

Y & M Care Ltd

# Old Wall Cottage Care Home

## Inspection report

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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

Old Wall Cottage is a residential care home providing personal and nursing care to up to 36 people aged 65 and over, many of whom live with dementia. At the time of our inspection there were 34 people using the service, living in two units (Topaz and Sapphire).

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

Improvements had been made and the home was well-led. The registered manager had a robust governance and auditing system in place. Audits were up to date and identified any lessons learnt following incidents and accidents so that they could take action to keep people safe. Notifications were submitted to CQC in a timely manner.

The planning and provision of meaningful activities for people had improved. They considered people's individual needs and preferences, including those cared for in their rooms. The environment was enhanced so that people who lived with dementia were able to locate themselves around the building. Adjustments were made so that people could spend time in quiet spaces as they chose.

People told us they were safe at Old Wall Cottage. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had. Assessments were carried out to identify any potential risks to people and measures put in place to mitigate these. Medicines were managed safely. The home was clean and hygienic, and staff maintained effective systems of infection prevention and control. The provider exercised safe recruitment practices.

There were enough staff on each shift to keep people safe and meet their needs. People told us they did not have to wait when they needed support and did not feel rushed when staff provided their care. Staff received an induction when they started work and had access to the training they needed for their roles. Staff were expected to meet regularly with their managers for supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain good health and to access healthcare services when they needed them. They received person centred care, planned and reviewed to meet their individual needs. People and relatives told us staff knew them well. Staff supported people in a kind and compassionate way, considering their dignity and respect.

People, relatives and staff spoke positively of the culture within the home. Communication amongst the staff team was effective, which helped ensure people received safe and effective care. Staff were well-supported by their managers and colleagues and felt valued for the work they did. Staff and managers had developed effective working relationships with other professionals involved in people's care and implemented any professional guidance effectively.

The home was following up to date government guidance relating to COVID-19 for care homes. Cleaning and infection control procedures followed the relevant COVID-19 guidance to help protect people, visitors and staff from the risk of infection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 September 2021). 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.

#### 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.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old Wall Cottage on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was 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 ●

# Old Wall Cottage Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was undertaken by two inspectors, 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

Old Wall Cottage 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. Old Wall Cottage is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people and 12 family members about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 2 healthcare professionals.

We reviewed a range of records. This included 7 people's care and support records and medicine administration records. We looked at five staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and reports.

# 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.

### Preventing and controlling infection

- At our last inspection, we were not fully assured that the provider was promoting safety through the layout and hygiene practices of the laundry area. This is no longer a matter of concern as the provider made improvements to address this.
- 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

At the time of this inspection there were no restrictions on relatives visiting their loved ones. The registered manager and their predecessor had complied with government guidelines throughout the recent pandemic. Relatives told us they were kept informed if there were any changes to visiting rules.

### Assessing risk, safety monitoring and management

- Risks to people were identified, documented and were managed well. Care plans had risk assessments in place for people that covered risks that were relevant to them, for example, risk of falling, skin integrity and nutrition and hydration. Risk assessments had details of preventative measures and steps to be taken in the event of an incident and what might be done to minimise a recurrence.
- Family members told us there were various risk assessments in place to minimise injury. One told us, "The staff are aware of the risk of [relative] falling and there are measures in place like a crash mat in their room to reduce injury."
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe. A member of staff told us, "I know each person's needs and what may be a risk for them like if someone has fallen, we will support that person more when they want to walk." Another told us, "If I notice something new I flag it to the seniors and then a new risk assessment gets created."

- The registered manager had appointed staff members to be 'champions' of some aspects of care and support, including dementia, falls prevention and oral health. Staff told us that having a champion meant they could seek additional advice in that area if needed and therefore provide a better care experience for people.
- Risks associated with the property and environment were well managed. Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans which detailed the level of support they required to be assisted from the building. Regular checks were made of the environment and services. We saw safety certificates relating to fire and legionella.

#### Systems and processes to safeguard people from the risk of abuse

- People lived safely at the home and systems were in place to protect them from harm and abuse. People told us they felt safe. One person said, "The staff are very good at keeping us all safe really." Family members told us they were confident their relative was safe. One said, "Well there's always a staff presence. I think [relative] feels safe, dementia is very hard but they appear so settled and so much happier when a member of staff is around."
- Staff told us they received training in safeguarding and knew what action to take if they suspected a person was at risk. They knew people well and how to protect them. A member of staff told us, "I have no concerns about people's safety. If I had concerns, would go to [registered manager] and know that they would act as necessary. I believe people are really safe and well looked after here."
- Safeguarding and whistleblowing policies and procedures were in place and staff told us they were confident to use the whistleblowing process if they had concerns. Whistleblowing allowed staff to raise concerns whilst legally protecting their anonymity.
- Notifications of potential safeguarding concerns were raised with the local safeguarding authority and CQC, and management carried out internal investigations.

