

J Sai Country Home Limited

Durban House

Inspection report

33 Woodley Lane
Woodley lane
Romsey
Hampshire
SO51 7JL

Tel: 01794512332

Website: www.durbanhouse.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Durban House is a care home providing personal and nursing care to up to 42 people. At the time of our inspection there were 30 people using the service, some of whom were living with dementia. Durban house is an older style building that has been repurposed into a nursing home. The accommodation is arranged over 3 floors with some rooms having ensuite facilities and direct access to the garden. The home has 2 comfortable communal lounges and a dining area. There is also a 'bistro' where visitors can meet with their family members for a coffee.

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

Whilst some improvements were evident, insufficient action had been taken to address all of the breaches of the fundamental standards that we identified at our last inspection. Governance arrangements needed to be more robust. We continued to identify concerns regarding how risks to people were assessed and mitigated. This inspection also identified 2 new breaches regarding the safety of recruitment and how people were being safeguarded from abuse.

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; however, some of the systems in the service needed to be developed to fully support this practice.

Improvements had been made to ensure that people received person centred care and, overall, there were sufficient numbers of staff deployed.

Improvements were needed to ensure that people always received their medicines as planned. Protocols for the use of 'when required' or PRN medicines lacked detail and personalisation. People received their medicines in a patient and person-centred manner.

The provider had appropriate infection prevention and control policies and practices in place and the housekeeping team ensured good standards of cleanliness and hygiene were maintained.

Relatives felt listened to and told us their views were acted upon. This now needed to be more clearly evidenced in relation to people using the service.

When incidents had occurred, the leadership team had apologised and given people honest and transparent information about what had happened.

Staff worked with a range of health and social care professionals including, GPs, social workers, the community mental health team, speech and language therapists and tissue viability nurses to meet people's needs.

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 1 December 2021) and there were 4 breaches of the Regulations.

At this inspection we found the provider remained in breach of regulations and the service remains rated as requires improvement.

This service has now been rated requires improvement for their last 2 consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 June 2021. Breaches of legal requirements were found. The provider completed an action plan after that inspection to show what they would do and by when to improve.

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 and well-led which contain those requirements.

This inspection has found evidence that the provider still needs to make improvements. Please see the safe and well-led key question sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings 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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Durban House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety, governance, safeguarding and recruitment at this inspection.

We have made a recommendation about training in relation to the Mental Capacity Act 2005.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Durban House

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 undertaken by 2 inspectors.

Service and service type

Durban House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Durban House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. There was also an acting manager. The provider informed us that it was their intention to register the acting manager once they had been further inducted into their role.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). 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 used all this information to plan our inspection.

During the inspection

We spoke with 6 people living in the home and 2 relatives. We also spoke with the nominated individual, registered manager, acting manager, 3 registered nurses, 4 care staff, the maintenance person, the chef manager and the head of housekeeping.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received written feedback from a further 3 staff, 14 relatives and 2 health and social care professionals.

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 requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Our last inspection had highlighted that there had been a failure to ensure risks associated with people's needs were assessed and plans implemented to reduce the risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Insufficient improvement had been made at this inspection and the provider remained in breach of regulation 12.

