St Peter's Park Retirement Village Ltd

St Peter's Care and 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?	Requires Improvement

Summary of findings

Overall summary

About the service
St Peter's Care and Nursing Home provides nursing and personal care for up to 57 older people who were living with a range of health care needs. This included people who live with a stroke, diabetes and Parkinson's disease. Some people had memory loss associated with their age and physical health conditions. Most people required help and support from two members of staff in relation to their mobility and personal care. St Peter's Care and Nursing Home is part of a retirement village, with 34 sheltered housing flats and cottages. There were 44 people living at St Peter's Care and Nursing Home.

People's experience of using this service
The providers' governance systems had improved and were being used consistently to improve the service. There had been improvements made, but there were still areas that needed to be further improved to ensure people's safety. For example, there was a lack of clear and accurate daily records regarding some people's hydration support. Fluid charts were inconsistently recorded which meant that staff may not be able to monitor their health and well-being effectively.

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "It's a nice and safe place to live." Care plans and risk assessments meant peoples' safety and well-being were protected. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was well-maintained and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service.

Staff had all received essential training to meet peoples support and care needs. Service specific training was sourced and staff competencies undertaken. One staff member said, "Best place to work, we get so much support and training." People's dietary needs were assessed, and people were provided with a choice of cooked meals each day. Feedback about the food was positive and people said they enjoyed the meals. People's health needs were consistently met with involvement from a variety of health and social care 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.

Staff were caring in their approach to the people they supported and at this inspection we saw people were treated with respect and dignity. People and visitors to the service were consistent in their views that staff were kind, caring and supportive. One health professional said, "The home atmosphere is friendly and welcoming." People were relaxed, comfortable and happy in the company of staff and engaged with in a positive way.

People confirmed they were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. Complaints made by people were taken seriously and investigated. Resident and family meetings were now recommencing.

The registered manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Feedback from staff about the leadership was positive, "Really supportive team, and a really good place to work."

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 (01 August 2019) and there were three breaches of Regulation. 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 had met the three breaches of regulation.

Why we inspected
This inspection was prompted by a review of the information we held about this service. This enabled us to review the previous ratings. We also used this opportunity to look at the breaches of Regulation 12, 13 and 17. As a result, we undertook a comprehensive inspection to review all the key questions.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

St Peter's Care and 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 team consisted of one inspector.

Service and service type
St Peter's Care and 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 the information we held about the service and the service provider. We looked at notifications

and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

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 this information to plan our inspection.

During the inspection
We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the second day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
We spoke with eight people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and seven further staff members. This included care staff, housekeeping, and catering staff.

We reviewed the care records of five people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and four health care professionals and completed these discussions on 03 March 2022.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12of 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.

● Since the last inspection, the provider had introduced a computerised care planning system. Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. This included, risks such as skin integrity, weight management, nutrition and falls.
● People with mobility problems had clear guidance of how staff should move them safely. People with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were seen.
● Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
● Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
Learning lessons when things go wrong
● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
● Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. .
● Staff took appropriate action following accidents and incidents that ensured people's safety without

restricting their freedom and this was clearly recorded. For example, people who were at risk of falls had a sensor mat to alert staff that the person was up and at risk. Staff also told us that they looked at peoples' footwear to ensure that they were fitting properly.

Using medicines safely

●Following the last inspection the way medicines were given had been reviewed and systems now ensured that people received their medicines safely. For example, protocols for 'as required' (PRN) medicines such as pain relief medicines now described the circumstances and symptoms when the person may require this medicine. We saw that people had received pain relief when requested.

● Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.

● We asked people if they had any concerns regarding their medicines. One person said, "No problems, very trustworthy." Another said, "I have never had any problems."

● All registered nurses who gave medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. We observed staff giving medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.

● People who were able to manage their own medicines did so safely with support from staff. Systems and policies supported this practice.

● Medication audits were completed on a daily and monthly basis.

Staffing and recruitment

● Staff numbers and the deployment of staff had ensured people's needs were met in a timely manner and in a way that met their preferences. Care delivery was supported by records that evidenced that people's care needs were being met.

● People told us, "There have been times when I know staff are busy but it hasn't caused me a problem," and "When I ring my bell , they come straight away," and "Enough staff to do the job, but not to stay and chat."

● Staff told us "We do have enough staff, the manager listens and if we need more staff, we get them." Another staff member said, "We have really good teams of staff, we have all done extra when we needed to."

● We looked at four staff personnel files and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.

