

Maven Healthcare (Cypress Court) LLP

Cypress Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Cypress Court is a residential care home providing accommodation for persons who require nursing or personal care to up to 60 people. The service provides support to younger adults, older adults and those living with dementia. At the time of our inspection there were 47 people using the service. Cypress Court is a single, adapted building spread over 2 floors.

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

People received their medicines as prescribed. Records relating to medicines were accurately maintained, but topical and liquid treatments were not always marked with a date of opening. We made a recommendation about this. There were enough staff to support people and systems were in place to safeguard people from the risk of abuse. Risks relating to people and the environment were assessed and control measures put in place to keep people safe.

The service was bright, clean, airy and well maintained. However, there were limited orientation aids to assist people living with dementia to navigate around the service effectively. We made a recommendation about this. People were supported to drink and eat enough to maintain a balanced diet. Staff completed a mixture of mandatory and person specific training, which was supported by regular supervisions and appraisals. 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.

Some people had difficulty in communicating with staff members who supported them. We made a recommendation about this. A range of activities were taking place, but people showed limited interest or engagement. The provider was working towards improving this process. There was a robust complaints procedure and where concerns were identified, improvements had been made.

People were supported by staff who respected their privacy, dignity and independence. We observed staff interacting with people in a kind and compassionate way. Relatives spoke positively of the staff approach and people were involved in expressing their views on the care they received.

Quality monitoring and audits had been improved and developed to ensure they were robust. Relatives and staff spoke positively of the management team and felt well supported. People, their relatives and staff were engaged in the running of the service and we saw evidence of good partnership working. The management team and staff had worked to ensure sustained improvements had been made since the last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 7 June 2023). The provider completed an action

plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. At our last inspection we recommended that the provider reviewed their recruitment procedure of overseas employees and their systems for the recording of medicines, including 'as required' medicines in line with good practice guidance. At this inspection we found the provider had acted on these recommendations, and improvements had been made.

This service has been in Special Measures since 7 June 2023. 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.

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cypress Court on our website at www.cqc.org.uk.

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.

Recommendations

We have made recommendations regarding topical and liquid medicines, staff communication and the use of dementia friendly orientation aids.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Cypress Court

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 1 inspector, a nurse specialist adviser 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

Cypress Court 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. Cypress Court 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.

Inspection activity started on 22 August 2023 and ended on 7 September 2023. We visited the location's office/service on 22, 24 and 25 August 2023.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at the service and 7 of their relatives. We spoke with 5 professionals who visited the service. We spoke to 13 members of staff including the registered manager, deputy manager, nurses, senior carers, an activities co-ordinator, the chef and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed 6 people's care plans and a range of medicines records. We reviewed 3 staff files in relation to recruitment. We reviewed a range of records relating to the management of the service, including audits and policies and procedures.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the service did not provide adequate staffing levels to ensure care was carried out in a safe and effective way. This was a breach of regulation 18 (Staffing) 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.

At our last inspection, we recommended the provider reviews their policy in relation to recruitment of overseas employees. At this inspection, we saw improvements had been made.

- The management team had reviewed staffing levels at the service, and an additional full-time carer had been deployed as well as a 3rd activities co-ordinator. People told us this had a positive effect on their care and support. They said, "The staff are fantastic," "I am well looked after" and, "The staff are very caring." A visiting professional said, "We have seen substantial improvements at the home." A relative told us, "There has definitely been more staff about and cleaners too, we see them more."
- The home had recruited a stable and consistent staff team, with limited use of agency staff or nurses. We reviewed rotas and the dependency tool, which evidenced safe staffing levels where people were supported by familiar staff. This meant people were supported by people who knew them and their needs well. A visiting professional told us, "Staff answer questions well and have good knowledge of people's needs."
- Where people needed support with activities such as eating and drinking to keep them safe, we saw staff supporting them in the dining room or in their bedrooms. A staff member told us, "We had a lot of agency staff but now we have more than enough carers and a visible presence in the home." Where people were at increased risk of falls, we saw staff had been deployed to keep people safe.
- Staff were recruited to the home safely. Relevant checks had been undertaken including Disclosure and Barring checks (DBS) and references had been sought. Where staff had been hired from overseas, equivalent DBS checks were completed from their home country.

