

## Jah-Jireh Charity Homes

# Jah-Jireh Charity Homes Leyland

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Jah-Jireh Charity Homes Leyland (Jah-Jireh) is a residential care home registered to provide accommodation and personal care for up to 36 people. At the time of the inspection 28 people were living in the service.

The home is established and run for the benefit of dedicated, baptised Jehovah's Witnesses. The home is located in a Victorian dwelling and accommodation is over two floors. Facilities include two lounges, a dining area and an enclosed rear garden.

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

People living at the home benefitted from a service that had made significant improvements since the last inspection. Further time was required to evidence that improved practices had become embedded into the running of the home.

The manager and provider encouraged an open culture of learning from incidents, accidents and other relevant events.

Although adequate systems were in place to ensure risks to people were managed and mitigated, we have made a recommendation about reviewing and updating peoples' risk assessments, to ensure clear guidance for staff to follow.

Although people received care that was person centred and based on their individual needs and preferences, we have made a recommendation that people's care records reflect people's decisions and choices, including information to enable them to receive the correct support at the end of their life.

Parts of the service had been refurbished and the environment was sufficiently clean and well maintained.

Staffing levels were sufficient to ensure people received the care and support they needed in a timely way.

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.

The service involved people, their relatives and staff in a meaningful way. People's views were listened to and acted upon, meaning they had a direct say in the running of their home.

Clear and effective governance processes had been overhauled to help monitor and improve the quality and safety of the service. Processes were underpinned by a commitment to deliver high quality, safe care and support tailored to the person.

The manager acted in accordance with their legal and regulatory requirements and shared information in an open, honest and timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection and update

The last rating for this service was inadequate (report published 27 July 2021) and there were breaches of regulations in safe care and treatment, safeguarding, consent, staffing and good governance. 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.

This service has been in Special Measures since 27 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We 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 inspection was carried out to follow up on action we told the provider to take at the last inspection. We checked whether the Warning Notices we previously served in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met, and found that they had.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last inspection, by selecting the 'all reports' link for Jah-Jireh Charity Homes Leyland (Jah-Jireh) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Jah-Jireh Charity Homes Leyland

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Jah-Jireh Charity Homes Leyland (Jah-Jireh) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jah-Jireh Charity Homes Leyland (Jah-Jireh) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. However, the service had employed a manager to oversee the service until a permanent manager could be recruited.

### Notice of inspection

This inspection was unannounced on the first day of inspection and announced on the second.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We undertook a physical inspection of the service. We spoke with four people living at the service, and six members of staff including the manager, the business manager, the head housekeeper and three care staff. We also spoke with a visiting healthcare professional. We looked at records in relation to people who used the service including four care plans and multiple medication records. We looked at records relating to recruitment, staff rotas and systems for monitoring the quality of the service provided.

We observed the delivery of care and support throughout the day. We spoke to three relatives to help us understand their experience of the care and support their loved one received.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at environmental, staff training and quality assurance records. We also spoke with three relatives on the telephone.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant that although we were assured people were safe and protected from avoidable harm, further time was required for revised systems and practices to become well embedded into the running of the service.

### Assessing risk, safety monitoring and management

At the 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 12(1) 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, we found risks to people's health, safety and wellbeing were not consistently assessed or planned for. At this inspection, we saw risks to people had been identified and staff understood where people required support to reduce the risk of avoidable harm. Although information about risks and guidance on how to manage risks in care plans was not comprehensive enough for new staff to follow.

We recommend the service reviews and updates peoples' risk assessments, to ensure clear guidance for staff to follow.

