

St Dominic's Limited

# Birdscroft Nursing Home

## Inspection report

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Date of inspection visit:  
17 July 2023

Date of publication:  
01 September 2023

## 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

Birdscroft Nursing home is a residential care home providing personal and nursing care to up to 28 people. People living at the service had a range of needs including dementia, nursing needs and needs associated with older age and frailty. At the time of our inspection there were 25 people using the service.

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

Whilst improvements were made since the last inspection, we found the governance systems of the service did not support the service to consistently improve and sustain safe care delivery. There were quality assurance processes in place, but these did not always identify areas for improvement including potential infection risks and environmental issues.

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. However, the policies and systems in the service did not support this practice. There was little evidence to support how best interest decisions were made and Capacity assessments were not always recorded. We made a recommendation that the registered manager should consistently and accurately apply the principles of the Mental Capacity Act 2005.

There were sufficient appropriately skilled staff to meet people's needs and keep them safe. People and relatives told us there were enough staff to care for their family members. However, we observed that a reduction from 6 staff to 5 in the afternoons meant they had little time to interact socially with people. There was a safe staff recruitment process in place. Staff received appropriate training, support and development to enable them to meet people's needs.

Some care records lacked detail of people's support needs and did not always include risk mitigation. However, people were supported by nursing and care staff who demonstrated a good understanding of people's support needs. Healthcare professionals told us people were referred appropriately and with comprehensive details about the presenting problem. Staff followed their recommendations to ensure good health outcomes for people. Notifications were completed to inform CQC and other outside organisations when events occurred.

People and their family members spoke positively about staff engagement and told us they were treated in a caring and respectful way. People and their relatives had the opportunity to express their views on their care and staff worked in a way which supported people's dignity and privacy.

There was an activities programme which was developed in conjunction with people who were encouraged to make suggestions and state their preferences. People spoke positively about the culture at Birdscroft Nursing Home. They told us that communication with the registered manager and general staff team was good and they felt listened to. Staff told us they felt their work was valued and the registered manager supported them to progress in their careers.

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 16 September 2022) and there were breaches of regulations. 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 the provider remained in breach of regulations and remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified a continuing breach of good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do 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 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** ●

# Birdscroft Nursing 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.

#### Inspection team

Two inspectors and an Expert by Experience carried out this inspection.

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

Birdscroft Nursing 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. Birdscroft Nursing home 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 6 people who used the service and 4 family members. We spoke with 5 members of staff including the registered manager. We reviewed a range of records. This included a review of 5 people's care and medicine records. We looked at staff files in relation to safe recruitment practices. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records and audits. We sought feedback from healthcare professionals who work with 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 inspection we rated this key question requires improvement. The rating for this key question has remained 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.

### Staffing and recruitment

At our last inspection, the provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff. 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

- There were enough staff to meet people's needs and keep them safe. People and their family members told us, "When I ring the call bell the care staff come, most times straight away," and "Yes there seems to be enough staff, sometimes too many."
- However, we had mixed responses from some staff about staffing levels in the afternoon, when numbers were reduced from 6 care staff to 5 after 2pm. Our observations on the day were that the 2 carers on one floor were both supporting 1 person at the same time as 2 other people required assistance. At other times, staff did not have time to engage on a social level with people. A staff member told us, "There are five staff in the afternoon so there is less time for personal care."
- Other staff confirmed they had sufficient time to support people without rushing. They told us, "I think there are enough staff," and "Yes there are usually enough staff."
- We spoke with the provider on the inspection day about our afternoon observations. They agreed that they would reassess this in accordance with their dependency tool.
- The provider followed safe recruitment processes. We confirmed that all nurses were currently registered with the Nursing and Midwifery Council. Pre-employment checks were completed including with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

At our last inspection the provider used restraint without consideration of how proportionate this was in relation to the risk of harm to one person, and without assessment of that person's needs or their capacity to consent. 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.