#### Staffing and recruitment

- People were supported by a sufficient number of staff. Staff rotas reflected the level of staffing the RM considered to be sufficient to support people safely. They told us they introduced an additional early morning shift which began at 06:00am. This was in response to listening to staff who expressed a need for an additional member of care staff to support and engage with those people who rose early and walked with purpose.
- During our inspection we observed that call bells were answered promptly, people's needs, and requests were dealt with quickly by staff. People told us staff responded quickly to requests for support. One person said, "Staff seem to be always there, just when I need them." Family members told us there were sufficient staff to meet their relative's needs. One told us, "Yes, the home is very well staffed. You never wait at the front door. My [relative] has deteriorated but if they could, I'm sure they would say they feel safe."
- Staff recruitment was completed safely. We looked at 5 staff files which all contained accurate and up to date documents and information. We saw that all nursing staff were currently registered with their professional body, the Nursing and Midwifery Council. Staff documents included references, photographic identification, employment histories and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitments decisions.

#### Using medicines safely

- There were safe and effective systems for the ordering, storage, administration and disposal of medicines. Records showed there were regular audits carried out on the way people's medicines were managed. As part of this audit the registered manager checked for any errors in people's medication administration records and how staff managed people's medicines. This helped to reduce the risk to people associated



with medicines.

- There were protocols in place for 'as required' medicines, known as PRN medicines. These ensured PRN medicines were given in a safe way and when needed. The reason for administering, as well as impact of the medicine on the person was recorded each time it was given.
- We observed medicine being administered. Staff were caring in their approach, providing an explanation as to the medicine, and took time to support the person to ensure all their medication had been taken before the medication administration record was signed. Staff involved in handling medicines had received training in the administration of medication and had their competency assessed.

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and included actions taken and outcome.
- The registered manager did a monthly analysis to help identify trends and themes and shared this with staff for their learning. The registered manager told us they chose a 'hot topic' for discussion in staff handovers, prompted by incidents or observations they made. This was to enhance learning in any area they considered to need improving, the most recent one being dignity and respect.
- People were referred to external healthcare professionals or provided with equipment to help reduce the recurrence of an incident. For example, to the Speech and Language Therapy team where people experienced trouble swallowing, as well as to the falls team where people were at high risk of falling.

# 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. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, we recommended that the provider sought advice and guidance from a reputable source to improve the environment to suit the needs of people living with dementia. The provider had made improvements.

- The provider engaged the service of external professionals to enhance the environment to support the needs of older people and those with dementia. Structural, environmental and decorative changes meant that people were able to move easily and orientate themselves around the building.
- People's rooms were individualised and personal to them. They were comfortable and homely looking. There were quiet spaces around the home for people to retreat to as they wished. Seating was arranged so that people were no longer in close proximity, thus significantly reducing incidences of potential aggression.
- A family member told us, "The place is quite open. [Relative] has Alzheimer's and gets confused but they were able to take me to their room." Another said, "There have been internal changes to form a larger seating area in the lounge and dining room. The owners made recent structural changes, knocked down internal walls. It's made quite a difference."

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

- Pre-assessments were completed with people prior to them moving into Old Wall Cottage. This helped ensure the service could provide appropriate care to the person. The assessment formed the basis of a person's care plan and information was added and reviewed as staff got to know people.
- People's history or information about their social interests were well documented. Family members were asked to contribute to developing this. Staff told us they referred to this information in order to engage with people and develop a good relationship with them.
- Nationally recognised tools were used to help monitor a person's health and well-being. This included a malnutrition scoring tool which helped staff check a person sustained a healthy weight.

Staff support: induction, training, skills and experience

- Staff were suitably experienced and skilled to meet people's needs and to undertake the responsibilities of their role effectively. There was an induction and training programme in place. People and their family members told us they had confidence in the abilities of staff. One person told us, "They are all very good and very well-trained I would say. I've never had any concerns." Family members told us, "They seem to be [well trained]. The staff care so well for [relative]," and "The staff are exemplary, definitely well trained."