- At the last inspection we found people's weights had not been properly monitored and professional support had not been sought for one person who had lost weight. At this inspection, we found people's weights were monitored and analysed, with appropriate referrals being made to dieticians as required.
- At the last inspection we found fire safety was not adequately risk assessed and planned for and people did not have individualised personal evacuation plans (PEEPs), to aid safe evacuation in the event of an emergency. A referral was made to Lancashire Fire and Rescue Service. At this inspection, the service had implemented all actions and recommendations made by the Fire Service and rewritten people's PEEPs, to ensure they contained all relevant information.
- At the last inspection we found analysis of incidents was not always effective so that incidents often reoccurred. At this inspection, we found there was adequate overview of accident and incidents meaning that it was possible to highlight any trends and take the required action to minimise the risk of recurrence.
- People and relatives told us they felt safe with the care provided by staff and the environment in which they lived. Comments from people included, "It's a safe place to live" and "I feel safe, it feels like home." A relative confirmed, "Safe, definitely, I can walk away after visiting [Name] with complete peace of mind."

### Using medicines safely

At the last inspection, systems were either not in place or robust enough to demonstrate medicines were

effectively managed. This was a breach of Regulation 12(1) 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, we found Medicines Administration Records (MARs) were not always completed fully and protocols to support the safe administration of 'when required' medicines (PRN protocols) were not in place. At this inspection we found MARs were completed appropriately and people had PRN protocols, meaning we were assured that people were receiving their medicines as prescribed.
- At the last inspection, boxed medicines such as creams or eye drops were not dated when first opened, meaning there was a risk people may receive medicines which had expired. At this inspection we checked boxed medicines and found they were stored safely and had the date of opening recorded.
- At the last inspection we found quantities of medicines were not always correctly recorded. At this inspection we found systems had been introduced to record medication stock. After the last inspection, the service had received support from external medicines specialists to help better develop systems for the safe management of medicines.
- Temperatures of the medicine room and medicine fridge were not always recorded daily, this is important as if medicines are not stored correctly they may not work effectively, however, the manager had already identified this and taken remedial action.

### Preventing and controlling infection

At the last inspection we found concerns with regards to preventing and controlling infection. This was a breach of Regulation 12(1) 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, the provider had not adequately assessed, and managed risks related to the prevention and control of infection. We referred the home to the local Public Health Authority. The environment was unclean and people's personal equipment such as walking aids were unclean. At this inspection we found the environment to be clean, this included people's bedrooms and personal aids. One person told us, "My walker is regularly taken away to be cleaned."
- At the last inspection, the premises were not well maintained, and paintwork was chipped in some areas which could prevent adequate cleaning. At this inspection, it was evident that surfaces had been repainted and the service appeared well maintained.
- At the last inspection, staff did not follow good practice guidelines around the use of PPE. At this inspection, we found staff were trained in the use of PPE and best practice guidelines and wore PPE appropriately, helping to minimise the spread of infection.
- At the last inspection, we found the completion of cleaning tasks was not always checked and documented. At this inspection, although we found some gaps in record keeping, we spoke to domestic staff and were assured cleaning schedules were being carried out.
- 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.

### Visiting in care homes

The service facilitated visits from friends and relatives. We witnessed people enjoying visits during our inspection. It was clear this had a positive impact on people's well-being. Visitors told us they were made to feel welcome.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the last inspection, there was a failure to report safeguarding concerns to authorities and protect people from abuse and inappropriate treatment. This was a breach of Regulation 13 (Safeguarding people from abuse and improper 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 13.

- At the last inspection, not all incidents had been reported to safeguarding in line with current guidance, including repeated falls, unexplained injuries and a pressure injury, and investigations were not carried out to identify areas of improvement and risks of abuse. At this inspection, the approach to safeguarding had been overhauled, incidents were appropriately reported and shared with relevant safeguarding authorities. Robust and transparent investigations took place to help minimise any risk of recurrence.
- At the last inspection, some people were subject to restrictions which could restrict their liberty without the relevant documentation in place to support this practice, such as the use of bedrails and sensor mats. At this inspection, evidence was in place to support the use of such equipment which demonstrated people's choice and best interests had been considered.
- At the last inspection, not all staff had received safeguarding training. At this inspection, staff were trained in safeguarding matters and knew what to do to keep people protected. Any incidents were discussed to ensure sufficient understanding of mitigation practices, this also helped to foster a positive learning environment.

