

RCH Care Homes Limited

Romford Care Home

Inspection report

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Romford
Essex
RM3 8HW

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Romford Nursing Care Centre is a residential care home which was providing personal and nursing care to 47 people at the time of the inspection. Most people living at the service were older people, some of whom had dementia. The service can support up to 114 people in one adapted building over three floors. At the time of our inspection three of five units were in use, of these working units, two were nursing units.

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

Medicines were mostly managed in a safe way. We have made a recommendation to follow best practice so wording in some medicine protocols was clearer. People's risks were assessed and monitored. Staffing levels had improved since our last inspection and the provider was actively engaging in recruitment. Recruitment processes were robust. There were systems in place to safeguard people from abuse. The service followed national guidance and infection prevention and control. Lessons were learned when things went wrong as there were processes in place to learn from incidents which had occurred.

Staff had received training and supervision to support them in their roles. People were supported with nutrition and hydration to ensure balanced diets. The provider had adapted the building to ensure it met people's needs. People's needs were assessed before the commencement of care so the provider was assured they could meet those needs. Staff communicated with other agencies to ensure people received good care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and relatives were involved in completing care plans.

People and relatives thought staff were caring. People were supported to express their views. People's privacy and dignity were respected, and their independence promoted.

The provider responded to people's complaints appropriately. People's communication needs were met. People were supported to undertake suitable activities they could enjoy. People's care was planned to meet their needs. The service sought to record people's end of life wishes.

Staff understood their roles and the registered manager fulfilled regulatory requirements. There were quality assurance systems in place which supported the provider to improve the care and support people received. People, relatives and staff thought highly of the management. The registered manager understood duty of candour and acted appropriately where required. The service worked with other agencies to the benefit of people using the service. People, relatives and staff were able to engage with the provider and be involved with decisions that affected the outcomes of the service.

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 27 September 2019) and there were multiple breaches of regulation. The provider was issued warning notices for regulation 12, Safe care and treatment and also for regulation 17, Good governance. Further breaches of regulation were found in relation to regulation 18, Staffing and regulation 14, Nutrition and hydration at a targeted inspection in 2020. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

details are in our safe findings below.

Good ●

Is the service effective?

The service was 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Romford 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 Care Act 2014.

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

Inspection team

The inspection was carried out by one inspector, a nurse specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Romford care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and twelve relatives about their experience of the care provided. We spoke with 13 members of staff including four care staff, a maintenance worker, one domestic staff, the chef, two nurses, the clinical lead, the dementia experience lead for the provider, the registered manager and a director for the provider. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and information the provider sent us around health care.

Is the service safe?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Managing medicines safely

At the most recent comprehensive inspection in 2019 we found systems were either not in place or robust enough, in relation to medicine and risk management, to demonstrate safety was effectively managed. This 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.

- Whilst we found some issues, people's medicines were generally managed safely. One relative said, "Yes, that [medicines] is well managed."
- Medicine administration was completed appropriately. Medicine Administration Record (MAR) charts were legible and there were systems in place to ensure any errors were picked up. However, we noted one gap in someone's MAR chart, where a signature had been omitted.
- Stock levels of this medicine suggested the medicine had been administered and the provider was able to demonstrate any gaps in medicine administration were normally picked up by MAR audit. This meant the provider would have picked up on this error.
- All medicines were safely stored and there were systems in place for the regular ordering and disposal of medicines. This included controlled drugs.
- We checked the records of one person who was in receipt of covert medicine. This is medicine provided to them without their knowledge but agreed by relatives and health professionals to be in their best interests.
- The covert medicine decision had been made in a previous service and continued as directed by the GP who works with Romford Care Home. We spoke with the management team about best practice for medicines reviews when, people are admitted to a new service. The registered manager immediately arranged for a review of this decision and ensured best practice was followed.
- We also noted there were a number of people in receipt of anti-psychotic medicine. Best practice guidance states this type of medicine should be reviewed every three months. We noted this had not occurred in some instances. The management team were able to evidence all people had received either GP or pharmacist interventions, but no overt review of medicines had taken place. Following our site visit the service provided evidence that all people in receipt of anti-psychotic medicines had these reviewed by the GP.
- Some people at the service received medicine as and where required, for example medicine to assist with constipation. We made a recommendation to the provider to revise the wording of some of the protocols as

they were not always clear.