- There continued to be an inconsistent approach to the management of some risks.
- A choking risk assessment did not reflect 1 person's known risks with regards to choking. In light of our feedback, the acting manager has undertaken an audit of all choking risk assessment and is arranging further training for staff on how to ensure they are confident and knowledgeable in completing robust risk assessments.
- On both days of our inspection, for periods of approximately 2 to 3 minutes, the staff member overseeing the dining room left the area to attend to other tasks. This was of concern as 1 of the people eating in the dining room was known to be at risk of choking and their care plan was clear that they should only eat with supervision.
- Falls risk assessments were in place but we were not assured that these were always reviewed or updated following a fall. Following certain types of falls, checks and observations had not continued for a period of time to make sure the person was not deteriorating. This is in line with best practice approaches and with the provider's procedures. This had been a concern at our last inspection.
- A number of the risk assessments viewed were found to have either omitted key information or to contain conflicting information. Whilst in most of the examples seen, risk reduction measures were taking place in practice, an accurate risk assessment helps registered managers and providers decide whether they should / could be doing more. The impact of these specific concerns was mitigated by the fact that the majority of the staff team knew people and their needs well.
- Whilst overall fluid charts and repositioning charts provided assurances that staff were meeting people's hydration and pressure ulcer prevention needs, there were gaps in some of the records viewed and it was not always evident that fluids were for example, being offered to people in the evenings. 1 person's care plan stated that they should be being weighed weekly, but they had not been weighed for 3 weeks. This person had at that point been losing weight.
- Improvements were needed to ensure that all aspects of the living environment were maintained safely. For example, we were concerned about the robustness of a stairgate that prevented people having access to

a stairwell. We discussed this with the provider who told us they had already identified that this needed to be replaced. Action has been taken to address this.

- A profiling bed had failed a health and safety check in June 2022, but we found that this was still in use.
- The legionella risk assessment had last been undertaken in November 2019. This had made a number of recommendations to ensure compliance with guidance. The risk assessment stated that these actions should be completed within 3 months. These actions were still not completed when we inspected. The provider has now made arrangements for these to be completed.
- Whilst fire safety checks were undertaken regularly, there had not been a night-time fire drill utilising night-time staffing levels to ensure that fire safety plans were realistic.

The provider had not done all that was reasonably practicable to ensure that all of the risks to people, including those arising from the premises, had been assessed and planned for. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- Effective, daily meetings were held with the registered and acting manager, the registered nurses and heads of departments. These explored issues such as staffing challenges, any incidents or accidents that had occurred or new concerns about people's health and wellbeing.
- Improvements continued to ensure that clinical care plans contained specific and personalised information and reflected current best practice.
- People told us that their needs were met, and relatives were confident that their family member was safe and any risks well managed. For example, 1 relative told us, "They keep a very close eye on her... They are always very observant... If I wasn't happy mum wouldn't be here, she has high and complex needs, but she gets wonderful care here" and another said, "Durban House gives me confidence that my Mum is well looked after. My Mum recently had an extended stay in hospital and on return to Durban House her mobility was significantly impaired. I feel through the care she has been given at Durban House she has made a remarkable recovery for which we are very grateful".

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

- People were encouraged to make choices and express their wishes, and we observed that staff respected the right of people with capacity to refuse their medicines for example.
- Staff knew about people's capacity to make decisions whether this be through verbal or non-verbal means.
- Mental capacity assessments had been undertaken to ascertain whether people could consent to living at the home and to aspects of their care such as the use of specialist chairs, low beds and receiving vaccinations and being tested for COVID-19.
- However, improvements were needed to ensure that fully inclusive, best interests' consultations were more clearly evidenced. The provider's current electronic care planning system did not include a suitable template for this, but to address our concerns, the provider told us they plan to start using the specific best

interest's decision-making toolkit developed by the local authority.

- We also saw a small number of examples where decisions were being made on behalf of people without the best interests decision making process being properly followed.

We recommend that the provider review its training to ensure this provides staff with a sound understanding of the Mental Capacity Act 2005 and how this should be implemented in practice

- There was a tracking system in place to monitor the dates DoLS had been authorised or needed to be reapplied for. The acting manager has updated the tracker to ensure this also includes information about whether there are any active conditions attached to the DoLS.