- Staff spoke positively about the induction and training provided and they felt supported. One member of staff told us, "The registered manager actively encourages us to do training, which is a mix of on-line and face to face." Another said, "I always like more training as I love learning, but I think I have had everything I need for my job."
- New staff completed an induction programme to make sure they were able to provide safe care. Staff who were new to working in care completed the Care Certificate which is a nationally recognised training programme. It helps to make sure staff have the basic skills and knowledge required for their role. The registered manager told us, "Induction for new staff is more robust; we make sure good practice is embedded."

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

- People were supported to eat and drink sufficiently to maintain a balanced diet. We observed a lunchtime meal, which was a sociable occasion with some people sitting together to enjoy their food.
- Family members told us staff supported people with any diet related needs. One said, "[Relative] is diabetic so staff are careful with their diet. They supervise [relative] to make sure they eat before they have insulin."
- When people needed additional support with food and drink, for example because they had lost weight, they were referred for specialist advice and assessment to a dietitian or a speech and language therapist. Some people were supported with fortified food to maintain or increase their weight. A family member told us, "[Relative] was losing weight, so staff make sure they have special high calorie drinks to help with this."
- There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff were observed to support people correctly.

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

- Staff understood when to escalate any concerns with people's health to a healthcare professional, for example, if a person was unwell or unable to use prescribed equipment safely.
- Staff worked closely with visiting health professionals to ensure people had specialist input to their care when needed. These included GP, speech and language therapist, dietitian and mental health specialist. A family member told us, "Yes. The doctor visits regularly on a Wednesday and see [relative] if it's required."
- A healthcare professional said, "I am involved quickly and appropriately in service users' care if they are assessed as requiring specialist advice or intervention."
- Instructions from healthcare professionals were recorded in people's care plans and communicated to staff through handovers, flash meetings and were detailed using the electronic recording system. This meant people were receiving the most up to date support to meet their health needs.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People who lacked capacity to make some decisions had decision specific capacity assessments in their care plans. Capacity assessments were completed for people in respect of sensor alarms in their room or living in a service with coded doors. When a person was deemed not to have capacity, a best interest decision was made. Appropriate documents relating to these best interest decisions were held on their record.
- Staff understood the importance of gaining consent from people who needed support with decision making and whenever possible, encouraged people to make daily decision for example, food and drink choices and what clothes to wear each day. They told us, "All people have some sort of capacity. I always ask what they want to wear and give them choice wherever I can," and "Some people lack capacity and may not make the safest decisions. This is where we may need to help them make the best decision in a best interest meeting and then complete the application. We have to go with the least restrictive option."
- A healthcare professional said, "I feel the service user is always asked for their consent by staff for their care and treatment and the appropriate people are involved in best interest decisions when necessary."

# 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

- People spoke positively about the staff and felt treated with dignity and respect. One person told us, "Staff are very obliging and very nice. They manage to fit us all in. They're very kind." Another said, "They are kind, caring and lovely to every person. They work so well together that everything is comfortable, and nothing is too much trouble for them, or at least that's how they make me feel."
- A family member said, "[Relative] smiles a lot when the staff are around. They would soon shout if they weren't happy." Another told us, "[Relative] still has a good sense of humour which the staff like. I'm sure the staff are respectful. I've never heard anyone speak sharply."
- Throughout the inspection we observed staff to be warm and friendly. We saw they had a good rapport with people, understood their communication preferences and respected people's individuality.
- Staff were knowledgeable with regards to the background and life experiences of people and understood how this may contribute to their current, and future, needs. They told us this helped them to engage people in conversations about their previous family, occupation and pets. One said, "Every time we support people we interact with them and always make sure we chat to them about things they can remember."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in decisions about their care. We saw staff explaining things to people, offering choices and helping people in their daily decisions. Staff encouraged this and all observed interactions were calm, patient and focused on the person they were engaging with.
- People were respected by the staff, and their privacy and dignity was promoted. A family member told us, "The staff do so well with [relative]. They are polite, friendly, helpful, respectful and more." A healthcare professional said, "I feel staff treat Service Users and their loved ones with dignity, respect, kindness and compassion."
- Staff supported people to retain a sense of independence. Care plans reflected what people were able to do for themselves and there was guidance for staff on how to encourage the person to participate as much as possible during any activity of personal care or other task. We observed how staff actively supported and encouraged a person who was determined to walk to the dining table, despite their frailty.
- Staff told us they considered encouraging people to retain their independence was a key part of how they supported them. One member of staff told us, "We take our time with people and this means they have more of an opportunity to mobilise and be independent, rather than just using a wheelchair because it's quicker."
- People's personal information was kept secure, people's care records were recorded electronically to ensure people's confidential information was secure by using a system that could only be accessed by staff

or permitted family members.