- Systems were in place to safeguard people from abuse and there was no evidence to indicate staff used restraint when supporting people without first considering their needs and capacity to consent.
- People told us they felt safe, "Yes, I do feel safe, no danger, no trespassing in or out of the place," and "Yes, I do feel safe, it's being here just makes me feel safe."
- Family members also told us their relatives were safe, "[Relative] is safe with the staff here, they have done a wonderful job." "My [relative] is safe here, there is staff around when they need help to get in and out of the wheelchair." "When I am here I do feel there is enough staff."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some risk assessments lacked information for staff about ways in which those risks should be mitigated. These omissions did not impact on people's safe care. We have explored this in more detail in the well-led domain about inconsistent quality oversight and governance at Birdscroft Nursing home.
- For example, for one person who could show high levels of distress, the guidance said, 'Leave [person] and return later'. There was no timeframe specified for when staff should return. For another, there was no guidance for staff about how best to manage this person's mobility which was affected by their medical condition.
- Environmental checks were not effective in identifying some shortfalls identified by inspectors.
- We found some bed rails to be in a poor state of repair. The provider submitted a job sheet from an external company dated 27 April 2023 which identified necessary repairs. This was not followed up by the registered manager until the day of inspection. Whilst there was no immediate risk to people's safety, however, timely action was not taken to address the concern.
- The provider tracked, analysed and recorded incident details, actions taken, and lessons learned. Some outcomes of this analysis included additional training for staff and adapting a person's morning schedule to better facilitate their needs.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We have explored this in more detail in the well-led domain about inconsistent quality oversight and governance at Birdscroft Nursing home.
- Whilst the home was visually clean, there were strong unpleasant odours in certain areas of the premises. These were identified on the day and there was increased cleaning in those areas. However, this was not effective and the odour returned soon after.
- We were somewhat assured that the provider was using PPE effectively and safely. It was identified during the site visit that staff were not following good practice guidance regarding handwashing and how linen was managed in the laundry area. We have explored this in more detail in the Well-Led domain about inconsistent quality oversight and governance at Birdscroft Nursing home.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. The fabric on some of the bed bumpers was worn and degraded making them more difficult to clean, which increased the risk of infection for the person. Replacement bumpers were ordered on the inspection day.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 making sure infection outbreaks can be effectively prevented or managed.



- We were assured that the provider's infection prevention and control policy was up to date.

We have signposted the provider to resources to develop their approach.

#### Visiting in care homes

The registered manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Family members told us they felt welcomed into the home by staff and management.

#### Using medicines safely

- Medicines were managed and stored safely. Medicines were administered by qualified nursing staff and we observed staff administering medicines safely to people ensuring that they were offered the medicines and given time to take them in the way that they preferred.
- Medicine administration records (MAR) showed an explanation for gaps or omissions. They had a current photograph of the person and noted their allergies. People's blood sugar levels were tested regularly and acted on as required.
- Protocols for 'as required' (PRN) medicines such as pain relief described the circumstances in which it may be required.

# 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.

Staff support: induction, training, skills and experience

At our last inspection, the provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff 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.

- Staff were suitably trained to meet people's needs. People spoke positively about staff knowledge and said, "I think staff do have enough training," and "As far as I know they are trained well, they do cover all aspects." A family member told us, "Staff use the correct equipment and they are gently persuasive with [relative]."
- A healthcare professional told us, "Staff seem to be very well trained. I have observed their moving and handling practice and they always use the right equipment with confidence."
- 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. A member of staff told us, "We can ask for training if there is a person coming in who has new behaviours which we are not familiar with."

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).

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty. 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.

- There was some inconsistency around how the principles of the MCA were applied. Records lacked detail about how people were involved in discussions about least restrictive options and whether these included family members and other professionals where appropriate. We have explored this in more detail in the well-led domain about inconsistent quality oversight and governance at Birdscroft Nursing home.
- Some decisions were recorded as best interest decisions. However, where decisions were made on behalf of a person, evidence was not always available that their capacity was assessed to support this decision. For example, for use of bedrails, sensor mats and living at a home with a locked door.
- There was conflicting evidence in some people's care record of their capacity to make decisions. For example, some people's records stated the person lacked capacity but also said they participated in the decision making process. Another care plan recorded that a person's 'severe level of dementia' impacted on their understanding. In another part of their care plan, they were deemed to have capacity, although there was no assessment made of this.

We recommend that the registered manager consistently and accurately applies the principles of the Mental Capacity Act 2005

- People and their relatives told us that staff asked for their consent, "I am always asked and I always give my consent," and "The staff do get [relative's] consent for personal care, they don't force [relative] when they refuse care."
- 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, "I make sure I get people's consent. Sometimes I need to spend longer getting their consent and sometimes this is with visual cues," and "I definitely wouldn't do anything before I know I have people's permission to do so."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider used nationally recognised tools to assess people's needs and choices. For example, nurses completed a malnutrition universal screening tool and a tool to assess risk to skin integrity. This meant any changes in needs were identified and actions to manage a person's weight or prevent skin breakdown could be taken promptly.
- Pre-assessments were completed with people prior to them moving into Birdscroft Nursing home. 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.
- Records confirmed that people were supported to access healthcare professionals including GP, district nurse and tissue viability nurse.
- Staff understood when to escalate any concerns about people's health to a healthcare professional and worked closely with them to ensure recommendations were followed. A healthcare professional told us, "People are appropriately referred and the referral information is always relevant," and "Any recommendations I make or ask to be addressed are acted on."

