

BRIJ Care Limited

# Forest Brow Care Home

## Inspection report

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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

Forest Brow Care Home is a residential care home providing accommodation and personal care to up to 32 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 18 people using the service. Accommodation was set in one adapted building over three floors.

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

The provider had worked to make significant improvements to the service since our last inspection, which means they were now meeting the requirements of regulations. Additional work was required for the provider to demonstrate that they were meeting the characteristics of good in all the key questions we looked at. However, at this inspection we found that people were not at risk of harm and work was in progress to address the issues found.

The provider had made improvements to their medicines management systems and processes. However, further improvements were required in some areas such as auditing to make processes more robust. The provider had increased the number of permanent staff in place and was working towards ensuring all staff deployed overnight had the required skills and training. People were protected from the risk of suffering abuse or coming to avoidable harm. There were effective systems in place to analyse incidents and put measures in place to reduce the risk of recurrence.

Since our last inspection, there was a new management team in place. People, relatives' and staff were positive about the management and told us they were confident in their ability to manage the service. The manager and nominated individual had a good understanding of their role and regulatory requirements. There had been lots of positive engagement with people, relatives and staff who told us they felt listened to and respected. We received positive feedback from health and social care professionals about the provider's efforts to improve the quality of the care since our last inspection.

The provider had made improvements to ensure that staff received appropriate training and support in their role. Some care plans contained contradictory information, specifically around eating and drinking, but staff mitigated any risks through their knowledge of people's needs. Care records were not always completed accurately, with some staff citing issues with recording systems as contributing factors towards this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us they were happy with the care provided. They told us that staff were caring, committed and empathetic. They said the provider had made significant improvements in increasing the number of permanent staff, which had a positive effect on the atmosphere at the service and consistency of care. They told us they felt consulted about their care and were treated with dignity and respect.

People told us they received personalised care in line with their needs. The provider had made significant improvements to help ensure that people were busy and active throughout the day. This included organising structured activities or events and spending informal time with people talking and reminiscing. There were systems in place to help ensure people were responded to appropriately when they had concerns or complaints.

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 inadequate (published 4 January 2023). We issued warning notices in relation to breaches in regulations 12, 13 and 17 and identified other breaches in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We subsequently inspected the service (published 7 March 2023) to check whether the provider had made improvements in relation to regulations 12 and 13. We found that the provider was in breach of these regulations and further improvement was required.

This service has been in Special Measures since 22 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. At this inspection the service has been rated requires improvement.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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** ●

# Forest Brow 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

This inspection was carried out by 2 inspectors, a medicines inspector 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

Forest Brow 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. Forest Brow 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 not a registered manager in post. The manager had been in post since April 2023 and had submitted an application to register with CQC as manager of the service.

## 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 sought feedback from the local authority and professionals who work with the service. 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 to 2 people and one relative during the inspection site visit. We received written feedback from 9 relatives and spoke to 1 further relative via telephone. We spoke to 8 staff including the manager, care staff, kitchen and domestic staff. We spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to one visiting health and social care professional on site and one professional via telephone. We spoke to the local fire and rescue service to gain feedback about the fire safety at the service.

We looked at 6 people's care plans, medicines administration and care records. We reviewed a range of documents remotely including, quality and safety audits, service improvement plans, maintenance records, records of compliments/complaints, staff recruitment and training records, records of incidents and accidents. We made observations of care and support being carried out in communal areas of the service.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

At our last comprehensive inspection, the provider had failed to ensure people's medicines were being properly and safely managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were safe arrangements in place for the storage of medicines. This included the arrangements around the use of controlled drugs. Controlled drugs are medicines which are subject to strict legal guidelines around their use. Medicines storage areas were clean and well organised. We observed staff following safe practices when administering medicines to people.
- The provider minimised the use of medicines administer in relation to behaviour and anxiety. There were care plans in place to use positive strategies and identify potential triggers to behaviour. This helped to guide staff in how to deescalate situations without needing to use prescribed medicines.
- Since our last inspection, the provider had made improvements to the quality of medicines audits. However, further improvements were needed to ensure audits were used to pick up all issues and areas for action. For example, the provider's audits had not identified that medicines storage areas had gone outside the recommended temperature range on occasion.
- Some people's records for 'As required' [PRN] medicines lacked the required detail to document why medicines were administered and how effective the administration was. This meant it was not always clear why medicines had been administered and whether they had the desired effect.

