

Defiant Enterprises Limited

The Laurels Care Home

Inspection report

The Laurels
West Carr Road
Attleborough
Norfolk
NR17 1AA

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Laurels Care Home is a residential care home providing care and support to up to 52 people. The service provides care to people aged over 65 years old, some people were living with dementia. At the time of our inspection there were 30 people living at the service and one person in hospital. The home is a purpose built, single storey building.

At the time of our inspection, the service was experiencing a COVID-19 outbreak, with all people being supported to remain in their bedrooms and receiving individualised care and support to reduce the risk of the spread of infection. Some staff were also on sick leave. These circumstances were taken into consideration in the approach taken to completing this inspection.

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

We identified that whilst the service was dealing with safeguarding concerns appropriately, records showed notifications to CQC had not consistently been made in line with their regulatory responsibilities. Further development in certain aspects of the provider's own audits and checks would ensure consistent adherence to health care professional's guidance in relation to the repositioning of people to maintain skin health.

Overall, people received their medicines as prescribed, but care records would benefit from further development to ensure staff are clear when to either seek medical input or give people medicine to manage constipation risks. Improvements to the counting in and out of medicines for example when people were admitted to hospital was also identified.

Feedback from people's relatives was mainly positive, we shared any information of concern with the manager, who was responsive to our feedback, and liaised with people's relatives directly to resolve concerns or implement changes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by sufficient numbers of suitably trained staff. People's bedrooms were personalised, and the care environment contained signage and information to support people to independently move within their home.

People were supported to maintain regular contact with their relatives and friends, and to participate in activities in group and on a one to one basis, with activity staff in place. People's care records were personalised, and provided staff with detailed guidance, including people's preferences, likes and dislikes.

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

This service was registered with us on 07 April 2022 after the provider sold the service to a new provider, and this is the first inspection. The last rating for the service under the previous provider was Requires Improvement, with Inadequate for Well-led with ongoing breaches of regulations and conditions remaining imposed on the registration, resulting in the service remaining in special measures. The report was published on 15 February 2022.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. We have made some recommendations within the report to support ongoing improvements of the service.

This service has been in Special Measures since 27 January 2021. During this inspection the provider demonstrated that improvements have been made. The service has not been compliant with the regulations, with ratings of requires improvement or inadequate for the last 10 inspections. 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

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains Requires Improvement with no breaches of regulation based on the findings of this inspection.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Laurels 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

One inspector visited the service and one Expert by Experience made telephone calls to people's relatives. 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

The Laurels 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. The Laurels Care Home is a care home without 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 manager in post, who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We liaised with members of the local authority, quality assurance team, and reviewed information held on our system about this service. We used all this information to plan our inspection.

During the inspection

We spoke with ten members of staff including the manager, nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), owner and seven members of care staff including those working at night time. We spoke briefly to one person living at the service who showed us their bedroom (viewed from the doorway due to infection control practices in place at the time).

We reviewed a range of records, including four people's care records and four medication records. We looked at 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 spoke with seven people's relatives by telephone, about their experiences of the care provided.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. This is the first inspection of this newly registered service. This key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection, the provider had failed to ensure that there were sufficient numbers of staff deployed to meet people's assessed needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had been made, and the provider was no longer in breach of regulation 18.

- Since the last inspection, the provider had increased staffing levels, resulting in people's needs being met in a person-centred manner. One relative told us, "There is a good ratio of staff. Consistent across the weeks. When we go there is always somebody to comfort (relative). Staff respond quickly to call bells and door bells."
- There were sufficient numbers of staff on shift to meet people's assessed needs, during the COVID-19 outbreak, and a prioritisation system was in place to ensure people's individual needs such as repositioning were being met, to prevent staffing pressures impacting on the standards of care being delivered.
- Staff were recruited safely to the service, with relevant checks in place including Disclosure and Barring Service checks (DBS), to ensure staff were suitable to work with vulnerable people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they felt there were now sufficient numbers of staff on each shift to respond to people's needs in a timely way and spend quality time with people.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear of their roles and responsibilities in identifying and reporting concerns relating to abuse and harm to people, to maintain their safety and well-being.
- Most people's relatives felt people were kept safe at the service, one relative told us, "They are settled and safe where they are. Not had a problem with them being safe. No concerns regarding falls. No concerns about safety." Another relative told us, "Is very safe and settled in the home. It changed hands. I was concerned but needn't have been. Anything happening at all they phone me immediately. Communication is very good,"