We recommend the provider follow best practice in regard to medicines management.

- Following our inspection, the provider completed supervision with all staff responsible for medicine management to ensure they understood the necessary procedures for medicine administration, stock and storage.

Staffing and recruitment

At our last inspection in 2020 we found the provider had failed to deploy sufficient number of suitably qualified, competent, skilled and experienced staff. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been evidenced at this inspection and the provider was no longer in breach on regulation 18.

- Similar to our last inspection in August 2020, people and relatives had mixed views on staffing levels and staff turnover. However, the provider had sought to address shortfalls in staff and rotas appeared to show levels never dropped below need required. A relative told us, "They could always use a few more but [family member's] care hasn't suffered from staff shortage." Another said, ""There are never enough care staff, having said that it isn't too bad."
- We discussed recruitment with the provider who detailed their efforts to employ staff and showed us new starters were expected shortly after our site visit. We looked at rotas and saw staff numbers matched those required by the service's dependency tool. A dependency tool measures how many staff are required to meet people's needs.
- The provider had arrangements with employment agencies to supply staff when necessary. Where this happened, they attempted to employ staff on short term contracts rather than on an ad hoc basis. This meant people had more opportunity to get to know agency staff and for those staff to understand how things worked at the service better.
 - Staff told us they felt things had improved recently. One staff member said, "[Staffing levels] are better since [registered manager] came. We are a good team, there are days when we are short and there are days which are bad, but we get agency in to cover shortfalls."
 - Recruitment processes were robust. Staff at the service had been checked they were safe to work with people. This included criminal record checks, employment history and identification.

Assessing risk, safety monitoring and management

- People's risks were assessed and monitored. Relatives felt this was managed safely. One relative told us, "[Person] uses a wheelchair and is transferred using a hoist, they are also at risk of choking and all these risks are managed so I feel confident of their safety."
- Peoples' care plans contained risk assessments on different areas of concern for them. There were risk assessments for moving and handling, COVID-19, nutrition as well as others. There were also Personal Emergency Evacuation Plans (PEEPS) in place for all residents. These detailed individual risks to people and how they need to be supported in an emergency. This showed the service had planned to keep people safe in the event of an emergency through a personalised approach.
 - The service carried out regular checks to equipment people used and the premises to ensure these were safe for use. This included maintenance checks to gas, water and fire systems. This meant the provider had

systems in place to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from risk of abuse. Relatives told us people felt safe. One relative said, "I am happy that they are safe."
- Staff knew what to do if they suspected abuse. One staff member told us what the term safeguarding meant to them, "As a technical concept [safeguarding means] looking after people and then there is the legal sense where we refer someone to a safeguarding team [within social services]." Staff followed an up to date safeguarding policy and all had received training in safeguarding.
- The provider recorded all safeguarding concerns appropriately and informed local authorities, families and the Care Quality Commission when these types of incidents occurred.

Infection Control

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were recorded appropriately, and lessons were learnt when things went wrong. One relative told us, "On the rare occasions when there is a problem they have acted appropriately and contacted me very quickly, they use these incidents as learning to reduce risk."
- Staff recorded incidents and accidents on a form which was subsequently reviewed by a member of management. There was a record of initial actions and follow up actions. These actions, and the service's quarterly analysis of incidents and accidents, sought to ensure repetition of these type of events were limited where possible. Learning was shared with staff as appropriate in meetings and supervision.

Is the service effective?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last comprehensive inspection of this service in 2019 we found a lack of consistency in staff supervision and support which was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been evidenced at this inspection and the provider was no longer in breach on regulation 18.