### Staffing and recruitment

At the last inspection we recommended the provider reviewed recruitment processes to ensure all relevant schedule 3 information was evidenced as required (this information helps employers make safer recruitment decisions). Enough improvement had been made at this inspection and the provider had met this recommendation.

- At the last inspection not all recruitment files were complete, we found gaps in employment were not explained and missing references. At this inspection, we checked files for new recruits and found that staff files were organised well and contained all required information. Recruitment systems ensured staff were recruited to support people to stay safe.
- At the last inspection the service did not have a systemic approach to calculate the number of staff required to best meet people's needs. At this inspection, we checked staff rotas and spoke with people. Although agency staff were used to fill any staff shortages, the same agency staff were used to help better ensure continuity of care. One person told us, "There's enough staff around, I ring my call bell and staff come up."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection, the provider had failed to seek people's consent and failed to follow the code of practice. This 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.

- At the last inspection we found staff were not always working within the principles of the MCA. Capacity tests to check whether people could make specific decisions or required decisions to be made in their best interest where they lacked capacity were not undertaken. There was a lack of MCA training which impacted on staff knowledge. At this inspection, we found staff had completed training in MCA and people's care records evidenced both people's consent and the rationale behind any decisions which had been made in people's best interests.
- Staff told us they knew what to do to ensure people had maximum choice over their lives and to make sure any decisions made were taken in people's best interests.

Staff support: induction, training, skills and experience

At the last inspection we found evidence that lack of training and staff knowledge put people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection we found the provider had failed to adequately support staff with training into their roles and responsibilities. At this inspection records demonstrated when staff had successfully completed induction into their role. Staff told us they were not expected to work unsupervised until they were confident they could so.
- At the last inspection the provider failed to ensure staff had been provided with training in key areas in line with people's needs. At this inspection we checked staff training records and found staff had received training to ensure they were competent and able to meet people's needs. This included training in more specialised areas such as dementia and pressure wound prevention care.

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

At the last inspection we found systems were either not in place or robust enough to demonstrate nutritional safety was effectively managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection people were not consistently supported to maintain a balanced diet and risks with eating and drinking were not always monitored and reviewed regularly. At this inspection we found people had been appropriately referred to specialist professionals to monitor risks associated with nutrition.
- At the last inspection people's weights had not been consistently recorded to track people's weight and the risk of unintentional weight loss. At this inspection we found staff supported people with specialised diets and weights were monitored, recorded and analysed by the manager.
- We observed lunchtime during our inspection and found the dining environment to be pleasant and one which offered an enjoyable social experience. People were provided with genuine choice and were able to access food and drink throughout the day. One person told us, "The food is very good and I get choices, there's a good variety."

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

At the last inspection we recommended that the service sought guidance and followed best practice for supporting people living with dementia. Enough improvement had been made at this inspection and the provider had met this recommendation.

- At the last inspection the decoration of the home was dated and there was very little signage to orientate people in the home. At this inspection, we saw communal areas had been repainted. The service had invested in appropriate signage to aid people living with dementia better navigate their way around the home with confidence. A relative told us, "The work that's been done is excellent, the home is immaculate."

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

- At the last inspection we found the provider had failed to assess people's needs and choices in line with standards and guidance. At this inspection, we observed people were involved in decisions about their care,

offered choice and staff helped to promote good outcomes for people.

- At the last inspection improvements were required to ensure people were referred to specialist professionals when their needs and risks had increased. At this inspection we saw evidence that staff worked with healthcare professionals to ensure people's healthcare needs were met in a timely manner.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection of this key question, we rated it as good. At this inspection the rating has remained 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

- Although staff knew people well, people's care records required further information about their background and preferences. This is important as it helps staff get to know people more and deliver individualised care. We discussed this with the manager who confirmed this had already been identified as an area for improvement and a thorough review of all care records was planned.
- People were treated in a person-centred and dignified way and in a way which helped promote their independence. People and their relatives were consistently positive about the caring attitude of staff, "Staff are caring and kind" and "Staff treat me with respect." A relative shared, "The care and support is better than the best it can be, I couldn't ask for more."
- Staff supported people to maintain their independence. Staff ensured people had appropriate equipment and adaptations to keep them safe and to promote dignity. Staff told us, "We make sure their best interests are at heart, we help them but also encourage and respect their independence" and "It's a lovely home, peaceful. We know people's preferences. We know them well."