Staffing and recruitment

- Some of the required records to support safe recruitment were not in place.
- The provider was not able to demonstrate that they had obtained satisfactory references from the previous employer of 3 staff. All of whom only had 1 reference.
- The Disclosure and Barring Service (DBS) provides information about any convictions and cautions held on the Police National Computer that prospective staff may have. The (DBS) update service allows employers to check the current status of a new staff members DBS at the point of recruitment. There was no evidence that these checks had been made for staff whose DBS certificates were dated some 6 months before they were recruited.
- Two staff did not have a full employment history recorded.
- A more robust system was needed to ensure that checks were made of the PIN numbers of registered nurses. Action has been taken to address this.
- Whilst staff told us that inductions took place and what these had entailed, there were no records to confirm this for the 4 permanent staff whose records we checked. There was also a lack of evidence to support that agency staff underwent an induction to the service.

Systems to ensure only fit and proper persons were employed were not sufficiently robust. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Our last inspection had highlighted that there were insufficient numbers of staff deployed at all times to meet people's needs safely. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Current planned staffing levels for each day shift were 2 registered nurses, or 1 registered nurse and 1 care coordinator, and 8 care staff. Rotas showed that these planned staffing levels were usually, but not always being met, although on other days, the staffing levels exceeded the planned levels. There was also evidence that agency staff were being used to fill gaps in the rotas.
- We did note 2 specific areas of concern though in relation to staffing.
- On the first day of our inspection, we were concerned that there were periods of time when the staff member allocated to the main lounge was not able to provide responsive support to ensure people could move around freely. As noted above we were also concerned that there were short periods of time when the dining room was unsupervised during mealtimes.
- Most of the staff we spoke with expressed some degree of concern about staffing levels. This related

mostly to being able to oversee communal areas but also about the challenge of performing tasks such as scheduled repositioning on time.

- During the inspection we observed that the home appeared calm. The allocation of staff appeared well organised, with staff being clear about their role and tasks. We observed that people appeared well cared for and comfortable. Call bells were responded to promptly and overall records indicated that care tasks such as repositioning of people were completed as planned.
- Only 1 of the relatives we spoke with raised concerns about staffing, commenting that staffing at weekends could seem low. Most however, were confident that the staffing levels were safe. Comments included, "I have never once had cause for concern about the staffing levels in relation to my relative at Durban House" and "Yes, I feel there are enough staff on duty and I am aware that new appointments have been made recently to strengthen the team".
- A number of relatives commented on the challenges of recruiting within the care sector and spoke positively about the 'hardworking' and 'loyal' core staff. One relative told us how they felt staff had worked hard, in the absence of an activities lead, to take over that role to ensure people had access to meaningful activities.
- The provider and registered manager had a systematic approach to determining the number of staff required. They were confident that there were sufficient staff deployed at all times. In addition to the staffing number identified above, there was also the acting manager, registered manager both of whom we saw take an active role in providing care. They were making efforts to recruit new staff and a number of roles had recently been filled including a member of staff to focus on the provision of activities who would also provide additional oversight of communal areas. The provider had also recently embarked on a sponsorship programme to support recruitment.

Systems and processes to safeguard people from the risk of abuse

- We were not assured that the provider had met its legal duty to refer an ex staff member to the DBS service, and a nurse to the body responsible for the registration of nurses and their professional standards, when concerns were raised about their conduct. Action has now been taken to make the appropriate referrals.

Systems to safeguard people from abuse were not sufficiently robust. This was a breach of regulation 13 (Safeguarding people from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence that the registered manager and provider had acted appropriately to escalate and investigate a number of other safeguarding concerns.
- People told us they felt safe and relatives were also confident that their family members were safe from abuse.
- Staff felt able to speak up about any concerns and were confident that any concerns raised would be acted upon by the management team to ensure people's safety.

Learning lessons when things go wrong

- Staff understood their responsibility to report safety related incidents and there was evidence that the leadership team had, overall, responded to these appropriately.
- Root cause analyses had been undertaken to help determine how and why safety related incidents had occurred and what learning could be concluded from this.
- There was evidence that the leadership team reviewed the use of restrictive practices and looked for ways to reduce these. For example, they had reduced the number of bed rails being used, replacing these with instead with low to floor beds and crash mats.