Assessing risk, safety monitoring and management

- Overall, we found improvements in the recording of when staff repositioned people. However, there was

still some gaps in completion records, mainly overnight, or where codes had not been used for example to confirm person was positioned from their back to left side. This impacted on ease of monitoring and auditing to ensure staff were consistently following guidance provided by healthcare professionals to maintain people's skin conditions.

- We did identify some risk items were accessible to people, these were immediately addressed by the manager. Keys were also being sourced for lockable cabinets to ensure all risk items could be stored securely going forward.
- People's care records were regularly reviewed and updated following changes in their support needs. The service had introduced 'resident of the day', ensuring people's records, care environment and personal preferences were reviewed a minimum of once a month.
- People had equipment in place, to maintain the condition of their skin, to reduce their risk of falls, and to support their abilities to move and transfer around the service. There were maintenance records in place to ensure such equipment was kept clean and in working order.
- Works were being completed at the time of our inspection, to ensure the service was fully compliant with fire safety regulations, following on from the completion of a fire service inspection. Regular fire evacuation drills and training was in place.
- Where people were assessed to require specialist diets to manage risks associated with choking, there was guidance in place for staff to follow. From speaking with staff and members of the kitchen team, they were clear of people's individual risks and requirements.

Using medicines safely

- People's bowel movements were recorded, but care and medicine records would benefit from improved guidance for staff, to make it clear at what point medical support or medicine to aid constipation should be given.
- With the exception of one person's record, relevant allergy information was recorded on the person's medicine storage box, their care plans and on the medicine administration record (MAR) charts. Where we identified a potential risk relating to an allergy, staff promptly contacted the GP and the matter was quickly resolved.
- For one person, we identified there were less medicines stored than listed on their MAR chart. We raised this with the manager who investigated the discrepancy.
- Staff had training, and regular reviews of their competencies to ensure they gave people their medicines safely.
- Where people found it difficult to express their pain levels or communicate pain to staff, recognised pain scales were used.
- Where people were unable to understand the reasons for needing to take medicines, relevant documentation was in place, in consultation with the GP, pharmacist and relatives, to give the person their medicines covertly (mixed into their food or fluids).
- Additional safety measures were in place to prevent the spread of infection, when giving people their medicines during the COVID-19 outbreak.

We recommend the service implements systems and processes to ensure medicines are checked in and out of the service, to ensure all medicines are accounted for.

Preventing and controlling infection

- The service was experiencing a COVID-19 outbreak at the time of our inspection. From speaking with staff, they consistently told us they felt safe, and had consistent levels of personal protective equipment (PPE), and good systems in place for the management of risks. The service had recently been given a five-star food hygiene rating staff were proud to have achieved.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Outside of the COVID-19 lockdown at the time of inspection, policies were in place to support people to have visitors and spend time with friends and family inside and outside of the service.
- People's relatives had been offered the option of becoming 'essential care giver' in line with government guidance. The manager and nominated individual told us there was no uptake of this option, which would support people to have visits during lockdown.
- The service had a visiting pod, with safety glass, two-way microphones and space to enable a person to have COVID-19 safe visiting, whether in a bed or chair. The pod was accessed from outside reducing the risk of visitors needing to enter the service in the event of an outbreak.

