

Abbey Healthcare (Cromwell) Ltd

Cromwell House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cromwell House Care Home is a residential care home providing regulated activities of personal and nursing care to up to 66 people. The service provides support to older people, some of whom may live with dementia. At the time of our inspection there were 49 people using the service.

Cromwell House Care Home accommodates people across three separate floors, each of which has separate adapted facilities.

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

We found extensive improvements had been made since the last inspection, however, enough time had not passed to ensure these were fully embedded. The registered manager and nominated individual were aware ongoing reviews to monitor and further improve the service were required, and they were committed to undertaking this.

Oversight and processes within the care home should be reviewed and further monitored by the provider. Specifically, the provider should ensure appropriate oversight and guidance is available to staff in the absence of the registered manager.

We have made a recommendation for the provider to ensure continued review of processes and systems takes place. Furthermore, staff support, oversight and guidance should be effective and robust in the absence of the registered manager.

People and their relatives told us they were not routinely involved in the care planning process on an ongoing basis.

We have made a recommendation for the provider to review how people and their relatives, where appropriate, are involved in the care planning process on an ongoing basis.

Staff had undertaken the required safeguarding training, and people told us they felt safe. Lessons learnt were appropriately shared with staff, and learning from incidents took place. Risks to people had been assessed, and staff were confident of the risk reducing measures in place. The care home was clean and tidy, and good infection prevention control practice was observed. Medicines were managed safely by suitably trained staff.

There were enough staff to meet people's assessed needs. The provider had followed safe recruitment procedures. Staff had the right level of training and support to deliver effective care and meet the needs of people living at the care home.

People were supported to access health professional services, as required, and had access to a variety of

food and drinks which met their dietary needs and wishes. Effective monitoring and support were provided by staff to those who required assistance with eating and drinking.

The care home environment had received extensive refurbishment since the last inspection. People told us they were happy with the décor and facilities available. 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.

Staff were kind and caring in their duties and showed people respect and dignity. People were supported in a person-centred way, and their likes and dislikes were adhered to. People were satisfied with the activities available at the care home, however, these could be improved upon with additional staff recruitment. People, and their relatives, knew how to raise a complaint or concern and felt confident to do so. Care plans were in place to support people nearing the end of their life.

A positive, open, and inclusive culture was now evident at the location. This had been firmly led, embedded, and sustained by the experienced registered manager who began working at the care home following our last inspection. Governance systems were appropriately used and managed, and effective oversight was in place.

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 inadequate (inspection completed August 2022, summary report published 22 April 2023).

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 service has been in Special Measures since August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

The inspection was prompted in part due to information received that the provider had made and sustained the necessary improvements we told them to take. This meant their CQC rating from August 2022 may not have been reflective of the service provided to people. A decision was made for us to inspect to follow up on action we told the provider to take at the last inspection.

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

Recommendations

We have made 2 recommendations during this inspection. One recommendation is for the provider to continue to monitor, review and embed their systems and processes. Furthermore, staff support and guidance should be effective and robust in the absence of the registered manager. Another recommendation is for the provider to review the involvement of people, and their relatives, in the ongoing

care planning processes.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Cromwell House Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 2 inspectors and further supported by 2 Expert by Experience's. 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

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

Registered Manager

This 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.

Notice of inspection

This inspection was unannounced, and we visited the care home on 2 occasions.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent to us in the provider information return (PIR). This is 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 13 people, and 12 of their relatives about their experience of the care provided. We spoke with 16 members of staff including care workers, senior care workers, registered nurses, domestic and catering staff, activities staff, administration staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records at the service. This included recruitment documentation for staff, and staff training and induction records. We also reviewed certain care records, medicine, and monitoring records for 21 people during the inspection. We asked for other records to be sent to us, which we reviewed away from the service. These records included monitoring documentation, staff rotas and training records and quality assurance records. Additionally, we requested some policies and other records which related to the management and oversight of the service.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection systems and oversight were not established in all areas to help protect people from abuse. This put people at risk of potential harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper 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 13.