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- The provider managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Staff monitored people's weight and food and fluid charts were completed for those who were nutritionally at risk.
- We saw that people were frequently offered drinks throughout the day and snacks were readily available. Fluids were within reach of those who remained in their rooms.
- There was a chef on-site, who kept a record of people's nutritional requirements. These included allergies, likes and dislikes and whether people required a softer diet that was easier to swallow. They were informed by nursing staff when a person's dietary needs changed.
- The menu on the inspection day was amended in direct response to a number of people requesting a particular dish. People told us, "I get what I want, usually the food is good, you get choices," and "There are enough snacks and drinks. I enjoy the meals, it's all very nice."
- There were memory boxes situated outside each person's bedroom. The contents of each box were specific to the person and included photographs and pictures of people and things important to them.
- There was signage around the home to guide people to places such as bathroom, dining room and lounge.
- We did note to the provider that the shiny floor surfaces throughout the home had the potential to make people who lived with dementia feel unsafe when walking. Shiny surfaces can appear wet to the person and they may become hesitant and unsteady in their walking which could increase their risk of falls.

# 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person told us, "The care staff always help me in every way, they are kind, if I ask questions then they will have a chat with me." Another said, "The care staff are very helpful and caring, if we want something done, they will always do it."
- Throughout the inspection we observed staff to be warm, friendly and respectful. We saw they had a good rapport with people, understood their communication preferences and respected people's individuality. One person told us, "The staff are caring and helpful, [member of staff] seems to know what I want before I even tell them." Another said, "The staff couldn't get any better, they don't walk away when I am talking and they do listen to me."
- Staff received equality, diversity and inclusion training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This helped ensure people's individual needs were understood and reflected in the delivery of their care.

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 and their family members 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. A family member told us, "Staff do try to get [relative] to so as much as possible," and "The care assistants do come in for a chat, they are always encouraging [relative], they like to get them involved."
- Staff understood the importance of supporting people to be as independent as possible. One told us, "I like to encourage independence, for example, when assisting to eat or encouraging participation in an activity. I like people to muster their own independence; using their frames, use it or lose it." Another said, "It is really important to encourage people to be as independent as possible, this can be anything, no matter how small. For example, encouraging them to hold their cutlery when being assisted to eat."
- People were respected by the staff, and their privacy and dignity was promoted. A family member told us, "They always treat my [relative] with respect and dignity, they will shut the door when doing personal care. Another said, "My [relative] has a wash every day and their clothes are always clean, which is something they have always been particular about."

## 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

At our last inspection people's care plans did not always hold accurate information about their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improvements had been made at this inspection and the provider was no longer in breach of regulation 9.

- People told us they were supported by staff who understood them and the way in which they wanted their care to be delivered. However, whilst information held in care plans was improved from the previous inspection, some care plans lacked detail for staff about how to support a person's particular needs. We have explored this in more detail in the well-led domain about inconsistent quality oversight and governance at Birdscroft Nursing home.
- Despite this shortfall, nursing and care staff demonstrated a good understanding of people's support needs. A healthcare professional told us, "I believe that staff are very responsive to people's needs. They understand them and do not hesitate to refer to us."
- A staff member told us, "I read people's files on the computer, this helps me to understand people's needs and how they like to receive care." Another said, "We really believe that we offer person centred care, for example, we adapt to people's different behaviours. We always focus on that particular person's needs."
- People told us staff were responsive to their needs and said, "Staff are very kind to me, they understand what I need to help me adjust to these changes [living in residential care] in my life," and "The care staff are brilliant, they know my care needs exactly."
- Family members said, "What I do see is the same staff on rotation, there is consistency, which [relative] likes as they get to understand [relative's] ways."

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 found a lack of meaningful activities were being provided for people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improvements had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were provided with activities that met their preferences and interests. Two activity coordinators provided an activity programme which covered 5 days a week, with staff facilitating activities on the

remaining days. Activities included, baking, arts and crafts, food tasting and gardening.