● The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. Comments included, "I feel safe here," "Staff are thoughtful and kind," and "I came here to live as I wasn't able to care myself, here I am supported to live and manage here."

● Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.

● A staff member said, "We get safeguarding training, we get updates of any changes to the procedures, especially during the pandemic." Another staff member said, "I would definitely raise it with my manager."

● There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of

their induction and training.
● Staff received training in equality and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Preventing and controlling infection
● We were assured that the provider was admitting people safely to the service. Recent admissions from hospital had recorded evidence that the person had had a negative polymerase chain reaction (PCR) test before discharge and arrival at the home.
● We were assured that the provider was preventing visitors from catching and spreading infections. Staff followed clear guidelines to ensure anyone visiting the service had completed a relevant COVID-19 test and asked for vaccination status.
● We were assured that the provider was meeting shielding and social distancing rules. The space within the premises allowed people to follow social distancing guidelines.
● We were assured that the provider was using PPE effectively and safely. All staff were wearing facemasks and used gloves and aprons whilst undertaking personal care.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
●From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.
● The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Good

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.

Staff support: induction, training, skills and experience

- At the last inspection improvements were needed to ensure all staff had received the training they needed to support people in a safe and effective way, improvements had been made.
- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training has been mainly on-line since COVID but we are now having face to face training in small groups."
- Clinical staff had access to professional development. A registered nurse said, "We are all offered training to enhance our skills." People told us, "The staff seem knowledgeable, I don't have any concerns."
- Staff told us the provider was committed to support staff to develop and attain further qualifications. One staff member talked of doing her assistant practitioner course and another of her future goals."
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was thorough, I worked alongside other staff till I felt confident."
- Staff received regular supervisions with their line manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.
- One staff member said, "The supervision sessions really helped during COVID, we had some bad times, but the support from everyone was what got us through."

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

- At the last inspection the provision of food and fluids were identified as requiring improvement to ensure that people consistently received a good standard of nutrition and that their dietary needs were monitored appropriately. Improvement had been made.
- This inspection found that staff monitored peoples' weights and recorded these within the care documents. The registered manager had oversight of peoples of people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request GP or dietitian's input.
- Fluid and food charts were kept for those at risk of dehydration and malnutrition, however there was no target of amounts that staff should aim for to ensure people's health and well-being. This was immediately rectified.
- People told us that the food was good and there was plenty of choice and variety. Comments included,

"Nice food and we do have a choice," "Homemade cakes, every afternoon," and "They offer nice food."
● On the nursing wing, people told us, "I like to go to the dining room, its enjoyable to sit with friends, but we can't do that at the moment because of the virus." People on the care wing were able to choose where they ate. Some ate in their rooms, whilst others ate in the dining area. People were provided with a choice of freshly cooked meals each day; this included a cooked breakfast if people wished. There was a set meal at lunch time or people could choose alternatives if they preferred. We saw people eating a variety of meals of their choice each day. One person said, "There's always something to tempt you."
● People's food preferences were considered when menus were planned. The chef told us they had a list of peoples' preferences and dietary requirements and knew who required special diets and fortified food.
● There were appropriate risk assessments and care plans for nutrition and hydration. The care plans identified what assistance was required and how staff could assist. Where people needed support, this was provided appropriately taking their time and not hurrying them.
● Choking risk assessments were completed where a risk was identified. Referrals to speech and language therapists (SALT) had been made when necessary. Emergency equipment such as a suction machine was available in the clinical room. All care staff and registered nurses had received training in what to do if someone choked.
● People had correctly modified texture diets and fluids where there were risks of choking. All meals were attractively presented to encourage people to eat. Staff assisted those that required assistance with eating in an unhurried way.

Adapting service, design, decoration to meet people's needs
● St Peter's care and Nursing Home was purpose built and is part of a retirement village.
● Since the last inspection a new 18 bed wing had been built and there was now a care wing and nursing wing, each with its own communal areas. The nursing wing had bedrooms on the ground floor and the first floor. The ground floor rooms provided access to the garden and courtyard. The first floor was fully accessible, by stairs or a lift.
● People's rooms reflected their personal interests such as photographs of family and pets. As rooms became vacant, they were redecorated.
● The garden areas were safe and suitable for people who used walking aids or wheelchairs.
● Throughout the building there were notice boards that contained information about the home, activities, religious services and first aiders.
● There was a lack of signage for people on the new care wing, but that was being addressed by the registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they started to receive support from staff. Records showed consideration had been given to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
● Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools were in line with guidance from the national institute for health and care excellence (NICE).
● Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the GP, dieticians and speech and language therapists (SaLT). One health professional said, "Staff are knowledgeable about their residents, communication is better."
● People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff.

