Rodwell House Limited

Rodwell House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Rodwell House is a care home providing accommodation, personal and nursing care for up to 75 people. The service supports people with a range of nursing needs including people living with dementia. The service is arranged across 3 floors with lift access. People have access to shared lounges and dining rooms and accessible gardens and grounds. At the time of our inspection there were 44 people using the service.

Rodwell House also provides personal care for people living in their own homes, within the same accommodation. These people have a tenancy agreement and a separate agreement for their care provision. There were 34 people receiving personal care in their 'own homes'. People receiving personal care can choose to have their care provided by another care provider. However, everyone living in Rodwell House had their care provided by staff employed by the service and we included these people within the inspection. We are working closely with the provider to reduce the number of people with tenancies to enable the whole service to be available for people who require accommodation with nursing or personal care.

People's experience of using this service and what we found
Rodwell House had made a lot of improvements since our last inspection. Activities had increased, but there were still not enough activity coordinators to provide the range of activities and social engagement to meet everyone's individual needs. People, relatives, and professionals all highlighted this as an area that still needed to be improved.

Improvements had also been made to the menu and food choices and menus were now on display. Changes were based on feedback from people and relatives. Despite the improvements, some people told us their meals were not hot when they received them. People's care plans were person centred and detailed their preferences. However, some of these preferences were not always adhered to.

People told us they felt safe living in Rodwell House, and staff checked up on them regularly. Relatives told us staff put things in place to help keep their loved one safe, for example, mats beside the bed. There were enough staff deployed in the service and the staff knew the needs of the people they were supporting. Medicines were managed safely; accidents and incidents were monitored, and lessons were learned and shared if something went wrong.

People were assessed before they moved in to Rodwell House to ensure the staff had the necessary skills to meet their needs. Assessments were used to formulate the care plan. Care plans and risk assessments were reviewed regularly. People and their relatives told us the service was kept very clean and tidy.

Since our last inspection the service had made improvements to make the environment more suitable for people living with dementia. Staff had received training and a new practice development team worked alongside care workers to champion best practice. People were supported to see a doctor or other health

professional when needed.

People and relatives told us staff were kind and caring and treated people with dignity and respect. One relative said, "The staff are very nice and friendly, and they always take the time to say hello and chat." People received care which promoted independence and relatives told us they were updated regularly. Another relative told us, "It is clean, it is welcoming, and staff always make themselves available, I am totally involved in all aspects of the care."

Effective quality assurance processes were in place to monitor the service and regular audits were undertaken. A new registered manager had been appointed since our last inspection and staff told us they found them approachable and supportive with an open-door policy. People and relatives spoke highly of the new registered manager.

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.

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 10 August 2022) and there were 2 breaches of regulation. 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.

At our last inspection we recommended the provider seek guidance in relation to the environment and activities for people living with dementia, and the provision of compassionate care. At this inspection we found the provider had acted on the recommendations and improvements had been made. The environment had been improved and care was provided in a compassionate way. Improvements had been made to activities and social engagement for people, but there was still room for more improvement in this area.

The service remains requires improvement overall based on the findings at this inspection.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Follow up
We will ask the provider to continue to send us an updated action plan regularly to understand what they will do and by when, to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was 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 out well led findings below.	**Requires Improvement**

Rodwell House

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by 3 inspectors and 2 Experts 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
Rodwell House 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. Rodwell House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rodwell House is also a domiciliary care agency. It provides personal care to people living in their own rooms under a tenancy agreement within Rodwell House. We are working closely with the provider to reduce the number of people holding tenancies.

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.

What we did before the inspection
We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 9 people who lived in the service and 14 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 14 members of staff including the registered manager, deputy manager, compliance manager, nurses, care workers and support staff. We reviewed a range of records including 12 peoples' care records and multiple medication records. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, recruitment and training records and audits.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection, we found people were at potential risk of harm due to staff not having sufficient knowledge about people to keep them safe. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- Risk assessments were clear, comprehensive, and up to date. They contained enough information for care staff to provide safe care and manage any risks, such as falls or skin damage. The provider used recognised tools for assessing risks such as skin damage, nutrition, and pain.
- Where people required monitoring charts such as weight, fluids, or repositioning, these were in place and had been completed correctly. Where people required special pressure relieving mattresses, the required settings were documented and checked regularly.
- The provider had a system in place for regularly reviewing the care plans and risk assessments and these were up to date. Additional checks were made on people who had recently moved to the service to ensure full care plans were completed within 7 days.
- Environmental risks were managed including fire safety, hot water, windows, electrics, and maintenance of equipment. The service had a maintenance folder which was checked daily so faults could be rectified without delay.