### Staffing and recruitment

At our last comprehensive inspection, the provider had failed to ensure appropriate staff recruitment processes were in place. This was a breach of Regulation 19 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 19.

- At our last inspection, we found that the provider did not always obtain required recruitment documentation for agency staff. At this inspection, we found the provider had ensured they had seen appropriate recruitment documentation for agency staff as required. This included reviewing records of

training, right to work documentation and work history. The provider also ensured that agency staff received an induction and were supervised when they first worked at the service. This helped to ensure arrangements around the use of agency staff were safer.

- We reviewed 4 recruitment files for permanent staff. We found that 3 files contained records of required recruitment checks including, full work histories, references from previous employment and right to work documentation. We found minor gaps in one employee's work history. By the 3rd day of the inspection the manager was able to provide a full employment history for this member of staff.
- People and relatives told us that since our last inspection, staffing had become more consistent, with less reliance on agency staff, which meant better quality and continuity in care. Comments included, "It's nice to see more permanent staff now, you can now put a face to a name instead of the reliance on agency [staff]", "There has been a really big improvement around the number of permanent staff employed. You get the feeling they really know [my relative] and what she likes" and, "Over the past 6 months it has been great to see the positive steps in recruiting the right staff."
- The provider had recognised where improvements were needed to ensure there was always a member of staff on shift overnight who was trained in medicines administration. At the time of inspection, daytime staff were adjusting working hours and senior staff were on call to come in to administer medicines overnight. This meant that people were able to receive medicines as prescribed but staffing arrangements were not robust and a medicines trained member of staff was not always physically on shift. The provider was in the process of training night shift staff members in medicines administration. This would be completed by the end of July 2023.

Systems and processes to safeguard people from the risk of abuse/ Learning lessons when things go wrong  
At our last comprehensive inspection, the provider failed to act on allegations of abuse immediately on becoming aware. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and relatives told us that they felt safe at the service. Comments included, "I have no concerns about the home. [My relative] has never been happier", "Very safe. [My relative] is in safe hands. He always says he is happy there."
- The provider had policies and procedures in place to safeguard people against the risk of suffering abuse or coming to avoidable harm. The manager had a good understanding of local safeguarding procedures and had reported, investigated and acted upon concerns raised to promote people's safety.
- Staff had a good understanding of their responsibilities around safeguarding people. They were able to recognise different types of abuse and the actions they would take in response to help keep people safe.
- Since our last inspection the provider had introduced effective systems to analyse incidents and accidents by tracking trends, identifying emerging risks and investigating actions to reduce the risk of recurrence. The provider ensured any recommendations from professionals in response to incidents were incorporated into people's care plans and learning was shared with staff to promote safe practice.

Assessing risk, safety monitoring and management

At our last comprehensive inspection, the provider had failed to manage risks to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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



regulation 12.

- We observed staff following safe moving and handling practices when supporting people to mobilise or move position. Mobility equipment was appropriate for use, properly maintained and stored. Staff had received training in safe moving and handling techniques which helped to ensure people were safely supported.
- There were effective policies and procedures to assess and reduce health and safety risks. This included risks relating to environmental safety, maintenance of equipment, utilities and legionella.
- There were safe arrangements in place to reduce risks relating to fire safety. The service had completed actions identified in a fire risk assessment carried out by an external company in February 2023. The local fire and rescue service had visited the service in May 2023. The provider had implemented their recommendations about making fire drills more robust and realistic to real life scenarios. This demonstrated the provider was responsive in taking action to improve fire safety.

### Preventing and controlling infection

At our last comprehensive inspection, the provider failed to ensure that systems to prevent and control infection were implemented effectively. This was a breach of regulation 12(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 12.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider had employed an external company to carry out the majority of the cleaning responsibilities. The service was clean and hygienic throughout. Relatives' comments included, "The home always seems immaculately clean and fresh."
- 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 using PPE effectively and safely. We observed staff using and disposing of PPE appropriately and the provider had a good supply of PPE in place.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 our last comprehensive inspection, we recommended the provider clarify the arrangements around visiting to relatives. The provider had made improvements.