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

● St Peter's Care and Nursing Home have ensured joined up working with other agencies and professionals to ensure people received effective care. We saw evidence of multi-disciplinary team meetings to discuss people's needs and wishes.

●The service continued to have links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT). Due to the pandemic some of these meetings have been virtual.

● People were assisted with access to appointments. People told us, "The staff arrange my hospital appointments and will come with me," and "I see my doctor and chiropodist."

● Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as their communication, mobility and medicines.

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 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).

● Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.

● People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about where they sat, what they ate and what activities they wished to do. Each care plan was accompanied by an MCA assessment and contained details of how decisions for each task was made.

●There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.

● The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

Good

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 Good. At this inspection this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity
● Feedback from people and visitors consistently described staff as kind and caring. Comments included, "Very good staff, gentle and fun," "They are a good bunch," and "The place is a good place to live." Visitors to the home said, "Caring and kind staff" and "Communication with staff is good."
● The professionalism of the staff team was commented on by a visiting health care professional who told us, "Polite and respectful to people." Another health professional said, " They are knowledgeable about the people they support and will always ask for advice when they need it."
● People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. Birthdays and special events were celebrated.
● Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner.

Supporting people to express their views and be involved in making decisions about their care
● People and their families confirmed they were involved in day to day decisions and care records showed some evidence that they participated in reviews of their care. Comments included, "I suppose I'm involved in decisions , my family also are involved," and "I think the staff ask me, but I forget sometimes." A family member said, "Good communication during the pandemic, we receive information, we can arrange to visit, and the staff ensure we follow the right guidance."
● People's views were included in care records wherever possible. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
● Staff supported people to keep in touch with their family. Visitors were always made welcome and supported with the procedures currently needed during the pandemic.

Respecting and promoting people's privacy, dignity and independence
● People's right to privacy and confidentiality remained respected. One person told us, "Staff are polite and ensure I'm dressed properly. When they help me wash, they give me a towel to cover me." A visiting professional commented, "Staff respect people privacy, they also make sure we talk in private."
● Staff encouraged people to be as independent as possible. One person said, "Staff do try to give us opportunity to live as we want, it's just not been the same with this COVID, but I am now going out again." A

second person said, "Staff help me to wash and dress, but do tell me to try on my own."

● We observed staff treated people with dignity and respect and support was given in the way the person wanted.

● A family said, "The staff go over and above especially during this pandemic, they talk to us, they help my relative ring me and that has been a blessing."

● We saw that staff were respectful in the way that they spoke with and cared for the people they supported. We saw some lovely interactions between staff and people which told us that staff knew people well and how to make them laugh.

● We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.

● Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to walk independently, with the appropriate aid. Staff also said they encouraged people to leave their room, to meet other people or get fresh air. For example, one person said, "Staff are always on hand if I need them, but also support me to do what I can myself."

● People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.

● Confidential information was held securely in a password protected computer. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

Good

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 the delivery of care was not responsive to peoples' individual needs. This meant that people had not received person-centred care that reflected their individual needs and preferences. This was a breach of Regulation 9 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 received care and support that met their individual needs and reflected their choices and preferences. People and relatives told us staff knew them well and supported people an individual way. One person said, "They know me very well, know what makes me tick."
● Staff understood people's individual needs and personalities. A health care professional told us, "Know people well and the care plans are very helpful."
● People had a full assessment before admission this ensured their needs could be met and tailored for, before they came to live at St Peter's Care and Nursing Home. These assessments were used to develop plans of care to guide staff in how to support people.
● The care plans were individual and reflected a person-centred approach to care. For example, people's choices on personal hygiene were recorded and included when people would like a shower or a bath and what support they needed to maintain oral hygiene.

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.

