

Simicare Limited

St Margaret's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Margaret's Nursing Home is a nursing home providing personal and nursing care to 20 people aged 65 and over at the time of the inspection. Some people were living with dementia, some had mobility difficulties, sensory impairments and some were cared for in bed. Accommodation is arranged over two floors. There was a passenger lift for access between floors. The service can support up to 25 people.

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

People told us they felt safe. Comments included, "They make sure everything is okay for you. They check you are alright, so I feel safe" and "They sort out my medication for me and they ask me if I want any pain killers. They always wait with you when you take your medicine."

Relatives told us they were happy with the care their loved one's received. Comments included, "The staff are brilliant, [loved one] is extremely well looked after" and "They know what to do, you couldn't want for better staff."

Staff had been recruited safely to ensure they were suitable to work with people. People had regular staff who they knew well. People were well supported by competent, knowledgeable and well-trained staff. Staff were well supported by the management team.

The premises were clean and free from odours. We were assured that the provider's infection prevention and control policy was up to date. People and relatives told us, "I think the cleanliness is excellent"; "The room has been redecorated and new carpet and when I used to visit it was spotless. You never get any unpleasant smells"; "The staff always wear their PPE, so I am protected" and "Cleaning is fantastic, no smells ever."

Risks to people's safety had been well managed. Risks to the environment had been considered as well as risks associated with people's mobility and health needs. The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.

The design and layout of the service met people's needs. Sign posts were in place which helped people living with dementia.

Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.

Meals and drinks were prepared to meet people's preferences and dietary needs. Most people told us they liked to the food, some people told us the food was alright. We discussed this with the registered manager

who arranged to do a meal survey with people.

The service was well-led. The management team carried out the appropriate checks to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. The registered manager promoted an open culture and was a visible presence in the service, staff felt listened to and valued.

People were protected from abuse and avoidable harm. People's medicines were well managed. If people or their relatives wanted to complain they knew how to do so.

People were treated with dignity and respect. People's views about how they preferred to receive their care were listened to and respected. People and relatives told us staff were kind and caring.

People had access to a range of different activities throughout the week. People told us that they took part in these. Activities were also provided for people who received their care and treatment in bed.

People received good quality care, support and treatment including when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians, or if people fell regularly, they were referred to a fall's clinic. Nursing staff worked closely with the GP and other health professionals.

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.

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 requires improvement (published 21 May 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staff training, moving and handling practice and some risks not being effectively managed. This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

We found no evidence during this inspection that people were at risk of harm from this concern.

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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St Margaret's 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 Care Act 2014.

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 carried out by two inspectors on site and one Expert by Experience who carried out telephone and video calls with people and relatives. 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

St Margaret's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. A local authority commissioner told us they had not received any concerns about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided through video calls and through telephone calls. We spoke with seven members of staff including a cook, care staff, lead senior carer, a nurse, the registered manager. This included telephone calls with staff to help with social distancing within the service.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, risk assessments and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection in April 2019, the provider failed to robustly assess the risks relating to the health, safety and welfare of people. 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.

- At the last inspection, risk assessments did not always have all the information staff needed to keep people safe and had not always been updated in a timely manner. At this inspection, improvements had been made. The provider had started to use an electronic care planning system which enabled changes to risk to be made and communicated quickly. Staff had clear information about people's risks including what equipment was required to safely move people using slings and hoists. Staff knew about the specific equipment people had been assessed for and were confident and competent to use these.
- Risks to people's safety, individual health and wellbeing had been assessed and well managed. We observed staff supporting people to mobilise safely. One person told us, "I feel safe just being here and knowing there are people around to help me. I can't walk so they move me with a hoist, and it doesn't worry me, we have a laugh while they are helping me."
- People were supported to keep their skin healthy including specialist equipment such as pressure relief mattresses. People at risk of choking had appropriate risk assessments in place and action had been taken to ensure they were supported safely. Referrals had been made to specialist healthcare professionals when required.
- Risks to the environment had been considered. The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner. Checks had been completed on the fire equipment. Each person had an evacuation plan describing the support they would need to leave the building in an emergency. Staff had participated in fire training and fire drills regularly.

Staffing and recruitment

At the last inspection in April 2019, a robust approach was not taken to recruitment to make sure only suitable staff were employed to provide care. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection in April 2019, we also recommended that the provider sought advice and guidance from a

reputable source on how to deploy staff effectively in the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19. Staff had been deployed effectively in the service.