- However, there were some areas where the systems in place to learn from safety related alerts and incidents needed to be more robust. For example, there was no clear, documented, process for reviewing and investigating the reasons for missing signatures on the eMAR system. This has now been put in place.
- Monthly reviews of incident and accident, such as falls, forms to assist in identifying themes and trends that might need further action, had not taken place since April 2022.
- Clinical governance meetings were not being held to provide a framework for reviewing the safety and quality of the clinical care provided.

Using medicines safely

- Medicines administration records were maintained on an electronic system, eMAR. A review of the eMAR missed medicines report for the last 28 days indicated that on a small number of occasions, people had not received their medicines as planned.
- We found stock variances in the homely remedies. Homely remedies are medicines used to treat minor ailments, they can be brought over the counter and do not need a prescription. This indicated that these medicines had been administered but no record kept of this.
- Protocols for the use of 'when required' or PRN medicines lacked detail and personalisation. This is important to ensure that staff know in what circumstances the medicines should be given and what approaches should be tried first.
- We observed people receiving their medicines. This was managed in a patient and person-centred manner.
- Medicines, including controlled medicines, were stored and disposed of safely. All of the liquid medicines had a date of opening recorded and were within their expiry date.
- Pain assessment tools were used regularly to help staff identify untreated or unmanaged pain in people who were not able to express this.
- Records indicated that topical medicines were being administered as prescribed.
- Staff administering medicines had undergone an assessment of their competency to do this safely.
- People and their relatives were happy with the medicines support provided. One relative said, "[Person] has Parkinson's and they are managing her meds to her specific timetable very well and in addition this week she had more back pain so was rubbed with Ibuprofen Gel".

Preventing and controlling infection

- The provider had appropriate infection prevention and control policies and practices in place.
- The housekeeping team ensured good standards of cleanliness and hygiene were maintained throughout. This was also the view of all of the relatives we spoke with. For example, 1 said, "When I take my Mum to her room, I feel it is always immaculately clean. The lounge and bistro have been recently decorated and are very nice, modern and clean".
- All staff had received training in infection prevention and control and were observed to use personal protective equipment (PPE) effectively and safely.
- The routine testing of non-symptomatic staff and people had ended as per current guidance although monitoring for symptoms of COVID-19 continued so that testing could be reinstated if needed.
- A health care professional told us that following some recent infection outbreaks at the service, staff had done "Some innovative work around cohorting staff and residents which brought the outbreaks under control". A relative told us that the home had been "Amazing" when managing the outbreaks.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider had planned to remove the booking system, however some visitors had asked that it remain in place, as they preferred to book a specific location for visiting. Visits could take place in the person's own room, in either of the communal lounges, or the gardens where there was also a summerhouse that could be used for visiting.
- Relatives were generally happy with the visiting arrangements, although some felt that these were not as flexible as they could be. The manager agreed to respond to this feedback by reassuring relatives via the weekly newsletter that visiting was flexible, not time limited or restricted to just 1 person at a time.

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 requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection in June 2021 the provider had failed to ensure there were adequate systems in place to assess, monitor and improve the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Insufficient improvements had been made and the provider remained in breach of this Regulation.

- Insufficient action had been taken to address all of the breaches of the fundamental standards that we identified at our last inspection. For example, the systems in place to assess and mitigate risks relating to people's care and the premises were not yet being fully effective.
- The governance arrangements were not being effective at driving improvements and preventing new or additional breaches. This inspection identified 2 new breaches regarding the safety of recruitment and how people were being safeguarded from abuse.
- The provider had developed a service improvement plan following a review of the service by an external consultant in April 2022. Some of the actions in this plan had been signed off as completed, but when we inspected, we found ongoing concerns in a number of these areas.
- Our inspection identified concerns regarding the accuracy and completeness of records relating to people's care and treatment.