Using medicines safely

At our last inspection, the oversight of medicine was not robust enough to ensure people were safely given their medicines. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- People received their medicines as prescribed. However, not all topical treatments or liquid medicines were marked with a date of opening. This meant it was difficult to determine their shelf life. The registered manager and nurses took immediate action to rectify this.

We recommend the provider consider current guidance regarding managing liquid medicines and topical treatments.

- Stock counts of medicines were recorded and correct, and people's medication administration records (MARs) were completed accurately. Information relating to people's allergies was clearly recorded, as well as the administration of time sensitive medicines. A visiting professional told us, "Staff are competent and have a full grasp of the requirements needed to provide an effective medicines service to their residents. Staff were regularly making positive interventions for their residents with the assigned GP."
- There were detailed and person-centred protocols to guide staff on when to administer 'as and when required' medicines. Where people required transdermal patches, this was completed in line with the manufacturers instructions. Thickening powder and supplements were stored securely to keep people safe.
- Records relating to topical treatments were completed accurately and where healthcare professionals had input, changes were made to people's medicines promptly. The provider had installed air conditioning in the medicines room to ensure the temperature of the room didn't reach unsafe levels. There was a protocol in place for staff to follow if this ever happened.

Assessing risk, safety monitoring and management

At our last inspection, systems were not sufficiently effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- Risks relating to people were clearly assessed, recorded and reviewed monthly. Control measures were documented and followed to keep people safe. Where people had individual health needs, these had been risk assessed and their care and support had been modified to ensure they were safe.
- Equipment was in place to reduce risks, such as sensor mats and call bells. We observed call bells being answered promptly. A person told us, "Staff come quick enough for me" and a visiting professional said, "Staff are responsive to the resident's needs and call bells are answered quickly." A relative told us, "Every time there is a problem with [person], they ring the bell. The staff are very responsive, even in the night."
- Regular checks of the home environment were completed to ensure the service was safe and complied with necessary standards. We saw gas, electricity and legionella test certificates were within date. We saw water temperature audits and checks of moving and handling equipment had been completed.
- There was an up-to-date fire risk assessment and fire drills were undertaken frequently. People had emergency evacuation plans which were easily accessible and contained detailed information on how to support people to evacuate the home safely.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse. Staff had

completed safeguarding training and were able to identify the different types of abuse as well as their signs and indicators.

- There was a safeguarding and whistleblowing policy and staff knew how to escalate concerns should they need to. A staff member told us, "I would inform the quality lead, and if they refused to make a decision, then I would inform the owner and then the CQC."
- The registered manager ensured safeguarding referrals were made to the local authority when required. Actions from safeguarding enquiries were clearly recorded including changes to care and support to keep people safe.
- People and their relatives told us they felt the service was safe. They said, "I do feel safe" and, "Yes I'm safe, I have no issues." A relative told us, "I have no safety concerns."

Preventing and controlling infection

- 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

The home was supported visitation in line with current government guidance.

Learning lessons when things go wrong

- The registered manager understood the importance of learning lessons when things go wrong. We saw evidence of issues being rectified through group supervisions and staff meetings effectively.
- The registered manager completed a recorded lessons learned process following all safeguarding referrals. We saw evidence of people's care plans and the delivery of their care being improved following this process.
- Accidents and incidents were recorded in detail, and these were analysed on a monthly basis. Trends and patterns were identified, and measures put in place to prevent similar instances from reoccurring.

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

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

At our last inspection, effective systems were not in place to ensure people received support with their nutritional intake. This placed people at risk of harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) 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 14.

- People were supported to eat and drink enough to maintain a balanced diet. However, fluid charts were not always completed accurately. This was due to staff not recording people's fluid intake during visitation from relatives. People and relatives confirmed there were plenty of fluids, and the registered manager took immediate action to rectify this.
- People cared for in bed had drinks within reach and a jug of their preferred drink available. These were labelled and dated to ensure they were changed regularly. People's fluid targets had been accurately calculated in accordance with their body mass index.
- People spoke positively about the food offered at the home. The kitchen staff had introduced a 'food rep' and a 'breakfast forum', so people could give constructive feedback on the dining experience. We saw improvements had been made in menu planning, choices, use of condiments and food presentation as a result of people's feedback.
- People were supported with food in accordance with their needs and preferences, as outlined in their nutritional care plans. Where people required supervision due to risk of choking, we saw this was being provided. People who were cared for in bed ate their meals in a safe position with the use of a lap table.