- Since the last inspection, improvements had been made. Staff told us they were confident to raise concerns with the new registered manager. One staff member told us, "I always check [people] don't have any bruising. If they do, it is reported right away and recorded on the system." Furthermore, staff were aware they could report concerns to other agencies, such as the local authority, police and CQC.
- Staff had completed safeguarding training and were aware of the types of abuse people may experience. People told us they felt safe with staff, 1 person said, "I feel safe with [staff] here, I don't have any worries about that. The staff come and make sure you are alright wherever you are in the [care] home." Another person told us, "The whole environment feels safe to me. [Staff] are looking out for [me]." A third person said, "[Staff] pop in and see me and call out when they go past. I feel secure knowing that [staff] are here for me. Help is always there."
- People's relatives also told us they felt their family members were safe at the care home. One relative said, "[Family member] is in [their] happy place, and safe." Another relative told us, "[Family member] is safe."
- Since the last inspection, the registered manager undertook thorough reviews of accidents and incidents, with support from their regional management, where required. Lessons learnt were shared with staff to reduce the likelihood of reoccurrence wherever possible.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess safety and welfare risks to people. People were at increased risk of pressure sores due to ineffective risk assessment and safety monitoring. Furthermore, people did not always have access to their call bells to request assistance from staff. This had placed people at risk of harm. 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.

- Since our last inspection, people had been assessed for specific risks based upon their individual needs. This included skin integrity assessments, and staff took appropriate risk reducing measures to help people lower their risk of pressure sores. Staff assisted people with positional changes on a timed basis, where required, and records evidenced this assistance was provided. Pressure relieving equipment checks took place daily, to ensure the settings were correct, and records reflected this. We found people were being supported in line with their individual assessed needs.
- People had access to their call bells, and they told us staff were responsive to their needs. One person said, "If I do ring my bell, they come pretty quickly. I haven't had any problems with that." Another person told us, "[Staff] always come when I need them."
- Staff were knowledgeable of the individual risks to people. Staff demonstrated to us a robust system to ensure people were supported in line with their needs. For example, we found where people had timed requirements, to promote their health, such as wound reviews or medical device requirements (catheter changes), these were clearly assessed, planned, and completed. One person told us of a medical condition they had and said, "I have [medical condition]. [Staff] know when I need help with that."
- Staff assessed risk and promoted the safety of people in their day-to-day work. We observed staff verbally guide people when mobilising, to ensure people were continually aware of any obstacles they may encounter. Furthermore, staff encouraged people to remain independent with specific daily tasks, such as making hot drinks, whilst providing guidance and safety monitoring.
- Staff responded promptly to people's changing needs. This included the implementation of falls equipment, such as sensor mats, where they were indicated as required.

Staffing and recruitment

At our last inspection the provider had failed to ensure enough staff were available to meet the needs of people. Staffing levels and staff deployment was not safe. People experienced delays in care, and increased risk was present. 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.

- The registered manager had successfully recruited staff to the vacant care and nursing positions. This meant people were supported by staff who knew them and their needs well. Staff told us they were more confident having an established staff team in place.
- We found, and people told us, there was enough staff. One person said, "There seems to be enough staff around, even at weekends." Another person told us, "They do seem to have sufficient staff and it seems the same at weekends and nights to me." The registered manager ensured dependency assessments were completed which calculated staffing requirements. We found these dependency assessments reflected people's assessed care needs, and staffing levels were then planned appropriately.
- The provider undertook specific checks when recruiting staff which included Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

At our last inspection the provider had failed to ensure infection control processes were robust. This had

placed people at risk of harm. 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.

- 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. Monthly infection control audits took place, and people told us they were happy with the standards of cleanliness at the care home.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visitors to the care home. People had visitors on the day of inspection and relatives told us they were able to visit freely.