- At the last inspection, staff had not always been recruited safely. At this inspection, staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out checks to explore staff members' employment history.
- The provider continued to ensure staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their PIN numbers to confirm their registration status.
- There were suitable numbers of staff to provide the care and support people were assessed as needing. Assessments of staffing levels were undertaken by the registered manager. Staffing levels were amended when required to meet people's changing needs.
- People told us their needs were met in a timely manner. We observed this was the case. People told us, "If you ring your bell and they are busy and it isn't too urgent they pop in and say they will come back to you, which they do"; "They answer the call bell in a couple of minutes, there always seems to be enough staff around." Relatives said, "I haven't been into the home for a long time but as far as I am aware there are sufficient staff around" and "The staff seem to have time to sit and chat. They seem to have enough staff there. Mum has a call bell to use and she says they come quite quickly."

Using medicines safely

- Medicines were managed safely and stored securely. When the nurse took medicines to people's rooms they locked and secured all medicine cupboards and the clinical room door. Regular temperature checks were made on storage to ensure medicines maintained their effectiveness. There was clear guidance for staff to follow if people were prescribed 'as and when' (PRN) medicines.
- All medicines were recorded electronically. Staff told us the system was easy to use and they had very few medicine errors. Medicines were barcoded and scanned when administered. The electronic system checked the correct medicine was being scanned at the right time. Staff said this was an additional safeguard as they also checked the medicine. When new stocks of medicine arrived, these were added into the system which ensured the number of medicines were correct and accounted for.
- The registered manager and other senior staff completed regular audits on medicines to identify any errors. During each medicine round medicines were counted so errors could be identified swiftly.
- Staff were trained to administer medicines and we observed good practice when staff were completing the medicines round. For example, two staff double checked and witnessed the administration of medicines which required additional checks and security. They double-checked people's transdermal patches (medicated pain patches) were not applied to the same area of the body each time which helped to avoid skin irritation.

Preventing and controlling infection

At the last inspection in April 2019, we recommended that the provider sought advice and guidance from a reputable source on how to improve infection control practice within the service.

At this inspection we found that infection control practice had improved.

- 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.

Learning lessons when things go wrong

- Systems were in place to monitor accidents, incidents near misses and to learn lessons. Incidents and accidents were discussed as a staff team, so everyone remained aware about people at risk and how to support them accordingly.
- The registered manager regularly audited and reviewed any accident and incidents. They used graphs to analyse information and identify repeated patterns.
- Action was taken to prevent repeated incidents. For example, when it was identified a person was having numerous falls it was identified more one to one support was required at specific times of the day and a referral was made to the persons GP to review their medicines. Following an incident which happened in August 2019, the ramp to the back door and garden was renewed.
- Positive risk taking was encouraged. For example, when one people had numerous falls, measures were taken to try and reduce this risk whilst trying to maintain the persons independence.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to have effective safeguarding systems in place to protect people from the risk of abuse. Staff understood their responsibilities to protect people from abuse. All staff had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise, and report concerns outside of their organisation if necessary. Where safeguarding concerns had been received, appropriate action had been taken to address these. A staff member said, "Yes got safeguarding training, you can go to the manager of the home or you can go to KCC or CQC with concerns. I could whistle blow, I have no concerns about anyone's safety."
- Posters and information were on display around the service telling people about how to stay safe. This information was in an easy to read format to help people understand.
- People told us they felt safe. Comments included, "I feel very safe here. I have the security of my room and the staff. I just feel safe within the walls" and "I do feel safe here. I have a nice room, the people are nice and you don't get people wandering into your room. I sleep really well here."

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection in April 2019, the provider had failed to provide care and treatment with the consent of the relevant person which was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection, MCA assessments were inconsistent and did not always follow the MCA 2005. Assessments made were not decision specific. At this inspection, care records showed that MCA assessments had taken place in relation to specific decisions. People with capacity to consent to decisions about their care had signed consent forms and their electronic care records evidenced that they had consented.
- The registered manager had applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The registered manager monitored when they were authorised or due for renewal.
- We observed people making decisions about their care and treatment. People's choices and decisions were respected. We heard people declining and accepting offers of food, drink, personal care and people

chose whether to participate in activities. One person told us, "If I want to have a lay in I can. I can do what I like. I am quite independent so I can manage to live my life how I want." Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them.

- Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Copies of the LPA documentation had been checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person.

Staff support: induction, training, skills and experience

At the last inspection in April 2019, we recommended that the service explored more about training and induction for staff, based on current best practice, in relation to the specialist needs of people.

At this inspection training had improved.

- Nurses and care staff had received appropriate training to carry out their roles. Training records evidenced that staff had completed courses which the provider had assessed as mandatory such as first aid, moving and handling, infection control and dementia as well as additional courses to meet people's specific health needs. For example, staff had attended training in relation to epilepsy, Parkinson's disease, sepsis, pressure area care and catheter care.