Preventing and controlling infection
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Sluice rooms (dirty utility rooms) were not being used correctly. We fed this back to the provider and recommended they seek further guidance in this area. However, the service was kept clean, and people and their relatives told us their rooms and bathrooms were kept very clean and tidy.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes
The provider was facilitating visits to the care home in accordance with current guidance. Visiting to the care home was unrestricted.

Staffing and recruitment
● There were enough staff deployed to meet people's needs. Changes had been made to the rota which increased the number of care staff during the morning periods. Call bell audits were undertaken regularly. Where people waited longer than five minutes, this was flagged on the call bell audit and discussed at daily staff meetings.
● Feedback from people and relatives was mixed. Some people and relatives told us they thought there were enough staff and staff responded quickly if they needed any assistance. Others told us they sometimes had to wait 'quite a while', especially during busy times. We fed this back to the provider who will continue to monitor staffing levels.
● Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the National Police Computer. This information helps employers make safer recruitment decisions.
● Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. Nurses were required to update their registration regularly.

Systems and processes to safeguard people from the risk of abuse
● Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff told us and records confirmed that safeguarding training was up to date.
● Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations.
● People and their relatives told us they felt safe living in Rodwell House. One person told us, "Overall they do take care of me and I'm safe." Another person said, "Yes, the staff always open the door and check I'm okay." One relative told us, "It's a safe space for my relative." Another relative said, "Yes [relative] is safe here, there are enough staff."

Learning lessons when things go wrong
● There was a system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, a specialist team was consulted about a person who fell frequently due to their medical condition. A relative told us, "They called an ambulance after [relative] fell. They do the very best they can."
● Accidents and incidents were investigated. Investigation records were thorough and included actions plans and lessons learned. Actions were taken to prevent recurrence, such as low-rise beds, crash mats and reassessments of risks.
● Monthly analysis of incidents and key clinical indicators, for example, falls, weight loss or infections were carried out to identify trends and reduce the risk of recurrence. These reports were shared with staff at regular clinical and senior manager meetings. Important messages or lessons learned were shared with wider teams at meetings or through the internal messaging system.

Using medicines safely
● Medicines were managed safely in line with national guidance. Medicines were stored securely. Medicine administration records were completed accurately. Records contained body maps which were used to

record extra information, for example, injection or patch sites. This helped keep people safe, for example, by preventing skin irritation for people who had medicines administered through a skin patch.

● Medicines were administered by nurses or care workers who had been trained and assessed as competent by the clinical lead. Training and competency records were up to date.

● Medicines were audited regularly by nurses and monitored by the registered manager and senior management team. Medicine errors were documented, investigated and lessons learned shared during clinical meetings. Measures were put in place to minimise the risk of the same error happening again. Such measures included re-training or updating competencies.

Requires Improvement

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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we recommended the provider follow best practice guidance in relation to the environment for people living with dementia. At this inspection we found the provider had made significant improvements, although work was ongoing.

● People's doors were different colours and memory boxes had been put up outside people's rooms. Memory boxes were filled with a variety of things, such as photographs, pictures and items that had significance in a person's life. This helped people find their way around and identify their own room. Not all memory boxes had been filled but the registered manager was continuing to work on this area.
● Around the service there were 'fiddle boards' with different products and textures that would be familiar to people. These included things such as locks, bolts, buttons and textured fabrics.
● People's rooms were personalised with photographs and items that were important to them. Communal areas such as bathrooms and toilets had pictorial signs to aid recognition.

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.

● Mental capacity assessments had been completed and there were decision specific capacity assessments, such as use of bed rails or living in Rodwell House. Best interest meetings were held between staff, relatives and other professionals and decisions documented. For example, a best interest meeting had been held

about a person's medicines because they were unable to understand the need to take them. However, some people who were deemed to have capacity to make decisions also had a best interest decision documented.
● The registered manager had made appropriate DoLS applications to the local authority and they had systems to keep these under review. ● Although care was provided in the least restrictive way, there was some confusion around mental capacity assessments and DoLS applications. Some staff we spoke to told us they did not fully understand the Mental Capacity Act, even though they had training in this area. We fed this back to the provider who said they would review the assessments and training.
● Consent was documented in peoples' care plans. People and relatives told us staff asked consent before providing care and we observed this happening.