- People and relatives told us staff knew what they were doing. One relative told us, "They are brilliant, I think they must be well trained." Staff received training to assist them to do their job. Training was provided online or in person. Staff training was tracked to ensure all staff completed what they were supposed to. Training topics included safeguarding, moving and handling and nutrition and hydration. There was also specialist training for staff such as nurses and nurse assistants.
- Staff received an induction when they started working at the service. This included training, shadowing experienced staff and getting to know the people at the service. One member of staff told us, " [We had an] Induction. We walked around the building and were shown where everything was. We did shadowing." Inductions were recorded by management to evidence staff had completed what they were supposed to. This meant people were cared for by staff who knew what they were supposed to be doing when they started working.
- Staff received supervision and appraisal. One staff member said, "No issues [with supervision], but yes we get asked if everything is ok and whether we need training." Supervision and appraisal records indicated staff were provided an opportunity to develop and improve their working practice.

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

At the previous inspection of this service in 2020 the provider had not always met people's nutrition and hydration needs. This placed people at risk of harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been evidenced at this inspection and the provider was no longer in breach on regulation 14.

- People were supported to eat and drink enough to maintain a balanced diet. Relatives told us, "[Family member] needs help feeding but they are being very difficult about it, they like porridge and they sometimes get a couple of bowls at breakfast and [staff] put cream into it for extra nutrition"
- People were supported to eat and drink as appropriate. We observed lunch time and saw people were appropriately supported with their nutrition and hydration. Staff ensured people were provided with a choice at mealtime. People were also offered food and snacks throughout the daytime.
- Staff knew people's special dietary needs. Staff at the home provided a specialised diet to those who required it. This included for both health and cultural reasons. Where necessary people's hydration and nutrition intake was recorded, and health professional direction followed.
- Recent changes in hydration documentation, had resulted in a short period of time where there had been an omission of hydration targets. However, staff had continued to provide hydration to previous targets meaning there had been no change to people's hydration regimes. We discussed this with management who immediately corrected the omission.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health and access to health care. Relatives told us health concerns were addressed promptly. One relative said, "They have to do a lot for [family member] and they notice small changes [in their health] and sort them out." People's health care needs were recorded in specific care plans to assist staff and health care professionals provide and monitor personalised health care. There were care plans for things such as skin integrity, wound care, communication, oral health, sleep as well as others.
- We noted numerous health professionals involved in people's care. These included, but were not limited to; GP, palliative care team, Speech and language therapists and Tissue Viability Nurses (TVN). Care plans recorded contact with, and instruction from, health professionals.
- We saw that some health care plans were not always being strictly followed. We spoke with the registered manager about this. They were able to evidence people had received adequate care as directed by health professionals. They subsequently arranged for staff to attend training where deemed necessary.
- We saw staff acted promptly to address people's health concerns. For example, a nurse identified a person had a swollen limb. They first talked to the person about it, then took a photo of it and sent it to the GP. We discussed this with the nurse and they were able to inform us about the person's recent medical history. This showed staff acted promptly when health care concerns arose.

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

- People's needs were assessed before admission to the service. This was so the provider could ensure they could meet people's needs effectively. Admission assessments contained information about peoples' needs and abilities, recording what their requirements were. If the service felt they could meet people's needs, they then used these assessments as the basis for personalised care plans.
- Assessments captured people's protected characteristics, such as race, religion and sexuality. This was in line with the law and sought to ensure people's equal rights were maintained.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to make decisions were recorded in their care plans. Relatives told us they were involved appropriately around people's care choices. One relative said, "[Family member] makes their wishes known about things like shaving but big things are me." Where people were unable to make decisions, decisions were made in people's best interests. Where this happened, families, health care professionals and or advocates were involved as per best practice.
- DoLS authorisation applications were made where it had been identified people needed to be deprived of their liberty so as to keep them safe. A DoLS tracker monitored and ensured authorisations were current and valid.

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

- For the most part, the service was well maintained and suitable to meet people's needs. The premises were decorated to a good standard. The provider had sought people's feedback, and specialist input, into the design of some areas of the service, so as to ensure they were aesthetically pleasing and dementia friendly. We noted some minor improvements could be made to bathrooms, but the provider showed us these modifications had been planned as part of a wider refurbishment programme for the service.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to ensure people received effective care. The service made referrals to, and recorded communication, with health and social care professionals. Staff followed their guidance and instruction where appropriate. The service also ensured people and relatives were aware of other agency input into care.