Using medicines safely

- Medicines were managed and administered safely by appropriately trained staff. Staff told us their medicines training was in-depth and thorough. Regular medicines audits were completed, and people were satisfied with how their medicines were administered to them. One person told us, "My medication is managed by staff. That is another thing I don't have to worry about anymore." Another person said, "[Staff] take care of everything for me, and it works fine."
- Staff responded promptly to people's medicine needs. We observed staff reviewing people without delay and providing 'when required medicines' as needed. 'When required medicines' are medicines such as pain relief, which is administered for mild pain such as a headache. One person told us, "If I am in pain [staff] will give me something. I don't have any complaints."
- Staff were knowledgeable of the medicines they administered to people and knew of specific safety requirements for certain medicines. For example, where people were prescribed medicines to thin the blood, staff were aware of the safety precautions should the person experience a fall or injury.
- Appropriate authorisations, risk and safety reviews took place for people who required medicines to be administered via specific administration routes, and where people may require medicines to be administered covertly. We found records were detailed and thorough, and involved all the necessary professionals, people, and their relatives, where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to ensure people's needs were met and failed to ensure professional input sought to maximise people's health and well-being. People had received care which was not effective for their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection, people's needs continued to be assessed prior to them moving into the care home. One person's relative told us, "[Staff] went through things with me in great detail. [Family member's] admission to the care home was urgent. We could talk openly about everything."
- The care home environment had received extensive refurbishment and there was enough equipment to meet the needs of people. New care plans and risk assessments had been developed, and we found these to be personalised and reflective of people's needs and wishes.
- The registered manager demonstrated referrals to specific professionals were made without delay. For example, we found where people's needs had changed, staff sought advice, support, and review from specific healthcare professionals. These included speech and language therapists, dieticians, and tissue viability nurses.
- The registered manager evidenced working relationships with professional health teams had improved. The care home was able to change their weekly GP visits from a Friday to a Wednesday, which had led to positive outcomes for people and their ongoing health needs. The registered manager said any treatment plans made, were then followed up in a timely way opposed to time constraints associated with weekends. We observed staff communicated effectively with healthcare professionals, which led to people experiencing good health and well-being outcomes.
- People told us they were able to access health professionals where required. One person said, "You can just mention it to the staff, and they will put you on the list to see the Doctor. They visit every week. I feel sure [staff] would get you help if you were ill before the Doctor's [weekly] visit." Another person told us of the support they received, they said, "[After an incident staff] got the Doctor out immediately. I see the Chiropodist as well."

- Relatives told us they spoke to staff if they noticed a change in their family member's health, and a health review was organised. Furthermore, relatives told us they were informed should their family member experience a health decline. For example, one person's relative said, "[Family member] had a [health incident] and [staff] called an ambulance and then phoned me straight away to let me know, [staff] are good like that."
- People told us they were happy with the décor and environment at the care home. Many people said they were pleased to be able to personalise their bedrooms and commented positively on the redecoration which had taken place. We found the environment offered large and pleasant rooms, and appropriate equipped facilities, such as lounges, assisted bathrooms and kitchenette areas.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the necessary training and professional development to support people safely. Staff told us they did not feel supported nor listened to. This had placed people 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.

- Since the last inspection the registered manager and provider had reviewed the training provision for staff. We found staff had undertaken specific training to meet the needs of people, this included end of life care, and specific training to help staff understand the experience of people living with dementia.
- Staff told us they received regular supervisions and appraisals, and the records we viewed confirmed this. Staff told us they found the supervision process to be inclusive and supportive, and allowed them to identify their own learning needs and interests. For example, 1 staff member said, "The training is really good, we have a lot of training. If we think we need some training, we ask [manager's] and they will arrange it for us."
- Staff were supported to gain nationally recognised qualifications in care, and new staff undertook an induction programme which covered the care certificate requirements. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- People received effective support with eating and drinking. We observed people were appropriately supported by staff, and staff were aware of any special requirements, such as people's safe food and drink consistencies and dietary requirements. Meals looked appetising, and people told us they enjoyed the meals provided. We observed staff offered people 'seconds' at mealtimes, and this was readily accepted by many.
- Hydration stations had been introduced at the care home and were used by people and their visitors to maintain good fluid intake. Where people required specific support with eating and drinking, this was provided by knowledgeable staff, and appropriate monitoring records were maintained. One person told us, "[Staff] are always encouraging you to drink. I can have a [alcoholic drink] with my meals if I want to, which I enjoy."
- People were supported with eating and drinking in an unhurried manner. We saw staff sat with people, assisted them at their own pace, and encouraged independence where possible. People were offered choice, and we observed staff provided people with sandwiches when this was requested. One person said, "The food is good, and you get a choice which is marvellous." Another person told us, "The food is nice, and it comes on time. I like that you have a choice of meals." One person told us they would like to see more

specific types of food available on the menu, and we shared this with the registered manager during the inspection.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- The new registered manager had effective systems and processes in place to ensure DoLS authorisations were applied for, monitored, and reviewed where required. This meant people were helped to keep safe with minimum restrictions. Since the last inspection, records had been reviewed and people had specific best interest decisions in place, where it was required. The registered manager had utilised training from the local authority to increase staff awareness, knowledge and skill surrounding MCA's and best interest decisions.
- Staff offered people appropriate choices and followed people's care plans. One person told us, "[Staff] don't disturb me, and don't force me to do things." Another person said, "The staff wouldn't do anything I didn't want them to do. [Staff] always ask first before they do anything."