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

At our last inspection, people were not always supported to make choices about their care and they, or their representative were not always involved in decision-making or reviews. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) 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 9.

- People's needs and choices were assessed and detailed in their care plans. These were person centred and contained information on moving and handling, nutrition, personal care and management of health needs. Care plans were reviewed monthly and updated following input from visiting professionals and in accordance with people's changing needs.
- The registered manager had completed detailed pre-admission assessments for people, and these were used to develop care plans. Where people were at risk of falls, choking or malnutrition, risk assessments were completed, and control measures put in place to ensure people received care in line with their needs.
- People's choices and preferences were recorded in the areas of food, fluids, activities, and gender preference for personal care. One-page profiles outlined key information on people's wants and needs and a 'This is my life' care plan outlined people's lived experiences and family history. Care plans had been developed with input from people and their relatives.
- Staff understood the importance of offering choices when supporting people. A staff member told us, "If there are options you should always ask people. Even if I know people's preferences, you still offer choices." During the inspection we observed staff offering people choices frequently.

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

At our last inspection, oral care was not managed effectively, and staff did not always work with other agencies effectively. This was a further breach of Regulation 12 (Safe care and treatment)) 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.

- Visiting professionals provided mixed feedback on the service. Some told us they had seen significant improvements at the home. They said, "There are more staff available, I'm able to speak to staff regarding my visit" and, "Staff all make an effort to assist me and are friendly. I have seen large improvements in food charts compared to previous visits." Others said that communication from the service needed to improve to ensure people's needs were met.
- People had oral care plans which were person centred and guided staff on how to support people with oral care clearly. Delivery of oral care was recorded and records showed this was completed daily.
- Staff recorded professionals' visits which evidenced how people received treatment and assessment from healthcare professionals. Records outlined the reason for the visit as well as the outcome and any changes to the person's care. We saw evidence of the involvement of chiropodists, social workers, physiotherapists and other medical professionals.

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

- There were some dementia friendly orientation aids at the service, such as signage and colour coded bathroom equipment. However, people living with dementia would benefit from further implementation of dementia friendly orientation aids to enable them to navigate the home environment more effectively.

We recommend the provider considers how to introduce further dementia friendly orientation aids.

- The home was bright, clean and airy, and no malodours were present.
- Furniture in communal areas and people's bedrooms was clean and in a good state of repair. People's bedrooms were personalised with bedding, decor and furnishings of their choosing.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction before starting at the service. A staff member told us, "The first thing I did was a tour of the home, and on the second day I read the policies and the care plans. After that I was shadowing and observing what was going on. It was a good process."
- Training records were easily accessible and the registered manager had direct oversight of this. People had completed mandatory training, as well as training relating to people's individual health needs, such as diabetes and dementia awareness. Completion rates of training were high for all staff members.
- Staff received regular supervision and appraisal from the management team. This process was reflective, and actions were recorded to enable staff to develop within their role.
- Medicines and moving and handling competency assessments were completed by the management team to ensure staff were providing safe and effective care. Staff spoke positively about the management and felt supported. A staff member told us, "Staff are being provided courses, there is ongoing IPC training, more courses are coming in now which is better than when I started last year."

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.

- The home was working in accordance with the MCA and people's rights were respected. Mental capacity assessments had been completed for people in the areas of medicines management, use of call bells, sharing of information, use of equipment, food and fluids and personal care.
- Applications to deprive people of their liberty had been made appropriately, and outcomes were recorded and monitored. Where people had specific conditions relating to their DoLS, such as frequent involvement from healthcare professionals, we saw these conditions were being met.
- Staff understood the importance of obtaining consent before providing care and support, and we observed this during the inspection. A staff member told us, "We always greet people, ask how they are doing, we explain what's going on, if it's alright if we can undertake care. Some people can communicate verbally, but some communicate through facial expressions, so you need to know them."