- Relatives told us they were free to visit their loved ones at the service when they chose without restrictions. Comments included, "Families have generally become more welcome in the home with the introduction of various weekend activities. We can visit whenever we want."
- The nominated individual had held meetings with relatives to ensure the service's updated visiting policy was understood by all. This helped to ensure that relatives felt free to visit their loved ones as they wished.

# 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.

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

At our last comprehensive inspection, we found the provider failed to ensure that they always gained valid consent to care and treatment. This was a breach of regulation 11 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 11.

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.

- Care was provided within the principles of the MCA. Care planning reflected that people were assumed to have capacity to make decisions about their care. Staff had a good understanding of how to use the MCA in their everyday working practice.
- Where people were not able to make decisions for themselves, a best interest decision was made involving relevant people. The manager showed us records of best interests decisions made around people's care. These demonstrated that the provider was acting in line with the MCA.
- If required, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staff support: induction, training, skills and experience

At our last comprehensive inspection, we found the provider failed to ensure that staff received appropriate training relevant to their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives told us that they felt staff were competent and suitably trained in their role. Comments included, "They [staff] all appear to be well trained, they know what they're doing, very attentive" and, "They've [staff] been here a long time and seem to know what they're doing."
- Staff received appropriate training, induction and supervision in their role. New staff received training in line with the Care Certificate. This is a nationally recognised set of competencies related to working in social care settings. Staffs' training was regularly refreshed to help ensure they were following current best practice.
- New staff received structured induction and ongoing support in their role. This included reading policies and procedures, working alongside experienced staff and reviewing their progress in regular supervision meetings with senior staff. Staff were positive about the training and ongoing support they received in their role.

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

- Due to staff's knowledge of people, risks identified with eating and drinking needs, were overall mitigated. We have commented further in the key question, is the service well led.
- People enjoyed the food offered at the service. Comments included, "I think it's very good. It's hot when it's supposed to be. It's always in the dining room when it should. Supper and breakfast in my room which is good and what I choose." We observed example of effective staff support around eating and drinking. This included showing people sample plates of menu choices to help them choose their meals and staff providing support with people who required encouragement to eat and drink.
- Relatives told us their family members had positive outcomes around eating and drinking, being supported to follow dietary plans in line with their needs to gain, maintain or reduce weight. Comments included, "[My relative] arrived there 18 months ago, very overweight, and they have done well to help them control this" and, "[My relative] has gained weight [since living at the service]. [My relative] was refusing to eat most things at home."

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

- The provider had made referrals to external healthcare services when people's needs changed. This helped to ensure people had appropriate plans of care in place.
- People had access to everyday healthcare services such as doctors, dentists and chiropodists.

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

- The provider had recognised where new electronic care planning systems could benefit the service by helping staff to keep more accurate care records. Staff told us of difficulties in operating the current dual paper based and electronic systems to record care, which had contributed to care records not always reflecting care given. The nominated individual told us they were in the process of trialling new electronic care planning systems.
- Since our last inspection, the provider had purchased new mobility equipment. We observed examples where people were being safely supported to mobilise around the service with help from staff.
- The provider had developed policies and procedures in line with national guidance and best practice. The

provider kept updated with changes to guidance and ensured that these were shared with staff, so they were following current guidance.

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

- People and relatives were positive about the service's design and decoration. They told us the service was suitable for their needs and were very positive about the access to outside space. Comments included, "It's great actually, lovely rooms and great outside in the gardens" and, "The gardens are fully accessible and maintained to a high standard."
- Since our last inspection, the provider had made improvements to the decoration of the home. This included decorating communal areas brighter and ensuring the service was in a good state of repair.
- The provider had made some efforts to make the home dementia friendly. This included putting people's pictures on their bedroom doors to help them orientate, providing signs for toilets and naming corridors with signs to help people navigate around the home.