● Staff responded to people's communication needs. These were assessed and recorded within individual communication care plans. These included specific information on how people's communication needs could be met and what aided their communication. For example, one person told us showed us their mobile phone that they used to ring their family.
● Consideration was given to environmental factors that may impact on communication. For example, the

use of PPE had been reflected on by staff and how the impact of these could be reduced. This included ensuring that background noises were reduced when talking and peoples hearing aids were used.
● Systems to support people to communicate with staff, relatives and friends had been assessed and promoted. For example, video calls were set up and staff supported people to phone their loved ones as necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People's recreational needs were recognised as an important part of their lives. Care plans were used to identify any interests, hobbies or activities that would interest people.
● There were dedicated activity staff who planned activities for people. Due to a current COVID-19 outbreak on the nursing wing, activities were on a one to one basis with staff also spending time with people. Activities on the care wing were as normal for those who wanted to join.
● People and relatives told us there had been activities and entertainment provided but some people missed being out and about. The registered manager confirmed they were going to give extra hours to people who were struggling with isolating. One relative told us, "The staff have really tried during the pandemic to keep people well and stimulated, I'm so grateful to all of them."
● People were supported to maintain social contacts and relationships. Victors were made to feel welcome and were encouraged to visit in line the Government guidelines. One relative told us, "We have been very lucky and able to visit my relative regularly in the garden." Technology was also used to maintain these links one person enjoyed regular facetime sessions with family members.

Improving care quality in response to complaints or concerns
● People and their relatives confirmed they knew how to complain, and a copy of the complaints policy was available in the home and on the service website . Relatives told us; they would make a complaint if they needed to, but would talk to staff first.
● A record of complaints was held in the service. These included the information on the complaint and how this was responded to. We saw complaints had been responded to and actions taken as necessary.

End of life care and support
● When people needed end of life care, staff worked closely with other health care professionals to provide the best care for people in a compassionate way. A health professional told us, "Staff support people and their families with great care when people are at the end of their lives."
● Staff delivered care that took account of people's wishes and supported their comfort. This had been especially important during the pandemic.
● Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans contained information and guidance in respect of peoples' religious and resuscitation wishes.
● Relatives and friends were supported with compassion through this difficult time. For example, visiting for those people at the end of their lives was extended, with the facility to stay overnight if wanted.
● Extra support for staff had been sought from external health professionals and senior management during the pandemic.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had had not operated effective systems and processes to make sure they assessed and monitored the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, time was needed to embed improvements and review the care plan system

- Since the last inspection, there was a new registered manager in post. Quality assurance systems were in place and were being used effectively to improve the service. The registered manager was committed to improvement and was open and transparent regarding the improvements made and those that were on going.
- However, we found that some areas that needed to be improved to ensure consistent good care delivery. For example, there were no specific fluid intake goals set for people who were at risk of dehydration, this meant staff were recording fluids but not monitoring the risk. Fluid output had not been considered as a guide to ensuring that there was a good fluid balance. This was acknowledged and changes immediately made.
- Inconsistencies were found in daily records. Staff recorded when people declined personal care, but did not update records to show personal care was offered later and accepted or again declined. On talking to staff, we were assured that they did go back to offer further support.
- As previously stated, there were risk assessments for the building works. It stated that workmen were restricted from walking through the home. However, contractors were using the home corridors as a shortcut, which had meant dust and dirt being transferred in making cleaning difficult. Especially during the current COVID-19 outbreak. This was to be managed by talking to the contractors to ensure they followed the assessment.
- We found items in the clinical fridge that had not been dated on opening. Due to them having a lifespan once opened, these were immediately destroyed by the registered nurse. A refresher on medicines was immediately arranged.

● The staff had continued to use the staff office and clinical room on the nursing wing during the building works. This meant that dust was on all surfaces. This needed to be reviewed to ensure that medical equipment was clean and fit for use. This was acted on immediately.
● There was now clear leadership to guide staff in delivering a consistently good level of care. Staff told us that things had significantly improved and they feel supported by the registered manager. One staff member said, "We work as a team, there is a lot of support offered, things are so much better." Another staff member said, "I love working here, things are really good now."
● Staff meetings had been held and minutes kept. Staff meetings were well attended and staff said they were helpful. Resident and family meetings had stopped during the pandemic, however the provider was hoping to re-instate them soon. Quality assurance surveys had been sent to people and an overview of actions from those put in place. For example, mealtime experience.

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. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider and registered manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. We have received notifications as required.
● People and relatives confirmed that the provider kept their website up to date with changes from the government regarding visiting and COVID-19.

Continuous learning and improving care:
● The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. One staff said, "We monitor all falls and injuries, we then contact the falls team for advice, and this has really helped and reduced falls." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.

Working in partnership with others
● The manager had developed links with the local community and worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. For example, the registered manager was in close contact with the Clinical Commissioning Groups (CCGs) and community pharmacist team.