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 inspection, not all staff respected people's privacy, there were gaps in people's personal hygiene records, and people did not always have access to the equipment they needed to maintain independence. This was a further breach of regulation 9 (Person Centred Care) 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 9.

- People were supported by staff who promoted their privacy, dignity and independence. Staff told us of practical examples of how they do this, such as closing curtains, good communication and obtaining consent before providing care. We observed staff knocking on people's bedroom doors before entering and people's feedback confirmed this. A staff member said, "When you provide privacy, you make people feel dignified."
- People's care plans outlined their personal hygiene preferences in relation to bathing and showering. Personal hygiene records were completed in full and people were supported in line with their needs. People's preference on staff gender for support with personal care was clearly recorded. A staff member told us, "We always respect gender preferences, if somebody doesn't like a gender then we don't provide that care."
- Care plans outlined people's level of independence and how to support them to promote this. This was further evidenced in the notes staff completed after providing care. A staff member told us, "It's important for people to not to lose their abilities, not to give up on themselves. People just need encouragement sometimes."

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

- People were supported by staff who respected them. Staff had completed training in equality and diversity and there was a policy in place to support this. The registered manager completed spot checks of people's care to ensure they were treated respectfully.
- People's care plans outlined their religious and cultural needs clearly and how best to support them in this area. Staff had a firm understanding of the importance of supporting people as individuals. A staff member told us, "We have to respect each other and reciprocate. I always respect people. It is very important and because of different cultures, we have learnt to respect each other."

- We observed warm, compassionate and considerate interactions between staff and people during the inspection. People responded positively to staff and humour and touch support was used appropriately. A relative told us, "The staff are really quite caring. They are really good with [person]."

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

- People were supported to express their views and be involved in making decisions about their care. Residents' meetings were taking place and people's voices and opinions were clearly recorded. Action plans were developed and we saw improvements had been made in response to people's feedback.
- People and their relatives were involved in the implementation and reviewing of their care plans, so their views could be respected and incorporated into the delivery of their care. A relative told us, "When [person] first came in, me and the deputy manager chatted about the care planning. As things have developed, we have talked about different things."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection, the support people received was not person centred, did not consider people's individual needs, or promote choice and control. This was a breach of regulation 9 (Person Centred Care) 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 9.

- People's feedback regarding the staff approach was mostly positive. However, a person informed us staff members who are not native to the UK sometimes communicate with one another in their first language, which caused them to feel uncomfortable. We informed the registered manager who agreed to take immediate action to rectify this.
- Care plans outlined people's personality and preferences in the areas of social activities, family history, food and fluids, communication and management of emotions. People and their relatives were involved in the care planning and review process.
- Staff understood the importance of promoting person centred care and received training in this area. Daily notes evidenced person centred care including observations of people's moods and emotional wellbeing. A staff member told us, "The first thing is to respect what the person wants, followed by the family and their wants."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had person centred communication plans in place which outlined their preferred methods of communication. However, we received mixed feedback from people regarding their communication with staff. They said, "The staff are kind but they don't always understand you" and, "I can't always understand what they [staff] say."

We recommend the provider reviews staff delivery of care to ensure communication is effective.

- The registered manager understood the importance of the AIS and there was a policy in place to support this. We saw evidence of books being provided in an alternative format so people could read them more easily.

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

- Since the last inspection, a 3rd activities co-ordinator had been recruited, ensuring there were enough staff to provide activities. This meant there were activities taking place more frequently and during weekends. However, we observed limited interest from people in the activities being offered and people gave mixed feedback in this area. People told us, "I'm so bored, I'd like to go out more" and, "There's nothing I'd really like to do."
- The provider was in the process of reviewing their activities schedules and increased funding had been allocated to activities co-ordinators. People were provided with an activity planner in their bedrooms, and people cared for in bed received visits from the activities co-ordinators.
- People had completed feedback forms on the activities offered and suggested ideas for improvement. The provider was in the process of sourcing transport to enable people to access activities in the local community so people's ideas could be implemented.
- People were supported to maintain relationships to avoid social isolation. During the inspection, we observed people receiving visitation from relatives frequently. A relative told us, "They [staff] keep me updated, they always give me a call."