# 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. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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 seek advice and guidance about the planning and provision of meaningful activities for people. The provider had made improvements.

- The provider and registered manager understood the importance of activities for people's physical and mental health. There was an activities team who planned and provided activities 7 days a week. Daily care notes evidenced that activities staff ensured those cared for in their rooms were included in activity schedules. Activity plans were person-centred and placed emphasis on people's preferences.
- We observed staff engaged people in a variety of activities in small groups at different times of the day. A reminiscence group stimulated a wide ranging discussion between the members about the fashion and food types of the day. At other times, a film chosen by people generated a conversation about music. Staff spent dedicated time with people cared for in their rooms. A family member told us, "[Relative] is in their room all the time. The staff do 1-2-1 stuff such as nails and chatting which [relative] likes. It's good at Old Wall Cottage."
- Family members told us there was a noticeable improvement in the provision of activities. One said, "The staff have definitely improved the range of activities. They issue a monthly activity planner with info on what's planned. [Relative] is physically able so they like to go along to the lounge." Another said. "The activities team make a real effort. They contacted me to ask all about [relative] to get to know them and their likes and dislikes. Their past history too and what might interest them."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care that reflected their needs and preferences. The focus of the home was person-centred. Family members told us staff understood their relative's needs. One said, "The staff really know [relative]. There are days when [relative] doesn't want any personal care and they deal with all this very well."
- Care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set. Records contained the most recent guidance for staff to follow in response to their changing needs. Nursing staff demonstrated a good understanding of people's nursing needs.
- People and their relatives were encouraged to participate in care planning. A family member told us, "We have a review coming up very soon, instigated by the home." Care plans detailed people's background history, likes and dislikes, health and care needs, and how they wanted these to be met. Staff spoke knowledgably about people's needs and care. A staff member told us, "We have different approaches for

different people as different people have different preferences."

- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life, if they wanted this to be known. Care plans detailed the decisions and arrangements people had made so that staff had information to follow to ensure people's choices and wishes were met.

#### 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's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes. This included people's needs with regards to their hearing, sight and speech and any equipment they needed such as glasses or hearing aids. A family member told us, "Staff communicate with a white board as [relative] cannot hear and has no speech."
- We saw how staff communicated clearly with people, adapting their language to help them better understand what they meant and were saying. People were also given the opportunity to respond at their own pace without feeling rushed. A healthcare professional said, "I feel staff communicate with service users and their loved ones in the way they need to be supported."
- The registered manager confirmed that information was made available in various formats to allow it to be accessible to people, if this was needed.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and who to speak to if they had any concerns. One person told us, "I know how to do it [make a complaint], but I have nothing to complain about." A family member said, "No, I have made no complaints and have no reason to make one."
- There was a current complaints policy in place, and we saw evidence of the registered manager actively requesting feedback from people through 'resident meetings' and their day to day communication with relatives.
- Information on how to make a complaint or raise a concern was displayed within the service and this was also in an accessible format.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

At our last inspection the provider had failed to have effective systems and processes in place to ensure the safety and quality of the service. This was a breach of Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager carried out a monthly management audit which looked at all aspects of the home. This included reviewing the monthly tracker of accidents and incidents and safeguarding incidents as well as the management of falls, medicines and infection prevention and control. They also audited 10% of all care plans, call bell responses and ensured checks were made of equipment. The nominated individual was on site most days of the week. They did a monthly quality assurance report which gave them in-depth oversight of the day to day management of the service.
- Audits looked at patterns and trends which generated actions and learning for staff. For example, detailed analysis of falls over time considered time, location, presence of any hazards and whether falls were witnessed and if referrals were made to specialist teams. This had resulted in an increase in the use of sensor mats and an increase in staff checks on the most vulnerable. All this information was shared with staff and we were told that there was a reduction in the overall number of falls.
- There were regular handover meetings between staff shifts and whenever possible the registered manager or a member of the management team, would attend these meetings and provide updates to staff starting their shift. Any changes to people's care and support, identified by the auditing process, were documented in people's care plans.
- A family member said, "We hold the management in high esteem. You have a real sense that they care." Another said, "The manager keeps excellent records. I get told about everything to do with [relative]." A healthcare professional said, "The manager is open and transparent, there is in my opinion, strong leadership at Old Wall Cottage."
- The registered manager had kept up to date with the changing guidance from the UK Health Security Agency, local authority and CQC with key information being cascaded to all staff. Business and contingency plans were in place and the registered manager told us they had a clear vision of continually improving the service and maintaining good outcomes for people.

