

Autumn Days Care Limited

Rosedale Retirement Home

Inspection report

Ashfield Crescent
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Tel: 01989218082

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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

Rosedale Retirement Home is a residential care home providing personal care for up to 24 people aged 65 and over in one adapted building. There were 15 people living in the home at the time of our inspection.

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

Rosedale Retirement Home had been through a period of significant management changes over the past two years, which had had a negative impact to the service provision. The recent management team had put systems into place to respond to the significant concerns that were identified at the last inspection. Improvements had been made, and the standard of care had improved. In addition to this more time was needed for these new systems and process to become established, embedded into practice and sustained.

Aspects of the environment required further improvement to promote people's privacy and dignity.

People told us they felt safe and were supported by staff. Relatives felt their family member was safe and cared for in the right way. Staff recognised different types of abuse and how to report it. The provider understood their safeguarding responsibilities and how to protect people from abuse. Potential risks to people's health and wellbeing had been identified and were managed safely. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care. There were sufficient numbers of staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person and, where appropriate, their relative. Staff had the training and support to be able to care for people in line with best practice. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. 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 did support this practice.

People told us staff were kind and treated them well. Relatives felt the staff cared for their family member in a caring and supportive way. Staff treated people as individuals and respected the choices they made. Staff treated people with care and respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported to maintain contact with people who were important to them. People engaged in activities that were individualised to them. People had access to information about how to raise a complaint. Where complaints had been raised these had been responded to in line with the provider's policy. People's end of life care needs were met in line with their preferences in a respectful and dignified

way.

People and relatives told us the service had improved since our last inspection. Staff told us there had been improvements which was working much better. People, relatives and staff felt the nominated individual (NI) was visible within the home and listened to people's and staff's views about the way the service was run. The nominated individual (NI) is responsible for supervising the management of the service on behalf of the provider.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 11 March 2022).

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 28 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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

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.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was 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 ●

Rosedale Retirement 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 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

Two inspectors carried out this inspection.

Service and service type

Rosedale Retirement 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.

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.

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 and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives. We spoke with six staff including senior care staff, care staff, cook, the administrator and the nominated individual. The nominated individual (NI) is responsible for supervising the management of the service on behalf of the provider. We also briefly spoke with two provider representatives. We spoke with a visiting healthcare professional. We reviewed a range of records in relation to people's care, including medication records. We also reviewed a range of records held by the service including, staff training and rota's, recruitment records, complaints audits and checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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 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 our last inspection we found people were exposed to risk as their care needs had not been assessed and staff's knowledge was not consistent in how to meet people's needs and keep them safe.
- At this inspection staff understood people's individual needs and how to best support them. For example, where a person required a specialised diet.
- People's care records detailed their individual risks, how these had been minimised and how staff were to support the person in line with best practice. For example, where a person was at risk of developing sore skin, they had pressure relieving equipment in place to minimise risk of them developing sore skin.
- People's care needs were reviewed monthly, or where there were changes in their wellbeing. For example, where a person had experienced a fall, a change in their planned care had taken place to minimise risk of injury should the person experience a further fall.

At our last inspection the provider had failed to ensure medicines were administered and stored and recorded safely. 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.

Using medicines safely

- At our last inspection we found people's medicines were not given as prescribed. We also found the receipt and storage of medicine was not safely managed. In addition to this we found shortfalls in staff's medicine knowledge which had not been addressed to ensure staff were safe to administer medicines.
- At this inspection we found improvements had been made. People received their medicines as prescribed and in line with their doctor's advice.
- Staff's knowledge had improved in relation to what medicines people required, and spot checks and supervisions took place to ensure staff's knowledge remained up to date.

- The receipt, storage and disposal of medicines was safe.

At our last inspection the provider had failed to the service was clean and hygienic practices were used by staff. 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.

Preventing and controlling infection

- At the last inspection we identified concerns with how the provider prevented and controlled infection. At this inspection we found improvements had been made.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we found that some further work was required in ensuring vacant rooms were clean and in good safe order as these remained accessible to people.
- 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 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 provider was facilitating visitors into the home in line with government guidance.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff were deployed to meet people's needs. This was a breach of regulation 18(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 18(1).

- At our last inspection the provider did not have sufficient staff to meet people's needs. The provider had also not considered the skill mix of staff to ensure they could meet people's needs.
- At this inspection we found improvements had been made as assessments were completed prior to people moving into the home to ensure they could meet people's needs. People's requests for staff support were responded to promptly. We saw, for example at mealtimes, staff were able to spend time with those who required assistance to eat their meals at a relaxed pace.
- Staff told us, since the last inspection they had sufficient time to support people.
- People's care needs had been assessed to ensure the staff team had the skills to meet their individual needs.

At our last inspection the provider had failed to ensure recruitment procedures were established and operated effectively to ensure that staff who were employed were fit and proper person's. This was a breach

of regulation 19 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 19.