# 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.

Respecting and promoting people's privacy, dignity and independence

At our last comprehensive inspection, we found the provider failed to ensure that people were always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they were treated with dignity by staff. We observed that staff were patient and empathetic when supporting people in their daily routines. Relatives' comments included, "[Staff] never say anything in front of [my relative] without addressing them first" and, "The staff have managed [my relative's] more difficult behaviours skilfully and patiently."
- People were supported to dress and groom themselves in a way which they were accustomed too. Relatives told us their family members were always clean, well dressed and were supported to access regular services such as hairdressers. Comments included, "[My relative] is treated with great respect, and always appears well looked after."
- Staff were responsive to people's requests when they asked for help or support. We observed staff being attentive to people who requested support with personal care, which meant that people did not have to suffer delays in receiving care.

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

- People and relatives told us that staff were kind and caring. Comments included, "They [staff] go out of their way to spend time with people. [My relative] enjoys the stimulation of talking to them", "Their [staff's] generosity to the residents is impeccable. I am so impressed", "The staff are so kind, gentle and attentive."
- Staff we spoke to were motivated in their role and had a good understanding of people's needs. We observed many positive interactions where staff supported people with warmth and humour.
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care. Staff had completed equality, diversity and inclusion training and had a good understanding of how to promote people's equality and diversity through care planning and individualised support.

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

- People's choices around their care were documented in their care plans. Staff asked people about how they would like their day-to-day care to be carried out and were respectful of their choices. For example, when people liked to get up, where they ate their meals and where they spent their time during the day.
- Relatives told us they were consulted about their family members care and kept updated when things changed. Comments included, "[My relative's] care plan is in their room and we can review it when we want. They let us access daily records, so we know what is going on and that's reassuring", and "[Staff] always keep me informed about [my relative's care]."
- The provider sends relatives a monthly newsletter, which outlines events and updates at the service. Relatives told us this was a good way of keeping abreast of events, especially if they did not live nearby and were unable to regularly visit. Comments included, "It's good as I forward it to [person's relative] who lives abroad, so they know what's happening."

# 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.

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

- Relatives told us that their family members received personalised care in line with their needs. Comments included, "The care is targeted to [my relative's] character and needs" and, "The staff recognise residents individual needs."
- People's preferences around their daily routines were identified in their care plans. This included when they liked to rise and retire to bed, what time they preferred to eat during the day and their preferences around their personal care routines. Staff had a good knowledge of people's needs, which helped to ensure these preferences were followed.
- People's care was adjusted responsively as their needs changed. This included providing additional support to people when they were unwell, distressed or their medical conditions progressed. This helped to ensure they had appropriate levels of care in place.

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 identified in their care plans. This included strategies to communicate with people who were not able to express their wishes verbally.

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

- People and relatives told us the provider had made significant improvements around providing people with meaningful activities and helping them to remain active. Comments included, "They have put in place many activities which the residents and family members are welcomed to" and, "[My relative] used to say she was bored and there was nothing to do. Now she says there is lots to do. We [family] can see the difference too. There are more activities, more trips and we are welcome to join in too."
- The provider had employed an 'activities co-ordinator'. Their role was to organise activities in line with people's interests. This involved providing activities for people in group settings and on an individual basis, which promoted their physical and mental wellbeing. Staff were motivated in promoting people's engagement in activities. One relative told us, "I have been present at many events, which are run with great enthusiasm [by staff]."

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

- People and relatives understood how to make a complaint and were confident the provider would resolve any issues raised. Comments included, "I have not had the need to raise a concern about my [relative's] care but feel confident that should I need to it would be taken seriously and addressed."
- The provider's complaints policy detailed how people could make a complaint and how the provider would investigate and respond. A copy was sent to people/relatives and displayed at the service to help ensure people knew the procedures to follow.
- Records of formal and informal complaints demonstrated that the manager took concerns raised seriously and responded in line with the provider's complaints policy. The manager shared learning from complaints with staff to promote good practice.

#### End of life care and support

- People had care plans for end of life and future decisions, which documented their wishes and preferences around their care arrangements. Care plans were regularly reviewed in line with people's changing needs.
- Staff had received training to help them to understand the principles of providing responsive and empathetic care towards the end of a person's life.
- The provider had received a number of compliments from relatives of people who had received care at the service before passing away. The provider had commemorated people's lives by gestures, such as planting trees in the garden in memory.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements/ Continuous learning and improving care

At our last comprehensive inspection, we found the provider failed to ensure systems were in place to monitor and mitigate risks to people. This was a breach of regulation 17 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.