Supporting people to eat and drink enough to maintain a balanced diet
● Since our last inspection complaints had been made about the food and menu options. The service employed a new chef who worked with the registered manager to develop a new menu. The menus were on display and people and relatives said there had been some improvement. The chef maintained a list of people's dietary requirements and preferences.
● Some people told us their meals were still not always hot enough. This was mainly people who ate their meals in their rooms, rather than the dining room. Meals were delivered from the kitchen using a non-heated trolley. We fed this back to the registered manager who said they would work on improving this.
● People and relatives had mixed views about the food. One person told us, "The food is excellent, plenty of drinks." Another person said, "The food is not bad and generally there is a choice. If I don't like what's on the menu, they will offer me an alternative, such as, an omelette." Two people did not like the meal they were given; staff listened to them and asked them if they would like something else, then provided an alternative meal.
● People who were at risk of choking had been assessed by speech and language therapists and were protected from risks with modified food and fluids. People who needed help with their meals were supported by staff who did not rush them and were patient.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law
● People's needs were assessed before they moved in to Rodwell House. This was to ensure staff had the necessary skills and experience to meet those needs. The assessments were used to formulate the care plans which were completed within 7 days of moving to the service.
● Peoples' care plans were comprehensive; they contained enough information for staff to know about peoples' individual choices and wishes. Staff took time to record details about people's life history, jobs and people or places important to them.
● Peoples' assessments included details elating to their culture and spiritual needs. Staff had a good knowledge of people and their individual preferences and choices. People had oral health care plans and staff supported people to maintain good oral hygiene. Staff supported people to access dental services where appropriate. One person told us, "I had my dentures provided by the dentist who visits here."

Staff support: induction, training, skills and experience
● Staff received induction and ongoing training and had the skills they needed to provide safe care for people. Staff told us they had enough training and mandatory training was updated regularly. Staff told us the training was a combination of face to face, online and shadowing experienced care workers. People and relatives said staff were well trained. One relative said, "I have to say they are well trained and do care for [relative] well."
● Staff told us they had supervision sessions regularly and the senior management team sent reports to the registered manager to ensure these were completed in a timely manner. One staff member said, "It's all

helping me, because I am a nurse in my country and I am starting with the Nursing and Midwifery Council (NMC)."

● The senior management team had introduced a practice development team. This was a team of staff with extensive experience in educating care workers and delivering care and support. This team worked alongside care workers to teach and embed best practice and undertake competency assessments.

● Nurses attended clinical meetings and had regular clinical supervision. Nurses worked within the NMC's Code of Conduct and revalidated regularly in accordance with regulations.

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

● Assessments and care plans included people's health care needs and there were details of healthcare professional's visits in individual's records. Information was shared with others, such as hospitals, if people needed to access these services.

● Nurses and care staff had good knowledge of people's healthcare needs and knew how to support them to achieve good outcomes. There was input from other health professionals such as GPs, tissue viability nurses and podiatrists.

● People and their relatives told us they could see a doctor if they needed to. One person told us, "The doctor is here every Thursday, I only have to ask if I want to see them." A relative said, "[Relative] was becoming unwell, they contacted the doctor and requested a review of the medication. The review took place, the medication was changed, and they are so much better."

Good

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 requires improvement. 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

At our last inspection we recommended the provider seek guidance relating to the provision of compassionate care. At this inspection we found the provider had made improvements.

● People told us staff were kind and caring and treated them respectfully. One person told us, "They have good empathy; that matters." Another person said, "The staff are very kind and caring." Relatives also praised the staff. One relative told us, "On the whole the care is very good, nothing affects the care." Another relative said, "I think they are kind and I am always made to feel welcome, I can visit at any time too, which is important."
● Staff knew people and relatives well. One relative told us, "I go in 4 days a week and they are always the same." Staff knew peoples' preferences and how they liked things done. Staff told us they found this information in people's care plans
● Staff were patient with people and gave them time to respond to questions, talking with them at their own level. Staff were polite and courteous. Staff were being very patient with one person who had become confused and thought it was bedtime. Staff were providing constant reassurance.
● Since our last inspection the language barrier between people, relatives and staff had improved. There seemed to be a better understanding between people. Although there were still occasional reports of staff sometimes speaking to each other in their own language, this had improved significantly.

