

Roborough House Ltd

# Roborough House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Roborough House is a residential care home providing personal and nursing care to up to 44 people. At the time of the inspection 40 people were living at the service. Roborough House supports people with a range of complex needs including their mental and physical health. The service is in a large detached building split into three units with their own communal areas over two floors, and with a lift for people who may have mobility needs. The service is set in its own grounds on the outskirts of Plymouth close to the moors and has an indoor activities space.

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

Many people were not able to tell us verbally about their experience of living at Roborough House. Therefore, we spent some time observing people. The interactions between people and the staff supporting them showed people were happy and relaxed. People told us; "I am happy" and another said; "The staff were kind."

We last inspected the service in May 2022. At that time, we placed the service into special measures and found breaches of regulation. At this inspection the service had taken action to meet the breaches of regulation.

The manager in post is the third manager in the last 3 years. This manager had been employed as an interim manager to support and improve the service. They will stay for a short time to support the next new manager due to start in the New Year. They had been in post for 4 months. They received regular support from the new nominated individual who visited the service, and also worked with the manager on checking new systems and processes in place were working well.

The last 2 inspections dated November 2021 and May 2022, and the 3 inspections carried out in 2016 all rated the service requires improvement. All these inspections found breaches of regulations and the home has not achieved a good rating since 2018.

The service was placed under whole home safeguarding with the local authority. The healthcare professionals in attendance at a follow up meeting after this inspection all informed us, they had seen recent improvements in the service provided.

The interim manager had clear oversight of the service and had introduced new systems for auditing and updated other systems and processes which had been completed. However, these systems and processes had not yet been embedded into the operation of the service. Another more permanent manager, who would, we were informed, register with the commission, was due to start in 2023. Professionals all agreed that the service had made many improvements and was therefore removed from the whole home safeguarding by the local authority.

At the last inspection, May 2022, and the inspection in November 2021 we had concerns regarding medicine's management, and that systems and processes in place were not robust enough to identify some areas for improvement. At this inspection we found there had been improvements since our previous inspection. People's medicines were now managed safely, and they received them in the way prescribed.

At the last inspection we found the service did not have suitable safeguarding systems in place to protect people from abuse. Safeguarding incidents had not been followed up with the local authority's safeguarding team. Notifications were not sent to CQC when required to report accidents, incidents and safeguarding concerns. We found at this inspection that all safeguarding incidents had been forwarded to the local authority and notifications had been received by CQC.

Infection control procedures were now being followed in line with current government guidance.

Staff now received appropriate training and support to enable them to carry out their role safely, including fire safety and mental health training. Staff employed as carers and auxiliary staff were recruited safely in sufficient numbers to ensure people's needs were met. However, we found that the nursing posts remained filled by mostly agency nurses. There was time for people to have social interaction and go out into the community. Staff knew how to keep people safe from harm.

Food and fluid charts had been updated and were completed with all necessary information being recorded consistently.

The environment was safe and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

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

This service has been in Special Measures since 25 May 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.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

#### 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Roborough House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

Three inspectors, including a pharmacist inspector carried out the site visit of this inspection.

#### Service and service type

Roborough House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us.

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post, however a new manager had been recruited.

#### 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 professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

### During the inspection

We spoke with 6 people who used the service about their experience of the care provided. We spent time with people and observed the interaction between them and the staff supporting them. We spoke with 12 members of staff including the interim manager, nurses and carers and ancillary staff.

We reviewed a range of records. This included 3 people's care records, and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection in May 2022 we found the provider had not taken appropriate action to investigate or refer suspected abuse to the appropriate organisations. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- The service now monitored and had effective systems in place to protect people from abuse. New systems showed information was passed to the appropriate people, for example the safeguarding team. One person, who could be seen as challenging had additional action plans in place to support staff in keeping people safe.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. All staff training had been updated since the last inspection. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the management team. People were unable to tell us if they felt safe, however we observed good interaction between people and the staff team. Staff responded promptly if people appeared distressed.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns. We received feedback from professionals at a safeguarding meeting, held soon after the inspection. All professionals agreed that the service had made many improvements and closed the safeguarding process that had been open for people. Professionals confirmed they received regular updates and notification on people using the service. Professionals felt people were now safer in the service.