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

At our last inspection the provider had failed to ensure people received personalised support and failed to support people's individual needs. Systems and processes prevented staff from supporting people in a caring way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had a named member of staff as their 'key worker'; however, people were not always sure who they were, or the purpose of the key worker role. For example, 1 person said, "I have a key worker, but I don't know who it is." Another person told us, "I have got a key worker, but I am not sure what they do really. [Staff member] did get some [toiletries] for me and took me to [healthcare review]. [Staff member] does tell me when they are not working." We gave this feedback to the registered manager who said this would be reviewed.
- Some people, and their relatives, told us their experience of staff could be varied. This was specifically surrounding communication where first language may not be English. People told us it was not always easy to have a conversation. This was not all people's experience, and some people told us of the positive relationships they built with staff and told us staff took an interest in them and knew them well. We provided this feedback to the registered manager who said they would review this further.
- People told us they were supported with their care and support at their preferred time, and said they made decisions about their care. Many people told us of their satisfaction of being able to have daily showers, should they wish, with staff support. One person said, "The staff are really kind to me and will help me with anything. I am not afraid to ask [staff] for help." Another person told us, "There is mutual respect between staff and [people]. The staff are very good, they treat you with kindness and are very caring. They make sure you are comfortable and settled. If there is anything you want, they make it possible for you."
- People told us they felt reassured by staff. For example, 1 person said, "The staff are always reassuring and say, "If you need anything else, just press the bell" - they don't rush you." Another person told us, "The care has been very good, very comprehensive and the staff have been very caring and encouraging. They are trying to get me involved in things." Furthermore, we observed staff to be relaxed and calm in their duties.
- People's relatives told us they found staff to be friendly, and staff knew their family member well. One

relative said, "[Family member] really likes the staff, they are very friendly and helpful." Another person's relative told us, "Staff are friendly and helpful." A third relative said, "I listen to the staff talking to people, and I've never heard a cross word from them. The staff are kind and caring."

Respecting and promoting people's privacy, dignity, and independence

At our last inspection the provider had failed to ensure people received dignified care and support. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection, people's dignity had not always been promoted by staff. At this inspection, people's dignity was promoted through staff practice. We shared with the registered manager one occasion where an improvement was required through our observation. We found many examples of people's independence being promoted through staff support. This included people being involved in day-to-day activities, where they wished, such as collecting items of linen, and being supported to make their own hot drinks. People told us they felt happy to be involved in such daily activities.
- We observed staff to knock on people's bedroom doors before entering, and staff addressed people in their chosen way. People told us this was their usual experience, and they were given the option of having either male or female staff support with personal care.
- One person said, "I feel totally comfortable with [staff]. They always make sure doors are shut and knock on your door before they come in." Another person told us, "I can have privacy in my room whenever I want. [Staff] knock on the door before they come in. There is no embarrassment when they help me with personal care. We have a good laugh and there is a good rapport between us. [Staff] always make sure the door and curtains are shut." A third person said, "I feel fine when [staff] help me. They always talk to me nicely and put me at ease."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure people received care and support in a person-centred way. People did not receive enough engagement opportunities. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since our last inspection, the provider and the new registered manager led a complete review and implementation of care plans and records for people. We found care plans were detailed, reflective of people's needs, likes, and dislikes, and evidenced a person-centred approach to care. However, feedback from people and their relatives did not always evidence their awareness of regular ongoing involvement following their implementation.

We recommend the provider reviews their processes to ensure people, and their relatives where appropriate, remain involved in care planning on an ongoing, and timed basis.

- Since our last inspection social opportunities, activities and engagement had improved for people. However, due to staff vacancies within the activities team, it was not possible for the 2 activities staff to provide social opportunities and engagement for all people within the care home. The people we spoke to told us they were satisfied with the activities available, however, people's relatives said they could be improved upon and more staff to provide activities, social and emotional support, and engagement was welcome.

- During the inspection time frame the registered manager told us of some volunteer positions which had been filled to increase social interaction and activities of interest. The registered manager also told us specialist equipment had been obtained to assist people, who were usually cared for in bed, to access the community.