- People and relatives told us there had been a significant improvement in the quality of care during the past 6 months. Improvements included staffing, communication and range of activities available. Comments included, "The home has improved immensely over the past 6 months and the management should be commended for it" and, "Over the past 6 months the improvements have been remarkable, showing the dedication of the management team and staff."
- Since our last inspection, the provider had worked with an external care consultant to develop monitoring and auditing systems to identify risk and improve the standard of care. These included audits tracking the progress in meeting regulations breached at our last comprehensive inspection.
- The manager had continued to follow these processes since recently starting at the service. Audits had identified issues which had helped to promote learning and development in staff working practices.
- The nominated individual regularly visited the home to complete quality audits, engage with people and to meet with staff. They had a good oversight of the service and were supportive of the manager in making changes to improve the quality of care.
- Although there had been significant improvements in the governance and overall quality of care, there were still areas around medicines, care planning and care documentation which needed further development and improvement.
- Nutritional records were not always accurately completed or reflective of the care people received. For example, one person was prescribed a daily fortified drink. We checked care records from 11 to 22 June 2023 and found no entries of this being offered or consumed. Staff we spoke with confirmed this had been given, but they had not always filled in care records to reflect this.
- Information for staff around people's nutritional needs was not always consistent or clear. For example, on the first day of inspection, guidance for kitchen staff was not clear about people's individual nutritional

needs or adapted diets. The agency chef was unaware of some people's dietary needs and had relied on staff to inform them of individual requirements. By the 2nd day of inspection, the manager had displayed appropriate nutritional guidance in the kitchen.

- In another example, in one person's care plan, there was contradictory information about the specific food texture the person was assessed as needing. Staff had a good knowledge of the person, which minimised any risk that they would receive inappropriate food. The manager acknowledged this was an area they were working towards improving through reviewing people's care plans.
- Care records were not always accurately completed or reflect the care people received. For example, one person's repositioning records for June 2023, contained significant gaps in care offered. It was established care was provided in line with the person's needs, but the record keeping was not reflective of this and gaps in care entries had not been identified or addressed by senior staff.

At our last comprehensive inspection, we found the provider failed to notify CQC all significant events that occurred at the service. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

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

- The manager had a good understanding of their regulatory responsibilities around notifying CQC about significant events.
- Since our last comprehensive inspection, the provider had submitted statutory notifications as required.

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

- People and relatives told us there was a positive atmosphere at the service and the quality of care was good. Comments included, "It's a super friendly and welcoming place for us to visit and spend time" and, "The new management team has brought lots of positive changes and the quality of care has dramatically improved."
- People and relatives told us the manager and nominated individual took a hands-on approach and had a good understanding of people's needs. Comments included, "There is a much better management structure in place. This management team is a lot more hands on. They know the residents better" and, "The manager is very approachable, and the Nominated Individual is also a very visible presence."
- Staff were positive about the management team and demonstrated commitment and motivation in their role.

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

- The provider had policies and procedures in place to help ensure they were honest and transparent with people if mistakes occurred or if things went wrong. They had written to people and relatives in response to incidents or accidents to demonstrate this transparent approach.

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

- People and relatives views were sought to help inform and improve people's care when needed. This included regular residents and relatives' meetings attended by management staff and questionnaires seeking feedback about the quality of care.
- People and relatives were positive about the levels of consultation and engagement from the provider.

Comments included, "The monthly relatives meeting has been a welcome addition. We feel much more involved in what is happening" and, "[The nominated individual] attends all the meetings and is very engaging too."

- The provider held monthly staff meetings to address issues, giving staff a chance to give their feedback. These meetings were used to share plans for changes to promote improvements to the service.

Working in partnership with others

- Health and social care professionals told us the provider had engaged well with the support their teams had offered to help make improvements to the service. This included monitoring visits and providing training for staff to improve their skills and knowledge. This positive engagement had helped to ensure staff had the right training and people had the correct care in place.