At our last inspection the provider had failed to always submit notifications to CQC when required to do so. This was a breach of regulation 18 of the (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 of the (Registration) Regulations 2009.

- Registered managers are legally obliged to inform the CQC and the local authority of certain significant events that affect their service. The registered manager understood CQC requirements, in particular to notify CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. We confirmed this legal obligation was fulfilled.

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

- There was a relaxed and happy feel to the service. People appeared happy and engaged with staff whether this was in communal areas or in their bedrooms. People's birthdays and other significant days throughout the year for example, religious festivals, were celebrated.
- Family members told us the culture of Old Wall Cottage was one of openness and inclusivity. One told us, "Communication is pretty good. We get emails and information about family do's and what's happening." Another said, "Oh definitely very open. The staff always let me know what's going on. For example, if the doctor has been called and always when they've had a medicines review."
- The registered manager completed a daily walk around and received feedback from people and visitors of the home. We saw how they interacted with people and staff in a positive way throughout our inspection. One person told us, "The manager is good, always has time to have a word with me." The registered manager told us, "I am always open with staff and if there is a problem, I will address this straight away with them. I also want them to let me know if there is anything I am doing wrong."
- Staff members told us, "This is a very special place to work. I feel that the work I do is valued by [registered manager and nominated individual] and the support I get encourages me to be the best I can be at my work," and "There is a really good culture here; it feels really nice. [Registered manager] is really good, I find I can go to them about anything and be really open with them."
- A healthcare professional said, "The management team appear to be visible in the service and well known to service users, relatives and staff."

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 registered manager and their deputy were aware of their responsibilities under the duty of candour, which was to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. There was evidence duty of candour had been applied when people had accidents or incidents or complaints had been received.
- The registered manager was open and honest with us throughout the inspection. They were responsive to us when minor issues were highlighted, taking immediate steps to address any concerns that we raised. For example, updating a healthcare plan.

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

- The registered manager made specific requests for feedback from people and their family members. Family member said, "Yes, I've given feedback. I'm happy with [relative's] care." Another said, "There is a notice in reception asking for online feedback by completing a survey. I read the notice a few times but recently I've taken the time to complete a survey."

- Staff told us they had a positive relationship with the registered manager and could raise issues, concerns, suggestions in a variety of ways. There was a regular meeting structure, including daily mid-morning meetings to review the day so far and discuss any arising issues. They said, "[Registered manager] is really very good and kind. Whenever there are changes, they immediately inform us," and "Very fair and approachable, always does things in a kind and gentle way."
- In addition to meetings, staff had the opportunity to speak to line managers through regular supervision meetings. Members of staff told us they had regular supervision and said, "I can discuss anything, for example, my career development, the scope of work and whether I feel I need more support. It is very valuable."
- The registered manager had an 'open door' policy and encouraged staff to raise matters of concern with them. Comments from staff included, "[Registered manager] invites staff and residents to make suggestions about Old Wall Cottage either anonymously or not."
- People's cultural and personal differences were acknowledged and celebrated by the registered manager and the staff at the home. Details of peoples' equality characteristics were recorded in care plans with the consent of people. People who held religious beliefs were enabled to practice their faith and members of faith groups were invited in to support people. A healthcare professional said, "I feel staff understand the way people need to be supported, according to their protected characteristics."

#### Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with the changing guidance from the UK Health Security Agency, local authority and CQC with key information being cascaded to all staff. Business and contingency plans were in place and the registered manager told us they had a clear vision of continually improving the service and maintaining good outcomes for people.
- A healthcare professional said, "Staff appear to be well trained, and the service is one of continual improvement."
- The registered manager shared any learning from their monthly audit and analysis of accidents and incidents with staff in regular meetings. They told us, "I share this so that we can learn together about how to continuously improve our service."
- The provider engaged with the local authority and integrated care system by attending workshops such as 'Enhanced Care Provision' and they also took part in surveys, including a recent one on diabetes. The nominated individual told us, "The support and the training opportunities available to us within the community help us to support and care for our residents." The registered manager told us, "I like to work in partnership with external professionals. There is always something to learn."