Improving care quality in response to complaints or concerns

- There was a process in place for managing and responding to complaints and concerns. Every complaint raised had a follow up telephone call or face to face meeting with the management team which was recorded in detail. Actions were put in place to resolve complaints and we saw evidence these had been completed.
- Information from complaints were cascaded through staff meetings and supervisions to ensure staff understood people's concerns effectively.

End of life care and support

- At the time of the inspection, no-one was receiving end of life care. However, there were detailed and person-centred end of life care plans in place for people who were nearing end of life.
- Staff understood the importance of providing end of life care which respected people's wishes. A staff member told us, "We follow peoples wants and respect people's right to refuse where they want to. Mouth care is very important, and the nurse in charge administers pain relief. We always update the families."

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 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's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) 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 management team completed a range of audits and quality monitoring processes in the areas of medicines management, health and safety, infection prevention and control, care plans and people's dining experiences. Actions arising from these audits had been clearly recorded and we saw evidence of improvements.
- Staffing levels at the home had been increased and the registered manager was supported by a deputy manager and a quality lead. This meant the registered manager was able to undertake effective quality monitoring exercises as opposed to providing nursing care to people.
- Care plans and daily records were maintained and reviewed. Staff supported people with positional changes when required, and recorded their actions clearly.
- The quality care lead provided direct oversight of the registered manager's practices as well as the delivery of care in the home. They completed a detailed action plan highlighting issues from the last inspection and evidenced a robust approach to resolving these.

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

- There had been noticeable improvements in the culture at the home and the approach from the management team. Staff spoke positively of the registered manager. They said, "[Registered manager] is wonderful. I have never seen them stressed. They are never too busy and they check on the residents, I like that. They are always ready to listen" and, "[Registered manager] is humble, easy to approach and easy to speak with."
- Relatives and visiting professionals praised the attitude of the registered manager. They said, "[Registered manager] has been responsive, engaging and transparent at all times and is always open to suggestions on

improvements" and, "[Registered manager] is hands on, there's been a couple of times where they have been there for my loved one."

- People and their relatives appeared to know the registered manager well. We observed them greeting each other by name and the registered manager had a visible presence in all areas of the home. A staff member told us, "[Registered manager] is much better. We don't have agency staff often now, and when we do it's the same people. We have a lot more permanent staff. I'm happy when I am working here. The families are much happier too."
- Staff felt confident in raising concerns should they need to, and were confident they would be listened to and valued. They told us, "I feel confident raising concerns definitely, I would be able to speak to the registered manager. I have raised concerns before and it was fixed quickly" and, "The registered manager is always willing to take on ideas, the quality care lead is very good too."

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 understood the importance of the duty of candour. Statutory notifications had been submitted to the CQC for all notifiable events.
- Staff received training in duty of candour, so they could learn of and understand the importance of being open and transparent when things go wrong.

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

- People and their relatives were invited to complete satisfaction surveys on the service they received. The results from these were mostly positive, and where ideas for improvement or concerns were raised, we saw evidence the provider had taken action to address these. The survey results had been analysed to identify key areas for development.
- A range of meetings were taking place at the service and were completed every 3 months. This included relatives' meetings, resident meetings, staff meetings, health and safety meetings and clinical governance meetings. People's feedback was clearly recorded, and action plans were constructed to improve practice.
- People completed feedback forms in the areas of food, fluids and activities. These were analysed by the kitchen staff and activities coordinators. As a result, menus had been altered and plans put in place to facilitate community-based activities.
- Visiting professionals were invited to complete feedback forms when visiting the home. The results from these were positive and where suggestions for improvement were identified, these were acted upon and documented.

Continuous learning and improving care; Working in partnership with others

- Since the last inspection, the provider had submitted an action plan outlining improvements to be made. This was supported by a separate, detailed action plan, which was completed by the quality care lead.
- Development plans outlined work towards improving activities, further engaging people who use the service, refurbishment of communal areas and bedrooms, and ensuring auditing and quality monitoring systems remained robust.
- People's care records and feedback from professionals evidenced good partnership working. A range of professionals were involved in people's care, including social workers, doctors, nurses, physiotherapists, DoLS assessors and speech and language therapists.