Supporting people to express their views and be involved in making decisions about their care
● People were encouraged to share their life experiences so staff could get to know them better. Peoples' likes and dislikes were documented and included, for example, what time they liked to go to bed or get up, where they liked to eat their meals, and any gender preferences for staff providing them with personal care.
● People were encouraged to make decisions about their care where possible. One person told us, "They always ask me what I want." Another person said, "The staff can support me when needed, but I can come and go. I let them know when I am going out." Communication needs were documented so people could be supported in the best way to be involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence
● People were treated with dignity and respect and their privacy was protected. We saw bedroom doors were closed whilst people were having their personal care needs tended to by staff. One member of staff told us, "I knock on people's doors and ask if I can come in. If I am doing personal care, I explain what I am

doing."

● People and relatives told us they were well treated. One person said, "The carers are kind, things have improved recently." Another person said, "The staff are good, I like it here." Relatives told us, "They treat [relative] with such dignity" and, "If I am taking [relative] out, I ask them to dress them respectfully and it is always done."

● Staff recognised and responded to individual needs and promoted independence. One person told us, "I have my own independence here, I do most things for myself." A relative said, "They have to coax [relative] to do anything, but they do spend time coaxing them." Another relative told us, "The care workers work very hard to encourage [relative] and most days they succeed. They are kind and patient."

● Peoples' confidential information was kept securely, accessed only when required and by those authorised to do so. Computers and other electronic devices were protected with passwords.

Requires Improvement

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. The rating for this key question has remained requires improvement. This meant people's needs may not always be met.

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 we recommended the provider considered guidance in relation to activities for people living with dementia. At this inspection we found the provider had made improvements, although further work was required to fully embed them.

- The service had recruited one activity coordinator, but more were required. The registered manager told us a care worker was allocated to activities daily to support the full-time activity coordinator. Rodwell House did not have a daily activity plan, although there were regular visits from others such as, pet therapy, exercise therapy and musicians or singers. Everyone seemed to enjoy the visits from the pet therapists.
- People were participating in a quiz during the morning, but because they were spread out some people were not able to take part. Several times one person said, 'I can't hear what you are saying'. Some people had hand massages in the afternoon and others attended a Pilates session.
- Feedback from people was mixed. Most people told us there was not enough for them to do and they mainly spent time in their rooms watching television. One person told us, "I'd like to do more exercises, but I don't think there is anything suitable for me to do." Another person told us they tended to stay in their room because there were no activities they liked, "I used to do a lot of gardening, but they don't do that here."
- A third person said, "They used to have a mini-bus and we were able to go out for trips, it was great. They stopped doing that." Other people told us they would like to go to a church service.
- For people who spent a lot of time in their rooms or needed to be cared for in bed, there were limited activity choices. One person said, "I'm bored, I'm not allowed to do anything. Staff are too busy to come and talk to me." Other people told us staff were too busy to spend time talking to them or doing things with them in their rooms.
- Feedback from relatives was also mixed. Some relatives told us activities were starting up again. One relative told us, "They had singing from the 60's and they were all joining in and singing along and clapping." Another relative said, "There was a singer here once. The trouble is we don't know what's going on, they don't have a schedule so you can't really plan to go."

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

- Care plans had a good level of detail about people's likes, dislikes and preferences for example food preferences, dietary needs, and gender preferences for personal care. There were different care plans for different elements, such as nutrition and hydration, mobility, continence, and emotional support.
- Any changes in a persons' needs were shared with staff during handover meetings which were

documented. The provider monitored staff compliance with reading handover information. Relatives told us they were updated if there were any changes to their loved one's care. One relative told us, "They always have time to talk to me and give me an update, they make me feel very welcome."
● Some people commented on language barriers between them and the staff. One person said, "Sometimes there are language problems, but they do try their best." Another person told us, "There are language problems and sometimes things don't get done because they haven't understood." A relative told us they thought it was disrespectful when staff talk to each other in their own language when they are with people. Despite these comments, this issue had significantly improved since previous inspections.

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.

● People had communication care plans in place which gave staff information about the best way to communicate with them. Examples included, repeating questions and allowing people time to respond.
● Staff were observed communicating effectively with people and speaking to them at their level. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication.
● Signage in the service was clear with pictures as well as words to aid understanding, for example, toilets and bathrooms.