This was a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The effectiveness of the governance arrangements had been impacted by changes in management at the service, but also the fact that the operations manager who undertook many of the checks was currently in day to day management of Durban House whilst the acting manager was being trained for taking on this role. To address this and prior to our inspection, the provider had just engaged an external consultant to again undertake a full review of the compliance of the service with the fundamental standards. This was postponed due to the inspection taking place.
- It was evident that the provider had a continuing commitment to embed improvements and to introducing new systems and processes to support this.
- There were plans to enhance the knowledge and skills of the nursing team and support their revalidation

through the introduction of a 'Nurse Development Programme' in January 2023.

- A detailed quality assurance framework had been developed which identified what people should be able to expect from their care at Durban House and focussed on positive outcomes for people. This was in the process of being embedded within the service. We could see that some of the standards were already in place, but further work was needed to ensure that others were implemented and embedded.
- Significant improvements had and continued to be made to the environment of the home to make this safer, but also to make it a more pleasant space for people to enjoy.
- Our observations and feedback from staff and relatives indicated that the registered manager and acting manager were also working hard to drive improvements within the service. One staff member told us, "The new management has made a lot of improvements" and another said, "[Registered manager] is nice. Very supportive. She looks after residents directly and our needs". A third staff member told us, "[Registered manager] is really supporting us, she is more strict but is very clear what she wants to put in the home and very straightforward. She will call you out when things aren't right but will also listen".
- Relatives were very positive about the registered and acting manager. Comments included, "Yes, the managers are proactive and approachable. I feel I could ask them anything". One relative said of the acting manager, "[Acting manager] are very proactive, they take on board comments and lead from the front". Another relative said, "They need a big thumbs up as they are doing a great job".
- To further strengthen the leadership team and clinical care, a new clinical lead / deputy manager had just been appointed who had specific skills and expertise in end of life care.

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

Our last inspection found that the provider had failed to promote a person centred culture within the home as staff did not consistently respond to people's individual needs or demonstrate compassion and empathy. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 9.

- We saw a number of positive interactions between staff and people, and observed that in most instances, people's distress or anxiety was recognised and responded to effectively.
- Relatives also spoke positively about this with 1 relative telling us, "When mum has been upset, they have approached her in such a way that calms her down".
- Individualised approaches were being used to reassure people. For example, 1 person was known to gain comfort and reassurance by cuddling a favoured therapy doll. We observed on our arrival at the home on our first day that staff had already ensured the therapy doll had been made available to the person. Another person enjoyed listening to a particular type of music. When we visited this person, this music was playing.
- Staff took time to speak with relatives to find out information about people and their lives before coming to the home. They used this information to provide a more tailored and personalised service. For example, 1 relative told us how the chef had recently asked for their family members cake recipes so that she could recreate them for the person to enjoy.
- A number of relatives commented on how staff in all roles showed a genuine interest in their family member. For example, 1 relative said, "Yes, all the staff I encounter are kind and attentive to my mother and to me. This is from all areas of the home.... Recent examples are the maintenance manager offering to take me to my Mums room after it has been decorated for me to see. Care staff informing us of what type of clothes are best for my Mum at the moment. Management responding positively to my request to arrange a birthday tea for my Mum". The relative told us, "Mum thoroughly enjoyed her tea party with us, which was

made all the more special by many of the care team coming in singing Happy Birthday and bringing a beautiful strawberry cake".