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

- People had choice and control in their day to day lives. People were supported to direct their own health and care whenever they could. We saw examples of people taking control of their own health appointments and medicines.
- Staff supported people in a way that was sensitive to their needs and choices and used accessible means of communication whenever needed.
- Staff told us they understood the importance of empowering people to make decisions and choices wherever possible. People confirmed, "We have meetings for the residents here and I can give my feedback" and "We have meetings and questionnaires to give and they changed the menu as a result."

# Is the service responsive?

## Our findings

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

At our last inspection of this key question we rated it as good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always recorded as being met.

### End of life care and support

- Although the service recognised people's individual religious and cultural beliefs and how these may influence decisions about their end of life care, this information was not recorded within their care records, meaning there was no evidence that such wishes would be acted on.
- Care records did not evidence that people, their relatives or advocates had been involved and consulted in decisions about the care required to enable people to have a comfortable, dignified and pain free death.
- There was no evidence that people's needs, on the grounds of their protected characteristics had been considered as part of the planning process and provisions had been made. Where people had a DNA CPR (Do not attempt cardiopulmonary resuscitation) provision in place, people's hospital passports were often incomplete, and many did not contain a refusal of blood transfusion form (which is an important part of Jehovah Witness faith).
- However, the manager advised that any person who was admitted to hospital was accompanied by an elder of the community to ensure that health care professionals respected people's faith and beliefs.

We recommend the provider ensures people's care records reflects their individual decisions and choices to enable them to receive the correct support at the end of their life.

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

- People's care records did not always demonstrate their involvement, needs and choices. Some care plans were written in a standardised way and did not reflect individualised and person-centred care. Care plans did not always evidence how individualised needs were taken into account. Care plans contained little information about people's social and family background. Reviews of care were not person centred and did not reflect on significant events which had occurred.
- The manager had identified that care plans required further work and had begun the process of moving records from paper to electronic format so that they could be updated more easily. Despite the shortfalls in care plans, people told us their care and support was tailored as far as possible, to their choice and preference.
- Where people had been assessed as at risk of dehydration or weight loss, daily care records did not always evidence nutritional and hydration intake had been recorded. However, the manager had identified gaps in records and had started to address the issue with care staff, we were assured people were receiving the care and support they needed.

Support to follow interests and to take part in activities that are socially and culturally relevant to them;  
Supporting people to develop and maintain relationships to avoid social isolation

- The service enabled people to carry out person centred activities and maintain interests. As people living at the service were baptised Jehovah Witnesses, the service supported people's spiritual needs by arranging for 'elders' of the community to visit and facilitated religious services, prayer and hymn sessions. Most care staff were also baptised Jehovah Witnesses, enabling people to be cared in a way that was conducive to their beliefs, core values and faith.
- The service helped people maintain relationships with those important to them. Family and friends were made to feel welcome and visits were facilitated in a safe way. Such visits helped people to avoid social isolation.

#### 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.

- Although people's care records did not always evidence that assessment of their communication needs had been undertaken, the service was familiar with the standard about how to make information more accessible for people and had consulted best practice guidance to aid them with this. We observed staff taking the time to communicate effectively with people.
- The service ensured technology was easy to use and accessible to people. As many people's family and friends lived overseas, staff supported people to maintain long distance relationships via the use of remote technology. One person told us, "Zoom meetings helps me keep in touch with friends."