Is the service caring?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported by staff. At the previous comprehensive inspection in 2019 we rated this domain as requires improvement as people and relatives had mixed views on whether staff treated people well.
- At this inspection we received positive feedback about staff. One relative said, "They have really helped [family member], and I think this is a result of caring, they [staff] are quite affectionate, and [family member] gets more stimulus than they would have got at home." Another said, "I can't praise them [staff] too highly, they are open, caring and they look after us too."
- Observations of staff showed consideration for people's individual needs. Staff were attentive when people sought their time and appeared unrushed when dealing with people. For example, there were some very skilful interactions between staff and people living with dementia. Staff took time to help people who were restless and agitated and reassured them appropriately without patronising them.
- Staff respected people's equality and diversity. One staff said, "We treat everyone equally, doesn't matter who they are or where they come from." Staff were able to give us examples of supporting people from different cultures and backgrounds. For example, the chef was able to tell us about specific food made for someone who requested food from their culture. Similarly, we met with a person who identified as LGBT who told us staff treated them well and respected their culture.

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

- People were supported to express their views. Care plans were signed by people and or there was indication of involvement from relatives or advocates involved with decision making. Care plans were reviewed regularly and where required health and social care professional input was sought. A relative told us, "They asked me a lot of questions about [family member] and this is in the care plan."
- Meetings were held with people to gain their view and insight into different aspects of the home and what they wanted. We observed one person meeting individually with a representative of the provider to discuss their views on the dining experience. Similarly, we saw people's views had been gathered with regard to refurbishment of shared living space.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us their privacy and dignity was respected and independence promoted. One relative told us, "Yes [they respect privacy and dignity], they are very discrete with personal care." Staff knocked on people's doors before entering and closed doors when attending to people's personal care.
- People's confidential information was kept in locked cabinets and or on password protected computers. A

staff member told us how they maintained confidentiality, "Making sure you don't discuss things openly with people who can overhear. If something needs to be communicated don't do it in front of others, care plans are to be kept in locked rooms."

- People were encouraged to be independent where appropriate. Staff motivated people to take on tasks themselves where it was deemed a person able to do so. We observed this practice during our inspection. One staff member told us, "we try to encourage them to take part in their care, enabling them instead of disabling them."

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last comprehensive inspection we recommended the provider seek advice and guidance from a reputable source, about the management of and learning from complaints. The provider had since made improvements.

- Complaints and concerns were responded to appropriately. One relative said, "I haven't had to complain but I do know the procedure." Another told us, "I would complain to the manager." Complaints were recorded with actions to follow up by the management. This was in line with the provider's policy. Where appropriate apologies were given to people and relatives and improvements to service made where possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last comprehensive inspection, we recommended the service seek guidance from a reputable source regarding accessible information. The provider had since made improvements in this area.

- People's communications needs were met. Care plans contained communication plans so people's communication needs were recorded, and the provider could work with people's differing needs.
- People with sensory impairment and loss were supported with access to healthcare professionals and equipment.
- Relative's input was sought and recorded when people were unable to verbally communicate. Staff then used this information to meet people's needs. Pictorial menus were used to support people with dining choices. The service was able to print large size easy read text to support people's needs.

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 targeted inspection in 2020, we recommended the provider follow best practice guidance around supporting people to access activities. The provider had since made improvements.

- People were able to be involved in activities. One relative said, "[Family member's] cognitive ability has improved since they have been there, and I see photos of them joining in activities and they have struck up a friendship with another resident too." Another relative said, "My [spouse] was a police officer and they think they are back at [police station] in the 60's and on patrol, the staff have given [spouse] a 60s style notebook and pen and they ask them questions and to solve puzzles so they are happily occupied." Care plans recorded people's activity preferences and participation.
- Photographs showed people participating in regular activities and special occasions. We saw photos of birthday celebrations, garden party and coffee mornings. We also saw a local newspaper article showing a person who lived at the service assisting with hair dressing, which had previously been their career. This showed people's activities had been personalised towards them where possible.