- Specialised training courses were available to nursing staff to enable them to learn or refresh nursing skills. Systems and procedures continued to be in place to provide support to nursing staff to maintain their Nursing and Midwifery Council (NMC) registration as part of the revalidation process.

- Staff told us their induction to their roles included shadowing experienced staff, meeting people and reading through care files, policies and procedures as well as completing training.

- Staff confirmed that they had received supervision meetings to discuss their practice. They all felt well supported by the registered manager.

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

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.

- The assessment included making sure that support was planned for people's diversity needs, such as their religion, gender, culture and their abilities. People were reassessed as their needs changed to ensure the care and treatment they received met their needs including oral health.

- The registered manager shared examples of how the service welcomed people from all backgrounds. The examples showed that the staff had really made sure people's sexuality and religious needs had been met fully. There was a clear poster on display detailing that 'all cultures, all religions, all genders, all ethnicities, all ages, all LGBTQ' were welcome.

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

- Meals and drinks met people's assessed needs. When people's needs changed such as their ability to swallow, people were reassessed and were supported to access thickened fluids or foods of a different texture to meet their changing needs. Referrals had been made in relation to this to people's GP's and speech and language therapists (SALT).

- There was a good system in place to check that people had drunk enough to keep themselves healthy and hydrated. Records relating to food and fluid intake were clear, consistent and accurate. People had been

weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

- People gave us mixed feedback about the food at the service. Comments included, "The food is nice, edible. We do get a choice. It could be improved"; "The food is lovely, it is cooked lovely, good variety and you get two choices. You get a lot to drink as well"; "The food is fantastic and you get a choice of what to eat" and "The food is okay, it could be better." People were unable to tell us what improvements could be made, the registered manager arranged to complete a review of foods and seek feedback from people about the food.

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

- The design and layout of the service continued to meet people's needs. People knew where their rooms were and where to find communal areas such as the lounge, toilets and bathrooms as there were signs on the doors to the rooms.
- There were directional signs to help people and their visitors find their way around the service and out to garden. There had been redecoration within the service which was ongoing. People told us, "They have been decorating and tidying up. It is a nice homely place" and "The home seems easy to get around. It has been redecorated and it is lovely and fresh. Nice and clean."
- The garden had been improved since the last inspection, which made it more accessible. A relative had commented in a written compliment to the registered manager, 'The garden looked great, last time I saw it, it was looking very sorry for itself. [Handyman] has worked wonders.'

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

- People continued to receive appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants and specialist nurses.
- Due to the COVID-19 pandemic the GP carried out a video calls with the service regularly to review people instead of visiting. Records showed that staff took timely action when people were ill. The service also had support from a paramedic practitioner based within the GP practice.
- People were supported to see an optician, dentist and chiroprapist regularly. A person told us, "They will soon get the doctor out if they need to." A relative said, "They seem to have a go between for the home to the doctor, I think it might be a paramedic. [Person] has had a few water infections and they get immediate medical attention and they always tell me if he has got an infection. They have a chiroprapist go in once a month and a hairdresser goes in to cut his hair. They have put him on the list to have his eyes tested and they are waiting for the optician to visit."
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.
- When people's needs changed, this was discussed at staff handover. Handover records were checked each day by the registered manager to keep an updated view of people's care and support and health needs.
- Nursing staff carried out routine observations on people to monitor them and check for signs of health deterioration and signs of COVID-19. People's temperatures were checked frequently along with their heart rate and oxygen levels.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved 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; Respecting and promoting people's privacy, dignity and independence

At the last inspection in April 2019, the provider had failed to treat people with dignity and respect which was a breach of Regulation 10 (Dignity and respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection, people were not always treated with dignity and respect. At this inspection, people told us they were happy and liked living at the service. People and relatives told us staff were kind and caring. Comments included, "I can't find fault with anything here. The staff are very nice, no complaints"; "The staff are very pleasant and helpful. I have been here less than a year but I feel very settled"; "I think all the staff are kind and caring, I haven't met anyone that isn't"; "The staff are fantastic, any help I ask for I get" and "The staff are friendly, professional and very polite to residents and visitors. I can't speak too highly of them."
- At this inspection, staff supported people in a friendly, upbeat manner and in a way which met each person's needs. People felt comfortable with staff. For example, people were calm and relaxed in the company of the staff, smiling and communicated happily using either verbal communication, expressions and gestures.
- Staff were knowledgeable about people, their support needs, individual preferences and personal histories. They could discuss things with them they were interested in and ensure that there were good and meaningful interactions. Relatives confirmed they had been involved in care planning.
- At this inspection people had privacy in their rooms. Rooms were not used for storage of items for other people. We observed that a room which had a sky light in now had a blind to ensure that the person was able to shield themselves from direct sunlight.
- People were able to spend time with their relatives in private in their own rooms and communal spaces around the service when COVID-19 restrictions were not in place. People were able to spend time alone with their relatives in the visiting hub which had been built to enable people to safely maintain good health and maintain contact with friends and relatives. In the summer people were supported to meet friends and relatives in the garden following social distancing rules.
- We observed staff knocking on doors before entering people's bedrooms and checking with them it was