Learning lessons when things go wrong

- The provider and management team had reflected on inspection findings under the previous provider, and had service improvement plans in place, shared with CQC on a monthly basis to drive improvement at the service.
- Regular staff meetings, shift handover meetings and flash meetings were in place to ensure risk information was shared, reflected on and learnt from by the collective staff team.
- Whole staff team meetings were in place, ensuring day and night staff spent time together, and had the opportunity to discuss any risks or concerns.
- Staff told us they felt comfortable, and able to raise any concerns or mistakes if these were to happen with the manager, as they found the manager to be approachable and supportive.

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 comprehensive inspection (in 2019) we rated this key question Good. This is the first inspection of this newly registered service. This key question has remained the same. 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

- People's care records contained detailed guidance for staff, in relation to how they wished to receive care within a 24-hour period. Including how people liked to be dressed, food preferences, how they wished to take their tablets, what bedding and number of pillows they wished to have.
- Additional guidance and information was in place for staff where people had complex medical conditions or required specialist support for example in relation to food consistencies to manage the risks of choking.
- Members of the kitchen team had completed additional training to ensure they were confident in relation to food consistencies and meeting people's individual dietary requirements.
- Whilst people's choices and movement within the service was limited at the time of our inspection, staff were still offering people choices in relation to their daily routines, dietary wishes and preferences, and providing one to one activities and social contact with relatives to reduce the risk of isolation.

Staff support: induction, training, skills and experience

- From reviewing staff files, and speaking with the nominated individual, a new induction programme had been put in place, to ensure staff and managers received a thorough induction, and completed required training and competencies before lone working. Staff consistently told us they had shared values as a team, putting the people living at the service first. One staff member said, "Working here offers an opportunity to give back to the local community."
- Staff gave consistently positive feedback about the level of training and personal development opportunities they were encouraged to access. Staff told us this made them feel valued, and they were keen to gain new skills and experiences.
- Staff had been supported by the new manager, to complete mandatory training and refresher courses, to ensure they had the skills required to complete their roles. The service's training matrix showed significant improvements to overall compliance levels between August and October 2022.
- Staff competencies were being regularly reviewed, to ensure training was being implemented into their practice. This included where staff were responsible for medicines management.
- We observed staff to be working confidently, and cohesively during the COVID-19 outbreak at the service. Staff told us they felt well supported by the manager and nominated individual (NI). Night staff told us they regularly saw the NI and manager when on shift, which made them feel part of the team.

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

- Where risks were identified, staff were completing food and fluid records to monitor people's intake within a 24-hour period. These records would benefit from additional details to assist with monitoring likes and

dislikes where people could not express this information independently. One relative told us, "They (staff) keep an eye on diet. Watch what they eat and monitor weight. Eats what they can and drinks lots of fluid."

- Changes had been made to the timing of breakfast by the kitchen team, to ensure people who wished to have a lay in could still have breakfast later in the morning. There was a focus on nutrition and measures in place to support people's health and weight. A relative said, "Food is fine. Cakes on (relative's) birthday. Lunch (relative) said looked nice. They let me feed them. A good choice of food. Daily menus. No choking risks. Staff would monitor it if there was. Yes, enough to drink."

- If people's weight was found to have changed, or their food and fluid intake had reduced, staff sourced medical advice from the GP. We saw where required, people were having a fortified diet, or receiving prescribed supplements to support weight management.

- From reviewing people's weight records, we did identify some examples of where the care records stipulated for the person to be weighed on a weekly basis, and this was not consistently completed. Overall, the provider's own audits showed most people were gaining or maintaining a healthy weight.

We recommend the service reviews the amount of detail recorded in food, fluid and weight records to ensure needs and preferences are monitored and any risks or individuals declining support are identified.

- Following our inspection, we received assurances from the manager they were making changes to how people's weights were recorded, so all information would be stored on their electronic system, rather than also on paper to reduce the risk of information not being consistently recorded.

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

- The service had worked hard to improve relationships with health and social care services. They had received support and guidance from the GP practice in relation to the management of their current COVID-19 outbreak.