Assessing risk, safety monitoring and management

At our last inspection in May 2022 we found the provider had not assessed the risks to the health and safety of people receiving care. This was a continued breach of regulation 12 (Safe Care and Treatment) 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 12.

- Staff knew people well and were aware of people's risks and how to keep them safe. Daily meetings helped ensure all staff were fully briefed on any updates on people's needs. Also, daily updates on any risk

to people were discussed and action taken when needed.

- Risk assessments had been updated and completed and now showed full details which meant staff had guidance on how to manage people's care safely. They covered areas such as personal care and people's mental health. If people were expressing feelings or an emotional reaction individual files held support plans to help staff to keep people safe.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information had been updated for staff on people's mental health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place and showed how the service supported people during outbreaks of COVID-19.
- Emergency plans were now in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

### Using medicines safely

At our inspection in May 2022 we found the provider had failed to ensure the proper and safe use of medicines. This was a breach of regulation 12 (Safe care and treatment).

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

- At our last inspection medicines records showed that people did not always receive their medicines in the way prescribed. There had been improvements since our last inspection. A new recording system for medicines had been introduced. These records showed that people now received their medicines safely in the way prescribed for them. Improved systems were also in place for recording creams and other external preparations.
- When medicines were prescribed on a 'when required' basis there were now clear personalised protocols in place to guide staff when they might be needed for each person. When doses were given, times and outcomes were recorded, to show whether they had been effective.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security, and cold storage.
- Staff had training in safe medicines handling. They also had competency checks to make sure they gave medicines safely.

### Staffing and recruitment

At our last inspection in May 2022 we found the provider's systems and processes were not in place to ensure the service operated effectively to ensure compliance. This was a breach of regulation 17 (Good governance) 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 17.

- There were sufficient numbers of staff on duty to meet people's assessed needs. The service still used a high number of agency staff, in particular nurses. However, the manager informed us these were regular nurses who knew people well. All agency staff, before starting work at the service, had full checks in place to ensure they had been suitably trained to support the needs of people in the service.
- The company had also employed a number of overseas nurses who were in the process of gaining their registration from the United Kingdom nurses governing body. People and staff told us there were enough



staff on duty to meet people's needs.

- The staff said they worked additional hours, so people had staff they knew and trusted. This was to support appointments or during staff absences.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people. People who were deemed as requiring one-to-one care had this in place. These staff were additional staff employed to work individually with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work.

### Learning lessons when things go wrong

At our last inspection in May 2022 we found the providers systems and processes were not in place to ensure the service operated effectively to ensure compliance. This was a breach of regulation 17 (Good governance) 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 17.

- The provider had understood all the concerns raised by the commission from the last inspection and the local authority safeguarding team. A new interim manager had been employed to update systems and processes in line with current good practices.
- Accidents and incidents were now recorded and analysed so any trends or patterns could be highlighted. Referrals to the local safeguarding team for advice and support to protect people was sought. Professionals at a safeguarding meeting held soon after the inspection confirmed they were regularly contacted for advice and support and appropriate referrals made.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. Accident and incident forms were completed following any event. They were followed up with what action had been taken and were then signed off by the manager confirming their assessment of the action taken.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings and in a meeting held each morning for staff.

### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

The provider was facilitating visits for people living in the home in accordance with the current guidance. The current guidance is visitors are allowed at any time unless the service was in a COVID outbreak.

# 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 remained the same, requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection in May 2022 we found the provider had not ensured all staff received appropriate support, training, professional development, supervision and appraisal, as necessary to enable them to carry out the duties they were employed to perform. This is a breach of regulation 18 (Staffing) 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 18. However, due to the short time that these improvements had been in place, there was a continued need for them to become fully embedded into the normal operation of the service.

- At our previous inspection no training records had been made available. Staff informed us they now received updates and had completed recent training. There was now a system in place to monitor and record all training completed. However, these training records did not include most of the nursing posts due to these being filled by agency nurses.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. A staff member told us; "It's really so much better, I can't tell you the difference."
- Staff told us they were now provided with opportunities to discuss their individual work and development needs. Staff received individual meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the manager and went on to say: "More organised and we have all had the training we need and the support."
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently. Clinical supervision was provided to all nurses.

