives and staff views of the service were sought. A feedback survey had been sent out just before the inspection and the registered manager was waiting for them to be returned. These would be reviewed and analysed to identify areas for improvement and areas of good practice.
- There were regular meetings with people. The most recent meeting had included discussions about meal choices and activities. People were discussing, planning and looking forward to future trips out. General discussions with people about what they would like to do took place on a daily basis.
- Before the pandemic there were regular relatives' meetings. Throughout the pandemic the registered manager and staff maintained contact with people's relatives through phone and video calls. Relatives told

us they had been updated about any changes to people's health or care needs. One relative commented that the WhatsApp group had been a good way to keep in touch with the home. They told us they enjoyed seeing their loved one taking part in activities and looking happy.

- Staff attended regular meetings. They were updated about people's needs, discussions about what was needed in care notes and ongoing changes to government guidance about COVID 19. Staff were given the opportunity to ask any questions and to provide feedback.
- The registered manager worked with other organisations to provide appropriate care and support for people. This included the GP and district nurses. The registered manager had also formed a link with a local school. People at the home made 'hearts' for the children and children made 'hearts' for people. The registered manager was hoping to further develop this link once COVID restrictions were lifted.