Improving care quality in response to complaints or concerns
● People and relatives knew how to raise their concerns about the service and who to talk to if they had a complaint. One person told us, "I would speak with a nurse if I had a complaint. If there are problems they normally get sorted out." Another person said, "It's wonderful. There's always something going on. The place is spotless, the food is marvelous. What is there to complain about."
● Complaints were investigated, and outcomes shared with complainants in accordance with the company's time scales. Where there had been mistakes, the registered manager apologised and learnt lessons from the concern. Lessons learned were shared with staff so that the risk of similar concerns arising could be minimised.
● The service received a lot of compliments about the service and the care people received. These were displayed in the service in notes and 'thank you' cards.

End of life care and support
● The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.
● End of life care plans varied in the level of detail they contained but were reviewed and updated regularly.
● Staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to keep people as comfortable as possible.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question remains requires improvement. This meant the service management and leadership was inconsistent.

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

At our last inspection there was a lack of oversight of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection the oversight had improved, and the provider was no longer in breach of regulation 17. Although the provider had made improvements, these needed to be fully and consistently embedded into the service.

- Since our last inspection the service had appointed a new registered manager. The cultural divide we reported on after our last inspection was no longer apparent.
- Staff found the new registered manager supportive, friendly and approachable and said they felt listened to now. Staff said things were much better. One member of staff told us the service had improved a lot since the new registered manager started.
- People and their relatives agreed things had improved since the new registered manager had started and said they were feeling very positive about the future. One relative told us, "It did hit a new low, but it is definitely improving, the door is always open if you want to talk about anything." Another relative said, "It's a nice home and has lovely facilities and now they seem to have the staff sorted."

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

- Sometimes people's preferences were not adhered to, for example, one person who had requested only female staff, had care given by male staff on occasions. Another person told us staff still gave them eggs when they had told them they did not like eggs. Another person's plan said they liked to shower twice a week, but this was not happening. The provider had systems in place to regularly review the care plans and although these were up to date, the provider had not identified these issues. We fed these instances back to the provider to consider how they could improve their systems.
- Although new in post the registered manager had taken time to listen to staff, people and relatives and to understand the improvements required following our last inspection. They had a good understanding of their role and responsibilities.
- The provider had quality monitoring processes in place. A range of audits were undertaken regularly, for example, infection control, medicines, and clinical indicators. Audits results and outcomes were reviewed by senior managers and action plans were in place to address any issues found. Action plans were reviewed and updated regularly, and outstanding actions were given priority.
- The provider's governance framework which formed their monthly board reports had been updated to

reflect the CQC's key lines of enquiry. We saw the provider was already aware of the shortfalls found during this inspection, for example, in activities and social engagement and had plans in place to address these.
● Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
● Relatives told us, and records confirmed that staff were in regular contact with them. One relative said, "Staff are lovely and welcoming, and they always update me when I go in." Another relative said, "They always have time to talk to me and give me an update."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The registered manager invited people and relatives to meetings. People told us they found it helpful to discuss things. Relatives said they now felt more informed for the first time, and they believed this was the start of something long term and positive.
● One relative told us, "They have started a family and friends group meeting every two weeks. I found it really interesting." Relatives also confirmed they received notes from the meetings and emails which was especially relevant for people that could not attend.
● People, relatives and staff told us the registered manager was visible. People and relatives told us they had introduced themselves. One person said, "There is a new manager who seems nice. I've heard good comments about them."
● The registered manager met daily with unit managers and other heads of departments to ensure key messages about people were shared in a timely way. Daily handover meetings were held so staff had up to date information about the people they were supporting.
● Staff were invited to meetings and encouraged to contribute. Staff told us they had regular supervision sessions.
● Managers and nurses liaised regularly with other health professionals, such as dieticians, speech and language therapists, specialist nurses and hospice teams.

Continuous learning and improving care
● Nurses attended regular clinical meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure that issues were addressed and reviewed, for example, referrals to dieticians or specialist nurses.
● The service was committed to continuous improvement and lessons learned from incidents, accidents or complaints were shared with the team. Relatives told us actions had been taken and measures put in place to keep people safe when incidents had occurred.
● The service was creating a learning culture with the deployment of a practice development team to work alongside care workers to demonstrate and embed best practice.