- Regular multi-disciplinary meetings were held between the service and GP practice to review people's ongoing healthcare needs, source support and guidance, as well as ensuring onward referrals were made.

- Staff were completing additional training, such as skin care and dressings, to enable them to work more collaboratively with the community nursing team, to support people requiring dressings and monitoring of their skin health between healthcare professional visits.

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

- There was signage and points of reference in place throughout the service to assist people to familiarise themselves with the care environment, particularly for those people living with dementia or sensory support needs.

- People's bedrooms were personalised, and they were able to bring items of importance when they moved in, to make their rooms feel homely.

- The communal areas of the service had been deep cleaned, with all ornaments removed due to the outbreak, but artwork made by staff and people living at the service was in place to make the care environment bright, stimulating and welcoming.

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

- The service had a dedicated kitchen team, who were familiar with people's likes, dislikes and personal preferences in relation to food. The kitchen team catered for those with specialist diets, including for the management of choking risks.

- Members of the kitchen team attended staff meetings to ensure they were up to date with any changes in people's dietary or weight needs.

- Regular communication was in place between the GP service, community health care teams and the

management team of the service. People accessed medical appointments at the service, and with support out in the community.

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.

- People's care records contained detailed mental capacity assessments, whilst also supporting people to be fully involved in the decision-making process.
- DoLS applications were made to the local authority where appropriate, and a log of applications and when authorised was in place.
- People's care records contained evidence of best interests decision making, and consultation with health and social care professionals, as well as people and their relatives.

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 comprehensive inspection (in 2019) we rated this key question Good. This is the first inspection of this newly registered service. This key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed staff to speak to people kindly and respectfully. Staff referred to people using their preferred name or title, and ensured they knocked before entering people's bedrooms. Our findings were reinforced by the outcomes of 'dignity audits' regularly completed by the service. One relative told us, "Staff are genuinely very caring. Tactile as well. (Relative) responds well to that. They really like the staff. The level of care is brilliant." Another relative said, "The staff we have met are very, very good. They always chat when we visit."
- Staff gave compassionate feedback about their role within people's lives. One staff member said, "I love my residents, they are what make me come to work, they are an extension of my family. All individuals, all unique. We adjust our approach to fit their individual needs. I love it." A relative said, "I see kind, friendly interactions. They have a lovely rapport with (relative) who knows all their names. (Relative) is happy with both male and female staff".
- The service was visibly clean throughout, with no malodours which would impact on people's own privacy and dignity. Staff and management were responsible for completing regular checks of the condition of the environment and making sure any concerns were addressed in a timely way to maintain people's quality of life.
- Care records were personalised and reflected people's individual wishes and preferences. Where people were living with dementia, staff had sourced information on past wishes and preferences to ensure, for example, that people remained smartly dressed, and shaved, as this was the presentation they had always maintained prior to moving into the home.
- Staff, including the manager, showed continued passion for their caring roles, and were clear the outbreak at the service was not to impact on standards of personalised care provided. Staff told us, "They are an extension of my family. It is not their fault we are dealing with this awful virus. We treat them how we would want to be treated." One relative told us, "It's the staff that give me confidence about the care provided."
- The service had facilities to be able to provide couples bedrooms, as well as single rooms. The manager was very positive about the ability to support couples to continue to live together and support their relationships within the care setting.
- People usually had access to a variety of communal areas of the service, as well as outdoor space. There were quieter lounges if people wished to spend time alone, or found noisy, busy environments overwhelming.