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

- A complaints policy was in place to ensure complaints were investigated appropriately. People told us they knew how to give feedback about their care and support and would tell staff or the manager if they were unhappy about something. One told us, "I can always approach either the staff or the manager."
- Relatives told us they felt confident that if they did have cause to complain, it would be taken seriously and acted on. One relative confirmed, "It's an open shop here, completely transparent."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership not always consistent. Although leaders and the culture they created supported the delivery of high-quality, person-centred care, further time was required for revised systems and practices to become well embedded into the running of the service.

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 we found systems were not robust enough to demonstrate leadership and quality assurance was effectively managed. This was a breach of Regulation 17 (Good governance) 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 there were significant shortfalls in oversight and leadership. Systems to assess, monitor and improve the service had not been implemented and operated effectively. There was no systematic approach to audit many of the checks and systems had not identified emerging and ongoing risks.
- At this inspection we found the manager and provider demonstrated their understanding of quality performance, risk and regulatory requirements. Since the last inspection a temporary manager had been recruited and the service was in the process of recruiting a permanent manager to become registered with CQC. Since their appointment, the manager had introduced systems and processes to identify and manage risks to the safety and quality of the service, to help drive improvement.
- At the last inspection we found some inconsistencies in documentation which had not been recognised by the manager. At this inspection, we found significant improvements had been made to records and documentation. Although some gaps in records remained, such as cleaning records, maintenance records and daily care records, the manager had identified this by way of their auditing processes and had implemented actions to address the issues.
- At the last inspection we found the manager and provider had not followed required standards, guidance and their own policies and had not ensured staff had up to date training and knowledge linked to the specific needs of people in the service. Staffing deployment had not been assessed or monitored to ensure people's safety and assessed risks were minimised.
- At this inspection, it was evident the manager understood the importance and responsibility of their role. They were able to account for the actions and performance of their staff. Staff appraisal and supervision records evidenced that staff received constructive feedback about their role and performance. Further training for staff had been provided. Staff told us they had confidence in the manager and that they felt valued and supported.



- At the last inspection, the provider had failed to implement systems for learning from incidents and near misses. The manager and staff could not demonstrate whether they had reviewed what could be learnt from significant events such as repeated falls. At this inspection, the manager had introduced practices which demonstrated they had identified and managed risks and shared this information with staff which helped embed a culture of transparency and best practice learning.

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

- At the last inspection, although we found the registered provider had systems for promoting person-centred care, they had not been consistently applied to support the process. Systems for supporting staff including training were not adequately implemented to support the delivery of safe care. At this inspection, we found systems (such as staff training and learning from incidents) had been improved, were regularly reviewed and staff were supported to develop and be heard.
- At the last inspection, we found incidents of injuries that had not been notified and safeguarding concerns which had not been shared with the local authority. The registered manager and provider had not documented or evidenced that action had been taken in line with their duty of candour. At this inspection, we found concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.
- Minutes of manager's meetings demonstrated that the service was open to feedback and was able to take effective action in response. The manager was knowledgeable about quality issues and priorities and ensured quality assurance processes were in place to help address any areas for improvement. People and staff were involved in making improvements and future planning. There was a strong focus on continuous learning and improvement at all levels in the service.
- The service actively encouraged people to give their views. Minutes of resident meetings demonstrated that people's views were listened to and acted on, to help ensure people shaped the service and had a say in the running of their home. For example, people had a say in devising their seasonal menus. People were able to request individual items and pieces of preferred furniture for their rooms.

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

- At the last inspection we found people were not routinely involved in the development or management of the service. Staff and the management team were not promoting or championing people's rights in this way. At this inspection, we saw how the service involved people and their family and friends in a meaningful way. Relatives told us how the service kept them up to date with their loved one's care and support and consulted them in decisions about their care and support.
- The manager engaged with others to deliver safe and high-quality person-centred care. They led by example and operated an open-door policy. Staff told us they felt valued and supported. The manager had helped to shape a culture of honesty, compassion and respect within the home. Staff told us, "I can raise anything with management, and something would be done" and "Staff meetings give us a chance to speak up."
- The service worked with external health and social care professionals in a collaborative way to support holistic care provision. We saw evidence of people being supported by staff to attend external health appointments.