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

At our last inspection in May 2022 the provider had not ensured systems and processes were in place to ensure the service operated effectively to ensure compliance. This was a breach of regulation 17 (Good governance) 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 17. However due to the short time these improvements had been in place, there was a continued need for them to become fully embedded into the normal operation of the service.

- Food and fluid charts were now completed and checked by senior staff to ensure that they had been completed at the end of each shift. Senior staff ensured people took the required amount of fluids daily, with the amount documented in their care plan to keep them hydrated.
- People were provided with healthy meals which they enjoyed. One person said; "Food is good."
- Staff were aware of any specific dietary requirements for people. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration.

Staff working with other agencies to provide consistent, effective, timely care

At our last inspection in May 2022 the provider had not ensured systems and processes were in place to ensure the service operated effectively to ensure compliance. This was a breach of regulation 17 (Good governance) 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 17. However, these systems and processes had not yet been embedded into the service.

- People were supported to maintain good health and were referred to appropriate health professionals as required. Professionals confirmed referrals had been made to them regularly. For example, an occupational therapist had visited the service to assess people for suitable equipment to help keep them safe.
- Staff supported people to see external healthcare professionals regularly, such as GPs and district nurses. The service was able to contact other professionals via phone calls in an emergency.
- People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed, and staff engaged with external healthcare professionals including a psychiatrist.
- There were clear records to show staff were monitoring specific health needs such as people's mental health and skin care. Charts for people's skin care recorded any redness or breakdown. If required, the service referred people to the tissue viability service for advice and support.
- Staff supported people to continue to access the local community and to remain independent. We observed staff supporting people to go out.
- Care records were updated to reflect any professional advice and guidance was available for staff through shift handovers, and daily 'huddle' meetings where staff received an update on people's changing needs.

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

- People's individual needs had been assessed before they moved into the service. Records showed a newly admitted person to the service, had a pre-admission assessment completed.
- People were not admitted unless they had received a negative COVID-19 test result before admission.

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

- The physical environment was continuously being reviewed, updated and improved. There were plans in

place to replace kitchen shelves and new dining room furniture was waiting to be delivered.

- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service all of which had been serviced and maintained.

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.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of their liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

# 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. The rating for this key question 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.

The manager in post was the third manager in last 3 years. This manager had been employed as an interim manager to support and improve the service.

The last 2 inspection dated November 2021 and May 2022 and 3 inspection carried out in 2016 all rated the service requires improvement. All these inspections had breaches of regulations and the home has not achieved a good rating since 2018.

Due to the short time improvements had been in place, there was a continued need for them to become fully embedded into the normal operation of the service. The current manager who had introduced considerable improvements into the service, was only employed on a temporary basis and we need to see that the new permanent manager continues to maintain the improved systems and processes and make further improvements within the service.

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

At our inspection in May 2022 we found the provider had failed to ensure that the systems to check the safety and quality of the service were robust. Had failed to establish satisfactory governance arrangements and to maintain an effective overview of the home, or taken sufficient action to make the required improvements identified in the previous inspections. This was a breach of regulation 17 (Good governance) 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 17. However due to the short time these improvements had been in place, there was a continued need for them to become fully embedded into the normal operation of the service.

- The service had employed a new interim manager who had oversight of what was happening in the service, were very visible and took an active role in the running of the service. They had worked hard to improve the service. This had been achieved by the introduction of new systems, including a computerised care system and medication system. This assisted staff to ensure people's needs where met. However, these systems and processes needed to be embedded into the service. Another more permanent manager, who would apply to register with the commission, was due to start in early 2023. This meant a fourth manager for the service. The interim manager had committed to remain in post for a short time to support the new

manager.