ok to enter. This included when people's doors were open. People's personal records were stored securely in the office.

- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress. People told us, "When they help me to get washed and dressed, they always shut the door and close the curtains. I feel very comfortable with the staff. I feel very much at home here"; "When they get me washed, they cover me over and don't rush me. They are very respectful to me" and "They always keep you private when they help me get washed. They shut the door and keep me covered up."
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach.

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

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- One person is unable to express their views in English, staff within the service spoke the same language and supported with communication as well as the person's family. The registered manager told us how staff had enabled the person to listen to and watch music from their own country and village on the internet which the person enjoys. The registered manager shared how the person's "face brightens up" when listening.
- At this inspection, people's religious needs were met. People had visitors from their different faiths regularly. The service had made arrangements for one person's relatives to carry out a religious service in the visiting hub each week. Another person received visits and contact from their evangelical church.
- As well as decisions about their care people were also involved in decision making in the service. Prior to the COVID-19 pandemic several people were involved with interviewing new staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved 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 the last inspection in April 2019, the provider had failed to provide care and support to meet people's needs and preferences which 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.

- At the last inspection, people's care plans did not always provide enough information about how staff should provide care. At this inspection, people had care plans in place which reflected their current needs and interests. Care plans provided clear details to ensure staff had all the information they needed. For example, where people were prescribed blood thinning medicines care plans were in place to detail that staff should monitor and check for any areas of bruising and detailed what additional action should be taken if the person fell. Where people had Parkinson's disease, care plans showed how this affected them and how staff should work with people.
- Since the last inspection electronic care planning had been put in place. This enabled the plans to be clear, easy to read and to be updated and reviewed in a timely manner when people's needs changed.
- Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs. Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed. People received care that was personalised and met their needs.

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

- The service employed activities coordinators, which enabled activities to take place seven days a week. A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people chose to stay in their bedrooms. People had been enabled to utilise technology to keep in touch with their friends and relatives through using the telephone and through making video calls.
- Activities included, arts and crafts, nail care, theme days based on different countries around the world, board games, card games, quizzes and memory games. There were 'fizzy Fridays' where people had

different drinks (both alcoholic and non-alcoholic). External activities had been paused at the service during the pandemic. Newsletters showed that people had been involved with making stained glass windows. We observed these pieces of art in people's windows. One person had painted a mural in the visitor hub. Events were planned for Christmas including a party and a virtual theatre show.

- People told us, "I would like some other things to do. Art classes would be good"; "I do like the quizzes. I helped to make lemonade which was good." Relatives said, "He is encouraged to take part in the activities. He enjoys the quizzes and they have sent me cards he has made and photos of what he has been doing. He was decorating pumpkins for Halloween. They seem to supply a lot of things for the residents to do" and "Mum doesn't like to mix but they always include her in the quizzes and the activities. It is up to her what she does but they don't ignore her."
- The activities coordinator visited people in their bedrooms to provide one to one activity. For people who chose to stay in their rooms or were too unwell to join in with group activities in communal areas. People received activities such as hand massage, nail care, reading and chatting.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had a notice board in the hall with accessible information and information about The Accessible Information Standard (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing information and communication support needs of people with a disability, impairment or sensory loss.
- People were supported with a translator when required to meet their communication needs.