- We received positive feedback from people and their family members about the provision of activities. Some said, "I do enjoy the activities, they have events which are quite good," and "They have events going on like BBQ's and have sing songs." A family member said, "The coordinator is very good. I have seen so many activities introduced that I never saw before. It is nice to see how the residents interact."
- A healthcare professional told us, "Anytime I visit, there is always something going on. They regularly put on lots of events, which I attend when I can."
- Staff told us, "We will ask people if there is something they want to do. Some like to join in with gardening," and "I see everyone who is in their room every afternoon, even if it is for a 5 minute chat."

#### 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.
- Family members told us, "The staff are able to communicate with my [relative]."
- We observed how staff communicated clearly with people, adapting their language to help them better understand what was said. People were also given the opportunity to respond at their own pace without feeling rushed.
- The registered manager confirmed that information was made available in various formats to make it accessible to people.

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

- The provider received 3 complaints since the last inspection. We saw that these were responded to in accordance with the provider's complaints policy.
- People were given a copy of the provider's complaints policy when they moved into the home. This contained clear information about how to raise any concerns and how they would be managed.
- People and their relatives told us although they had never had reason to complain, they knew how to do so. One person told us, "I have never needed to complain but I am very happy with response I get from them when I query something." Another said, "I have never needed to [complain], but I would tell the duty nurse if I had any issues with staff. I also speak with the registered manager who understands me."

#### End of life care and support

- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life. 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.

# 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 has remained 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

At our last inspection we found the provider had poor oversight of the service, did not have a consistent approach to quality monitoring and service improvement and leadership was not always robust. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Whilst we found some improvements were made since the last inspection and there was no evidence that people were harmed, not enough improvement was made and the provider was still in breach of regulation 17.

- There were organisational quality assurance processes in place that were used to monitor and improve the service. However, these were not always effective in identifying issues.
- For example, they did not identify the concerns we found during this inspection, including risk mitigation in risk assessments, the management of infection control, accurate application of aspects of the Mental Capacity Act 2005 and lack of detail in some care plans.
- There was a lack of consistency in how care plans and risk assessments were written. They did not always contain sufficient details for staff to help them mitigate risks to people, for example around skin care and behaviours related to people's mental health.
- Certain aspects of environmental safety and effective infection prevention and control were not identified or acted upon. For example, the limited space in the laundry area made it difficult to separate bags containing clean and soiled laundry, thus presenting a risk of cross contamination.

The provider did not have a consistent approach to effective quality monitoring. Their internal processes did not always identify ways in which to improve quality and reduce risks. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Other improvements were made since the last inspection. These included better deployment of staff and improved staff training. People's equality rights and diverse needs were recognised and supported accordingly.
- The provider took measures to improve the provision of activities for people. There was a regular and established programme of activities which met people's individual needs and which people were



complimentary about.

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

- People spoke positively about the culture of the home, the registered manager and the rest of the staff and said, "The care home is run smoothly, the manager is approachable and very nice," and, "I like all the people, I like meeting people in here, the atmosphere is good."
- Family members told us, "They [staff] are always working together, making sure [relative] is comfortable and it's wonderful," and, "[Registered manager] does an amazing job, they are a stabilising influence. The staff seem quite loyal to the service."
- A healthcare professional told us, "Staff know people very well and there is a good atmosphere. You can see that by the positive interactions between everybody."

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; Continuous learning and improving care

- The management team had a good understanding of the regulatory responsibilities of their role and of the duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong.
- The provider notified us of events that occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions were taken.
- 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. They attended meetings for registered managers with local authority quality improvement leads.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their family members and staff were given opportunities to provide feedback about the home through informal conversations, meetings, and the complaints procedures. A family member told us, "Staff communicate well and they always answer the phones when we call."
- People were recently invited to give suggestions to enhance their day to day living. Actions taken in response to this included the development of a quiet lounge for people to meet their relatives in; a vegetable growing project and availability of a wider variety of snacks.
- Staff told us they had a positive relationship with the registered manager and deputy manager and could raise issues, concerns, suggestions in a variety of ways. There was a regular meeting structure, including whole staff meetings.
- In addition, staff had the opportunity to speak to line managers through regular supervision meetings, as well as complete an annual staff engagement survey. One told us, "Supervision with [registered manager] is very personal. We discuss how to manage my workload and future development plans. [Registered manager] is supporting me with my career progression."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have a consistent approach to effective quality monitoring. Their internal processes did not always identify ways in which to improve quality and reduce risks. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.