- The activities staff, and care staff, organised and supported specific activities of interest within the care home. This included an interactive experience of chicken eggs hatching, and people were involved in growing fruit and vegetables in the gardens. The activities staff had access to activities resources to meet the varying needs of people. Furthermore, were motivated and told us they wanted to provide activities and opportunities which were interesting for people.

- We observed staff took opportunities to engage with people. This included domestic and catering staff chatting with people whilst undertaking their duties. We heard personalised and friendly conversations took place, and people responded very positively to this.
- People's bedrooms were personalised with items of interest and choice. This included family photographs, sports memorabilia, and specific activities and technology. Furthermore, we observed staff assisted people to use their sensory equipment, and technology, to meet their needs and preferences.

Meeting people's communication needs

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

- Since the last inspection, people's communication needs had been appropriately assessed, and staff supported people appropriately. Assessments included people's preferred communication methods, and their specific requirements relating to communication aids. For example, their sight and hearing requirements. One person told us staff always supported them with cleaning their glasses, and other visual aids, we saw these were clean and well maintained. Another person said, "I wear [hearing aids] but one of them is broken. The [registered manager] has arranged for it to be repaired. That was really helpful."
- During our inspection, the registered manager arranged additional communication support for a person where English was not their first language. Staff already supported this person with specific pictorial and phrase cards and sought input from their family to aid communication. Suitable orientation aids had been placed within the care home, which included pictorial signage to help those living with dementia.
- During the inspection, we received feedback from people which identified their wish to have activities schedules available in their bedrooms. People told us they did not know what was happening, or what was available without visiting a noticeboard. We gave this feedback to the registered manager for their review.

Improving care quality in response to complaints or concerns

- At the last inspection we found concerns and complaints were not always documented. Furthermore, learning and actions from concerns and complaints were not always shared with staff and implemented at the care home effectively. During this inspection, improvements were found, and effective systems were in place to improve care quality in response to complaints or concerns.
- The provider had a complaints policy, and information was available on how to raise a complaint or concern. People, their relatives, and staff, told us they felt able to approach the registered manager. One person told us, "I don't have any complaints. I would speak to [registered manager]. I am sure [registered manager] would sort it." Another person said "I would speak to [registered manager] if I had any concerns or worries. But so far, I haven't needed to."

End of life care and support

- Since the last inspection, people were involved in developing their end of life care plans. These care plans included what was important to them when nearing the end of their life. End of life preferences, such as a preference for place of care, who is important to them and how they would like their environment was contained. One person told us, "We have discussed my end of life plan, and [staff] have it in their notes."
- The registered manager shared feedback staff had received. This demonstrated staff provided support which was holistic, and person centred. Staff had completed end of life training through the local community hospice, and further specific training was being considered by the registered manager.

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 inadequate. At this inspection the rating has changed to requires improvement. 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 our last inspection the provider had failed to effectively use their quality assurance systems and processes to access, monitor and improve the quality and safety of the service. Staff did not demonstrate they understood their responsibility to provide safe care and treatment to people. 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.

- Since our last inspection, the provider and registered manager had improved governance processes and systems. However, more time would be required to ensure these are fully embedded. During our review of records, we identified 1 person had experienced unexplained bruising and skin injury, which had not been reported to the local authority safeguarding team. The registered manager had been on leave, and reporting then took place retrospectively.
- The registered manager told us there were areas still to improve, which they were aware of. This included ongoing involvement of people and their relatives with care planning, and they hoped to further improve the provision of activities and social occasions. Furthermore, through our feedback during our inspection, the registered manager was aware of the need to further review the key worker system, and communication experiences of people and their relatives.

We have made a recommendation to the provider to ensure continued review of processes and systems takes place. Furthermore, staff support, oversight and guidance should be effective and robust in the absence of the registered manager.

- Since our last inspection, a new registered manager and nominated individual had registered with CQC. This change in leadership had allowed for positive change and improvements to be experienced by people, their relatives, and staff. The registered manager began working at the care home in September 2022, and a review of processes and systems had taken place. The provider acknowledged previous regulatory failings and evidenced lessons had been learnt. We saw a notable commitment to continuing the positive outcomes, and improvements, which had taken place.