- Another relative said, "They are friendly and patient and go to great lengths to chat with my relative, which is not easy as she is registered blind, very hard of hearing and suffers from dementia".
- We observed that people were encouraged to maintain as much independence as they were able to, for example, we saw staff using hand over hand techniques to support a person to eat.
- We were visiting 1 person when a care worker brought their lunch. The care worker told the person what the meal was and offered the person a clothes protector. The person told us, "See they are lovely, he's a lovely person, they are very kind".
- Another person told us, "It's very nice here. They are all so welcoming and friendly. No, I don't think they can improve, this is a lovely place".
- Relatives were confident that their family members were treated with kindness and were at ease and happy living at the home. For example, 1 relative said, "My mother feels loved, cared for and respected; and this to me is absolutely key for her wellbeing" and another said, "My Mum says I'm just so happy here". A third said, "When the carer comes at the end of my visit, she gives them a beaming smile".
- We did still see a small number of more neutral interactions. For example, whilst there was space for people to freely wander, we were concerned that staff were discouraging this and were instead observed to be telling people to sit back down without first trying to ascertain whether the person's wish to wander was fulfilling a need for exercise or for stimulation or perhaps the need to go to the toilet. We have fed this back to the registered manager so that this can be monitored, staffing levels adapted, and approaches reviewed with staff.
- Staff took the time to understand people's religious preferences. For example, religious services were broadcast from Romsey Abbey and we were advised that visits made from representatives of other faiths were soon to resume following the pandemic.
- There was some evidence of group activities and one to one interactions taking place. For example, we saw staff leading sing songs which people appeared to be enjoying. Other staff were observed to be providing hand massages and nail painting. Other activities such as exercise classes and a show by a local drama group had taken place. One relative told us, "[Staff member] is very good at doing ad hoc entertainment and using social media to convey this".
- However, some of the people and their relatives, raised the quality of activities as an area that needed to improve. For example, 1 person told us, "There is not anything here to do". They felt the activities being provided did not offer sufficient variety or meet their specific interests or catered for people who preferred to spend time in their rooms.
- We were not assured from records, that people cared for in their rooms, or those that chose to stay in their rooms, had sufficient access to meaningful activity.
- The frequency and nature of activities had been affected by the fact that there had not been an activity coordinator in post for approximately 6 months. The provider had been trying to recruit to this post and was able to share during the inspection that a new lifestyle lead had been appointed. They were confident that this would have a positive impact upon the provision of meaningful activities and help to prevent social isolation. In the meantime, it was evident that staff had tried to provide some activities, but this tended to be focussed on the communal areas.

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

- Relatives told us that they felt welcomed into the home. For example, 1 relative told us the home was "Friendly and homely" and that "You are made to feel part of the family".
- Relatives meetings were held and were an opportunity to give feedback about the service and their family members care.

- The relatives we spoke with felt that their views were being consistently listened to and acted upon. For example, 1 relative told us, "I do feel under new management that now as a relative we are more informed and more consulted with. There are regular relative meetings so now I feel we are listened to anything that is raised is acted on to the best of their ability" and another said, "They asked for suggestions, I asked about name badges and a staff picture board, they have taken this on board".
- One relative explained how a 'Resident of the day' system had been reinstated in response to feedback. They told us how every month, staff would ring up and talk through all aspects of their mother's care which they found very reassuring.
- It was less evident how the provider was seeking and acting on feedback from people. A new activity coordinator had just been appointed and it was envisaged that they will take on the lead on re-establishing resident meetings to ensure that their views were also be listened to and wherever possible acted upon.
- Regular meetings were held with staff to communicate important information about the service and give them the opportunity to share their views.

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;

- There was evidence that when incidents had occurred, the leadership team had apologised and given people honest and transparent information about what had happened.

Working in partnership with others

- There was evidence that the registered manager, acting manager and the staff team worked with a range of health and social care professionals including, GPs, social workers, the community mental health team, speech and language therapists and tissue viability nurses to meet people's needs.
- A social care professional told us how they had found the registered manager "Efficient, caring, practical and willing to go the extra mile to support their client's needs and to allay the family's concerns".
- The registered manager and acting manager responded in an open and transparent way to requests for information to support this inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems to safeguard people from abuse were not sufficiently robust. This was a breach of regulation 13 (Safeguarding people from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Systems to ensure only fit and proper persons were employed were not sufficiently robust. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>