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

- Regular meetings were held with people and staff, to ensure people had regular opportunities to provide feedback on the care provided, and make suggestions for example, for future activities and meal choices. One relative told us, "Independence? Yes, I think it's encouraged. (Relative) was always busy. Likes to be out of their room and drops in with the other residents they know. They "help" which gives a sense of worth. Sets tables, Takes biscuits around. "Decorated" their own room."
- People and their relatives were involved in the planning of their care, and this was reflected in people's care and support records. One relative said, "They encourage (Relative) to be as independent as they can be. Needs are great. Eats without assistance and reaches a drink." Another relative said, "I am aware of a care plan. I am involved in the update once a year. I am happy and (Relative) is happy with the care."
- Improvement to levels of staff training and competency checks, particularly the completion of training in equality and diversity, Deprivation of Liberty Safeguards and dementia, was resulting in staff having improved levels of confidence and understanding of people's individual needs and risks, to enable staff to provide personalised care. One relative told us, "Staff are lovely. They speak at (Relative's) level, introduce themselves and say things, like when you feel ready you can get involved. They speak respectfully. Everyone interacts by name. If (Relative) wasn't happy we would know."

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 Requires Improvement. This is the first inspection of this newly registered service. This key question has improved and is now rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection, people did not always receive person centred care. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had been made, and the provider was no longer in breach of regulation 9.

- Since our last inspection, improvements had been made to the quality of care records in place. Use of 'resident of the day' resulted in monthly reviews of care records mainly being completed, as well as reviews where needs had changed.
- People's care records contained detailed guidance for staff in relation to people's individual likes and dislikes. Twenty-four-hour records, as well as our observations, showed staff were attentive to people in response to call bells, or checks made of their comfort and position.
- Care records detailed individual, protected characteristics, including sexuality, and relationships of importance.
- Details of people's hobbies and interests were reflected not only in their care records, but also in the decoration of their bedrooms, and signage on their doors, for example one person loved animals, and had pictures of pet dogs on their door. A relative told us, "They have been far happier since they stopped living on their own. (Relative) has company now. Is very sociable and likes the company. Is well liked by everybody." Another relative said, "Has made cards, with the activities. Warm interactions over activities – bingo, knitting cookery."
- Guidance was in place to support safe visiting practices within the service, as well as use of technology to support people to maintain regular contact with their relatives, including during outbreaks. Use of activities was also in place to reduce the risk of social isolation.

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.

- Care records contained clear guidance for staff in relation to people's communication and sensory support needs.
- Information was displayed and available in accessible formats, to ensure people were supported to understand information and be part of decision making within the service.
- Where people had limited verbal communication abilities, clear guidance was in place to ensure staff continued to source consent, and feedback on the care provided, and the use of assessment tools, for example to monitor and anticipate where people may be experiencing pain or distress.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints between August and October 2022. However, where complaints, or concerns had been identified, these were dealt with appropriately, in line with the provider's own complaints policies and procedures. One relative told us they had, "No concerns or complaints." Another said, "No concerns or complaints whatsoever. I have always praised them."
- The new manager and nominated individual told us they had contacted people's relatives when they purchased the service, and have continued to maintain regular contact, including update emails.
- The nominated individual told us relatives had identified they had not been well communicated with by the previous provider of the service and were keen for improved relationships to continue.

End of life care and support

- There were people in receipt of end of life care at the time of our inspection. Staff worked closely with the GP surgery and community nursing team to monitor for changes in people's needs. Anticipatory medicines were in place to manage people's pain levels where assessed to be required.
- Staff told us they were being offered opportunities to attend end of life care training, to further support their skills and confidence in this area of care.
- People's care records contained end of life care planning, with involvement with people and their relatives where appropriate, to ensure their needs and wishes were fulfilled by staff.
- Where people had DNACPR (do not attempt resuscitation) or RESPECT (personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices) paperwork in place, this was clearly indicated on people's files, to ensure their wishes were respected.

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. This is the first inspection of this newly registered service. This key question has improved and is now rated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 ensure that there were effective quality assurance systems in place to identify areas for improvement and take the necessary action. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had been made, and the provider was no longer in breach of regulation 17.