Improving care quality in response to complaints or concerns

- People told us that felt confident to raise concerns. People said, "I have got some information on making complaints, but I haven't needed it" and "I would just speak to [registered manager] if I needed to mention anything."
- The complaints policy in place which was displayed in the service. The complaints procedure was also available in an easy to read format for people living with dementia.
- There had been one complaint received to the service since our last inspection. This had been appropriately dealt with. Where concerns had been raised the registered manager had investigated these and checked with people about their experiences of care as well as carrying out observations of practice.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants.
- Records showed that staff recognised when people were reaching the end of their life and had passed information on to the GP to ensure that anticipatory medicines were ordered and in place for when the person needed it. People's medicines records showed that people had received these medicines when they needed it.
- Relatives told us they were enabled to visit their loved one's by wearing PPE to enable them to see them and say their goodbyes. Relatives told us how they were kept updated. We observed staff sitting with people, reassuring them and holding their hands to offer comfort. Relatives had written thank you cards and messages to the service in relation to end of life care. One read, 'I wish to thank you most sincerely for all

that the staff did to help my sister.' Another read, 'To all the staff and nurses who looked after [person], we thank you so much, a more lovely nursing home I couldn't find anywhere. We are so pleased he had such care near the end of his life.'

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved 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; Continuous learning and improving care

At the last inspection in April 2019, the provider had failed to effectively monitor and improve the service and failed to seek and act on feedback. 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.

- At the last inspection, quality assurance systems were not robust. At this inspection, the systems to review and check the quality of the service were robust.
- Systems were in place to check the quality of the service. Including, reviewing care plans, incidents and accidents, health and safety, mattresses, bedrails and bumpers, moving and handling equipment, medicines and infection control. Where issues had been identified records showed that actions had been taken in a timely manner.
- At the last inspection, people who were cared for in bed or had additional communication needs had not always been regularly asked what they thought about the service provided. At this inspection, everyone receiving a service had been given opportunities to feedback about their care and support.
- People told us the quality of care was good. People and their relatives said, "Mum said to me I have three meals a day, a comfy bed and a nice room, that's all I need"; "Mum and I are both quite happy with her living there"; "I am very happy living here"; "There is nothing to be improved here, I would recommend it immediately" and "I am in the best place. I couldn't have wished to be in a nicer place."
- The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

characteristics

- People, relatives and staff were surveyed in August 2020. Eight people, five relatives and eight staff completed the surveys. Survey results had been analysed by the registered manager, collated and displayed on the feedback notice board and actions identified which were in progress.
- Surveys had been completed in relation to meal times experiences, food and to care and support and changes to menus had been made as and when required. People told us, "We do have a newsletter every month which is very good. They put photos of the activities in it and keep us advised of any changes to the rules and regulations" and "We don't really have residents' meetings but if you want to chat about things you just do."
- The service had a display board in the main hallway displaying people's feedback from surveys detailing what people thought the service did well and what improvements people felt were needed. The board detailed areas of improvement that were being worked on, this was kept under review by the registered manager.
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly, including virtual meetings using video calling. One staff member said, "It feels really different here now – [registered manager] is a manager who manages, he has put things in place and we are well supported. He guides us and I feel comfortable going to him."
- Compliments had been received. One relative had commented, 'Taking in the current climate situation, I am very happy with the way the staff are coping. My relative is much improved and with his mood and general well-being.' Another relative had written, 'The manager has handled the current situation with the pandemic exceptionally well. He has made every effort to ensure the residents are not in danger from the COVID virus and the staff too. I cannot praise the staff enough for their dedicated work.'

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. The service also worked closely with the provider's other services to share news and information.
- The registered manager was involved in local registered manager support networks and COVID-19 social media support networks which had been developed. The registered manager also gained support through the Skills for Care network and was completing a well led course.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from speech and language therapists, the GP or dieticians. Staff told us and records confirmed that there were clear handovers between shifts. One staff member said, "We have handovers, they are quite good at updating you there is also a group chat where we get updated."
- Staff told us they worked closely with the nursing team, which enabled them to learn new skills. Some staff had received additional training which enabled them to administer medicines to free the nursing staff up to carry out other tasks.

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

- People and their relatives knew the registered manager and felt that there was an open culture. Comments included, "[Registered manager] is very efficient, friendly with residents and relatives alike. I would be happy to talk to him about anything to do with mum. He is very approachable"; "[Registered manager] seems very nice, very hands on. He seems to know what is going on" and "[Registered manager] is very approachable as are all the staff there."
- Staff told us the registered manager encouraged a culture of openness and transparency. Staff felt well supported by the management team. The registered manager told us, "One of the key things I focus on was

identifying roles of staff and responsibilities. I'm proud of the way we've changed the culture. By defining roles, we've empowered staff and approaching in a different way that's how we changed the culture it was hard to begin with."

- The registered manager was supported by the provider, the provider carried out regular visits and checks of the service and action plans were created when improvements had been identified. The registered manager evidenced that actions were dealt with quickly where possible and they monitored progress on actions that took a little longer.

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 had a good understanding of their responsibilities under the duty of candour.
- The registered manager demonstrated that they were committed to ensuring that people received high-quality care.