- There were clear lines of responsibility across the staff team. Staff now had a clear understanding of their roles and responsibilities and received training and supervision to deliver the level of care and support to meet people's individual needs. The service has a history of staff vacancies. Some senior staff, including nurses and carers were new to post and due to the need for improvements to be embedded in the operation of the service we needed to see there was continuity in the staff team.
- The management team, which included a clinical lead and a newly filled temporary clinical consultant post, understood their roles in terms of regulatory requirements. For example, notifications were now being sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team and analysis of accidents and incidents had been carried out to highlight any patterns or trends. For example, they were aware of one person, who could express their feelings or display an emotional reaction and had experienced an increase of incidents. The service had applied for additional support for this person.
- Staff said they now felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "It is so much better now, 1000 times better."
- There was good communication between the whole staff team. Important information about changes in people's care needs was communicated to staff effectively. The manager had introduced 'daily huddle' meeting, where each head of department attended. There is a clear agenda for this meeting to discuss activities planned, visits by the GP and why they were taking place, any appointments coming up, and any incidents. Outcomes on actions taken were documented.
- The management and staff now worked to drive improvements across the service. This included being fully engaged with external agencies to develop effective systems to ensure care was delivered safely.

At our inspection in May 2022 we found the provider did not notify CQC of all incidents that affect the health, safety and welfare of people who use services. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Notification of other incidents).

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

- The manager and provider now had a clear understanding of their role in terms of regulatory requirements. For example, notifications were now sent to CQC when required to report; incidents, accidents and safeguarding concerns that had occurred.
- The service had a new nominated individual who visited the service regularly to support the manager and check the new processes and systems that were in place were working. They met with people living in the service, as well as carried out planned visits to talk to relatives on the further plans for the service.

The provider did not notify CQC of all deaths within the service. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 16.

- We now received notification if people passed away at Roborough House as required.

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

At our last inspection we found that the provider's governance systems were ineffective in improving the

service people received. This was a continued breach of Regulation 17 (Good Governance) 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 17. However due to the short time these improvements had been in place, there was a continued need for them to become fully embedded into the normal operation of the service.

- The manager now worked closely with external healthcare professionals. Information requested now by professionals on people's health was promptly received. This information would help professionals to plan any change in people's treatment.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences. This included staff training, supervision and professional development. New systems in place and staff training, ensured people received person-centred care to meet their needs.
- People and staff were complimentary of the service and the manager. One staff member said; "The staff are happier, and it is so much more organised."
- There was a warm and friendly atmosphere in the service.
- Staff said they felt the manager was approachable and would listen to their concerns. One staff member said; "We feel somehow safer now."

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

At the last inspection the provider had failed to ensure the systems to check the safety and quality of the service were robust and had failed to establish satisfactory governance arrangements and to maintain an effective overview of the home, or taken sufficient action to make the required improvements identified in the previous inspections. This was a breach of Regulation 17 (Good Governance) 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 17. However due to the short time these improvements had been in place, there was a continued need for them to become fully embedded into the normal operation of the service.

- The manager and nominated individual demonstrated an open and transparent approach to their role. There were now processes and systems in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.

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

At the inspection in May 2022 the provider had failed to establish satisfactory governance arrangements. This was a continued breach of regulation 17 (Good Governance) 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 17.

- Systems were now in place to enable people, staff and relatives to give feedback and the interim manager had arranged a meeting for people in the service to update them, and had also arranged a relative meeting to discuss the plans for the service.
- Communication between people, staff and families was good.
- Staff and professionals told us the service was well managed and they felt valued. Staff told us the management team were very approachable and were always available for advice and support.

#### Continuous learning and improving care

At our inspection in May 2022 the provider's governance systems were not effective in improving the service people received. This was part of a continued breach of continued Regulation 17 (Good Governance) 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 17.

- Governance systems were now used effectively in the service to identify areas that needed improving. Audits and checks of the service had identified failings and action was now being taken to resolve them. For example, medicines audits had now identified inconsistencies in administration of medicines. A new system had been introduced and new personalised protocols were in place, as well as improved auditing systems of topical cream use. Staff now had regular competency checks to ensure they understood the medicines procedures.
- The manager had updated and improved all policies and procedures, so they were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during the previous COVID-19 outbreaks at the home.
- The management kept up to date with developments in practice through working with local health and social care professionals.

#### Working in partnership with others

At our May 2022 inspection the provider had failed to establish satisfactory governance arrangements. This was a continued breach of regulation 17 (Good Governance) 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 17.

- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs and psychiatrists to provide joined-up care and support. Professionals informed us the manager was working well with them.
- The management team worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment made available.