- We found governance at the care home had improved. The provider had introduced new processes to ensure increased oversight was in place, and furthermore, these processes and systems were further monitored by the organisations leadership team on both an announced and unannounced basis. The provider told us the implementation of electronic records allowed for them, and their representatives, to continually review the provision of care and support to people. The registered manager demonstrated their oversight to us, and we found this to be thorough.
- We spoke with the nominated individual during our inspection to understand their own oversight and involvement. The nominated individual told us their oversight took place in many forms, such as weekly unannounced visits to the care home, to review care provision, and speak with people and staff. Furthermore, they formally supervised the registered manager, and additional meetings took place via remote technology. We saw evidence of further involvement from the providers quality assurance, catering, and human resources team. The registered manager completed weekly 'risk management reports'. These reports evidenced their own governance and oversight to the provider, and their representatives, for their knowledge and review.
- The registered manager undertook quality monitoring in many forms. Their oversight of care provision was apparent, and the electronic care systems allowed for them to review and monitor the care and support provided to people. This included monitoring people being supported with positional changes, wound care, eating and drinking and what time they were assisted with personal care. The registered manager undertook daily reviews within the care home and was visible, and in their absence, this was delegated to an appropriate staff member. We saw evidence of action taken, when required, and lessons learnt were shared with the staff team to support continuous learning and to improve care.
- The registered manager ensured they had oversight of audits completed by other members of staff. This included audits for infection control, medicines, health and safety, and catering standards. We found staff who completed the audits, and the registered manager, undertook any required follow up actions. Furthermore, the registered manager undertook regular unannounced night visits to the care home. These visits were to review the care provision to people, to speak with night staff, and to offer support where required.
- Accidents, incidents, and complaints were reviewed by the registered manager. We found these were responded to appropriately, action was taken where required, and reviews for any themes took place. These were further monitored by the providers leadership team.
- Staff told us they had good leadership which inspired them to improve care and progress in their roles. For example, 1 staff member said, "We are offered [specific opportunities] which is really good. There is progression and lots of opportunities to learn."
- People's relatives told us of the positive outcomes they had experienced since the registered manager had been in post. One relative said, "The [registered manager] has been good at bringing up standards." Another relative said, "[Registered manager] has been fantastic, and has supported us."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure appropriate leadership was in place. There was a lack of positive and inclusive work ethic which had led to a poor culture developing in the care home. This all had a negative impact upon people. 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.

- The registered manager was organised, experienced and transparent. We received a lot of positive feedback of their management style which told us they were inclusive, supportive, and demonstrated a value-based worth ethic. For example, 1 person told us, "[Registered manager] is very approachable. [Registered manager] seems to know what is going on and I think [registered manager] is doing a very good job here." Another person said, "[Registered manager] seems very well organised and approachable. [Registered manager] is running things very well. It is a nice atmosphere here." A third person said, "[Registered manager] is really nice. You can always speak to [registered manager] if you have any worries. I like [them]."
- Staff told us they worked in a positive environment, felt supported and told us of the improvements which had taken place. We found staff morale had increased, and staff worked together to provide an inclusive environment for people to experience good outcomes. One staff member told us, "It was really bad before, it is far better now. The good thing is management are open to suggestions and are happy to have a conversation to come to a shared understanding and agreement."
- Meeting opportunities were available at the care home. This included meetings for people, their relatives, and staff. The meetings allowed all involved to share their thoughts, feelings, and experiences, and we found positive changes occurred following these.
- Since the last inspection, the registered manager had undertaken, and was in the process of completing further quality assurance activities with people, their relatives, and staff. The registered manager demonstrated their improvement plan, and 'you said, we did' information was on display at the care home to evidence the actions taken. One person's relative reflected on changes since the last inspection, and told us, "No improvements to be made [now], but since the new manager, communication has gone up by 500%."

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

- The provider and registered manager understood the requirements of the duty of candour. This is their legal duty to be open and honest about any accident or incident which caused or placed a person at risk of harm. We found the registered manager was open and responsive to all our requests both prior, and during the inspection process.
- The provider had shared the outcome of our last inspection with people, their relatives, and staff. Furthermore, they committed to make the required improvements.

Working in partnership with others

- Since the last inspection, the provider had continued to work with the local authority, and other health professionals, to review and improve their systems and processes. We received positive feedback from these teams, which noted the improvements made, and how these had been embedded and sustained over a period of many months.