- Governance audits were in place, with oversight from the nominated individual, and provider team. Audits had action plans, with timescales attached to ensure actions were completed. Staff told us they felt more 'driven' to improve the service, and the atmosphere had changed under the new owner.
- The provider had ensured monthly submissions were made to CQC, in line with conditions imposed on their registration. This information provided updates on the improvements being made and embedded at the service.
- There was no staff member under performance management at the time of our inspection, however, the manager and nominated individual were clear of the standards they expected from the staff team, and when performance management would be used. Staff told us they appreciated having clear standards in place, so they knew they were working correctly.
- Staff supervision meetings were in the process of either being completed or booked, with the new manager in post. No annual appraisals had been completed however; these were being scheduled.
- Staff had the option to take on champion roles. This offered them an opportunity to proactively support improvements to practice at the service, including contributing to audits, training and developing new ways of working. We met with one champion who spoke enthusiastically about their role and responsibilities, including in relation to the changes made to the service's laundry room.
- The manager, staff and nominated individual were all found to be responsive to feedback given and had addressed most points identified before the end of the inspection visit. Staff told us they wanted a manager to remain in post long term, to ensure changes were embedded, and to prevent staff feeling 'disheartened' and needing to build new relationships of trust. One relative told us, "In a short time they (manager) has done an amazing job. I don't think they could do any more. Everyone I have met so far is lovely."

- Overall, the quality of care records had improved, however, we did identify some discrepancies in detail when all of the person's care records were collectively reviewed. This highlighted the need to refine areas of the auditing process for care plans, as well as improved use of 'resident of the day', which the nominated individual recognised was still being developed. One relative told us, "I'm happy with my (relative) being there. I'm incredibly lucky they are where they are. Residents seem to be their top priority. I'm extremely happy and grateful that staff are doing what they do for (relative)."

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 manager and nominated individual were supporting the staff and relatives to improve lines of communication, and to change cultures within the service. Regular contact was now in place with people's relatives, and this was credited by the nominated individual, in reducing the number of complaints and concerns as issues were dealt with in a timely way.
- We saw examples of where incidents or accidents had occurred, or care had not gone as planned, and this was formally acknowledged by staff and the management team, with verbal and written apologies given.
- We also saw evidence of where feedback was being acted on to drive improvement. One staff member told us, "We were previously running around like headless chickens, now we are clear and accountable for the completion of care tasks such as repositioning and ensuring these are completed within agreed timescales."
- From reviewing the service's incident and accident records, we identified some incidents that had been appropriately referred to the local authority safeguarding team, but the corresponding notification had not been made to CQC as required.

We recommend improvements are made to the service's management of incidents, to ensure this includes submitting notifications to CQC in line with regulatory responsibility.

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

- Staff told us they felt well supported, to achieve healthy work life balances, with acknowledgement and oversight from the manager to ensure individual health risks and caring roles were recognised and accommodated.
- The service sourced feedback from people using the service, their relatives and staff. Staff had access to regular meetings, offering the opportunity to raise concerns or make suggestions in relation to the running of the service.
- Morale within the staff team was felt to have greatly improved. Staff told us they, 'Loved' their job, and coming to work. One staff member said, "All the staff are a great bunch, the residents are great, we work well as a team, I always feel happy coming to work."
- Questionnaires had recently been sent to people's relatives to source feedback on the standards of care provided, the service were awaiting responses for review. As an outcome of our conversations with relatives, we shared any information of concern with the manager, who was responsive to our feedback, and liaised with people's relatives directly to resolve concerns or implement changes.

Working in partnership with others

- The management team had proactively worked to improve relationships with external agencies and improve lines of communication. The service was in regular contact with the GP and community nursing teams and recognised the value this had to the standards of care provided.
- Staff and management worked to engage with people and their families, to provide collaborative approaches to care. Staff demonstrated a full team approach to ensure care standards were maintained

during the outbreak. One relative told us, "I can have conversations with the manager. The carers are jolly and joke. I am very happy with the home. (Relative) is content. Their room is clean and in a good state of repair. Everybody is extremely friendly. I would recommend the home strongly. They would all be looked after."