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

- People's needs, and preferences were recorded in care plans. Care plans were person centred, recording people's individual needs and how staff should work with them. Care plans were reviewed regularly to ensure changing needs and preferences were identified and staff tasked accordingly.
- Staff knew people's needs and preferences. Staff told us they knew what people liked and disliked, one staff member said, "[By] asking them and speaking to staff who work with them. It's important to ask the floor carers [those who work in specific units]. There are notifications where you can read about people and we get info from family." Staff read information in people's care plans and were notified when changes had been made.
- People received personalised care. We observed a nurse give medicines patiently and kindly. When people refused, they made a note and went back and tried again later. We saw them do this successfully with three different people. This demonstrated working with people to meet their needs in a way which was suitable to them.

End of life care and support

- People were supported at end of life. Staff had received training and the service worked alongside of health care professionals to ensure people and their relatives were supported with dignity and respect when people were about to die.
- People's wishes were generally recorded in end of life care plans. We found one instance where a person's wishes appeared not to have been recorded. We spoke with the provider about this and they were able to demonstrate interaction with another service about the person's end of life wishes and attempts to contact people who were important to that person.

Is the service well-led?

Our findings

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

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 comprehensive inspection there were ineffective quality assurance processes and staff had not been provided up to date policies and procedures. This had demonstrated a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been evidenced at this inspection and the provider was no longer in breach on regulation 17.

- Staff were clear about their roles, understood risk to people and the regulatory requirements for the service. There was a clear management structure in place and staff knew they were required to report concerns and knew who to report those concerns to. Staff had job descriptions for their job roles so knew what they were supposed to do.
- The registered manager and the provider understood their legal requirements. They notified CQC when required and informed local authorities of adverse events when they occurred.
- There were quality assurance systems to ensure effective monitoring of safety of people in the home. These quality assurance systems also sought to make improvements at the service where shortfalls were found.
- These systems included audits completed by both the provider and external agencies. For example, we saw audits completed by the local pharmacist to support medicine administration and medicine storage at the service. Where recommendations had been made, actions had been undertaken to improve how the service operated. Other regular audits we saw included care plan auditing and tracking, weight monitoring, air mattress pressure checks and nightly walk rounds. This meant the provider sought to continuously learn and improve.

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

- The staff had a positive and open culture. Staff spoke positively about the registered manager and the changes they had made since joining the service. One staff member said, "[Staff morale] has improved massively over the last three months. We can get busy and stressed, but we're good as a team." A relative

told us, "there have been a lot of changes and things have improved with the latest manager." A person who used the service said of the service, "It is clean and well managed."

- The registered manager was attempting to embed a wellbeing focus at the service which was placing a person-centred ethos at the heart of the service, seeking best possible outcomes for people. Care plans were person-centred, and staff worked to meet individual needs, in line with people's preferences.

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; Working in partnership with others

- The provider understood duty of candour and were open and honest with people and their relatives when things went wrong. Communications with people and their relatives were transparent when incidents had occurred, and apologies made when the provider had been found to be at fault.

- The provider was open about issues which had been present in the past and actively wanted to improve where things had gone wrong. They demonstrated a desire to work transparently with the local authority, CQC and other stakeholders to ensure people received the right care.

- The service worked with numerous agencies to benefit the people who lived at the service. These included social workers, health care professionals and other local community organisations.

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

- People, staff had relatives had the opportunity to engage with the service. We saw minutes of meetings and findings and analysis from survey questionnaires.

- During resident meetings people had raised areas of concern they wished the provider to address. These included the dining experience, infection prevention and lockdowns. Similarly, there had been meetings for relatives where COVID-19 visiting and testing, recruitment and staffing had been addressed. People had relatives had the chance to feedback on the care experience through survey questionnaires.

- The provider sought to promote good practice with regard to equality and diversity. People's equality characteristics were included in their care plans so support for them could encompass their cultural needs. Policies supported and promoted diversity and the provider's recruitment processes followed good practice in this regard.

- Staff were able to engage with the provider through survey and regular meetings. We saw minutes of various meetings indicating multiple opportunities for engagement. Staff one to ones also provided staff this opportunity. Meeting discussions we saw covered people's welfare, vaccines, policies and training. One staff member told us, "[We have] Daily flash meetings Monday to Friday and we' are having a carer meeting later. They are useful and you can raise concerns."