- At the last inspection staff recruitment processes were not robust to give the provider assurances that staff were suitable for their roles.
- At this inspection we found the provider was carrying out safe recruitment practices before employing staff to work in the home. Where new staff had been employed checks were completed prior to their start date.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems were embedded to protect people from the risk of abuse and operated effectively to investigate and respond in a timely manner. This was a breach of regulation 13 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 we found potential abuse or neglect had not always been recognised when abuse or neglect may be occurring and had not taken sufficient action to mitigate known risk. We also found that staff did not always understand safeguarding and how to escalate this if they were concerned.
- At this inspection we found staff's safeguarding knowledge had improved. They understood what this meant and how to raise concerns.
- People told us they felt safe living at Rosedale and well cared for by the staff team. Relatives told us they felt their family member was safe.
- The nominated individual (NI), who visited the home daily during the week, had a good understanding of safeguarding procedures and worked with the local authority where any concerns may have been raised.

Learning lessons when things go wrong

- Since our last inspection the provider had recognised that action was required to understand why the service had been continually declining in its standards since our inspection in February 2020. At this inspection we found the new NI had put processes in place to drive improvement, through monitoring and learning through reflective practices. For example, where an incident had happened, staff meetings were held, additional training was put in place, and further reviews to understand if this had improved the service provision took place.

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 inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider failed to ensure people personal preferences were being met. This was a breach of regulation 09 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 09.

- At our last inspection care and support was not planned and delivered in line with current evidence-based guidance. Assessments of people's needs were either not in place or lacked up to date details.
- At this inspection we found that assessments took place prior to people moving into the home to ensure the service was able to meet their needs. A relative we spoke with told us they were involved in this process.
- People's individual needs and choices had been planned and their preferences sought, so people's care could be delivered in line with this.

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

- At the last inspection records held about newer people who had moved into the home was not in place. It could also not be evidenced that contact was being made with external agencies, such as the person's doctor, when required.
- At this inspection we found improvements had been made. Records held details of important information about health and social care professionals who would be involved in people's care.
- Relatives told us that staff were prompt to arrange appropriate support for their family member.
- Records showed staff sought external advice, and adapted people's care needs to reflect any changes.
- External healthcare professionals we spoke with prior to inspection and during our onsite visit told us how staff worked alongside them to ensure people had the best health outcomes.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure they had suitably qualified, competent and experienced staff on duty to meet people's individual needs. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

regulation 18(2).

- At the last inspection the provider could not be assured that new staff who had not worked previously in the care sector had a robust and meaningful induction into the service. It was also found that staff did not have dedicated time to attend training, nor recognised when poor practice was taking place, for example, when supporting a person to move with use of a hoist.
- At this inspection we found improvements had been made.
- A new staff member told us they had an induction period before they began supporting people. They then worked with an experienced staff member completing lighter duties, until their induction was completed and they felt confident to work alone.
- Staff had received practical training from external sources such as fire safety, first aid and manual handling. The NI told us that further practical fire training had been booked, to refresh their existing staff's knowledge, but to also ensure newer staff also received practical fire training.
- Online training also took place for other areas, such as safeguarding and infection prevention and control. The NI completed supervisions and spot checks to test staff's knowledge and observe if they applied this in practice or whether further training and support was required.
- People and relatives felt the staff who supported them knew how to do this well.

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

At the last inspection the provider failed to ensure the premises was suitable for the purpose it was being used. This was a breach of regulation 15 (Premises and equipment) 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 15.

- At the last inspection we found the premises may not always be safe in the event of a fire. We also found the provider did not fully support people to maintain their independence, as the courtyard had uneven paving and the lift could not be used independently.
- At this inspection we found improvements had been made with aspects of the environment, and fire safety matters had also been addressed.
- The courtyard paving had been relayed, which gave people safe and independent access.
- We found that the lift still did not promote people's independence, as the lift was not designed for multi-use. For example, if the lift was on the lower ground floor, it could not be called up to the middle floor. People would have to request staff's assistance to call the lift. However, we found this did not have a negative impact on people, as people's requests for support with calling for the lift were prompt.
- Communal rooms had been newly decorated and bedrooms on the lower ground floors had been re-decorated or had plans in place for this to be completed.
- Most people, with the exception of two, had access to their own en-suite, which housed a toilet and a wash basin. The home had three bathroom facilities, however, two of these were on the top floor and not used by people who lived in the home, we did not find this impacted people. On the ground floor there was a walk-in shower and a separate toilet, which people could use.

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

At the last inspection the provider had failed to ensure people were not deprived of their liberty without lawful authority. This was a breach of regulation 13 (5) (Safeguarding service users 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 (5).

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 not been working in line with the principles of the MCA. We found the provider could not confirm whether any person had a current DoLS authorisation in place. Where the provider had later identified who had a DoLS authorisation they could not be assured they were providing care in line with the conditions that were in place.
- At this inspection we found the provider was working in line with the principles of the MCA.
- People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to providing support.
- Relatives told us they had been involved in certain decisions in line with people's best interests.
- Records showed multi-disciplinary teams had been contacted and involved in this aspect of people's care.
- Where the NI had deemed people were being deprived of their liberty, applications had been sent to the local authority for authorisation. The NI kept track of application processes, to ensure key dates were met. The NI met their legal requirement to notify the CQC where a person had been legally deprived of their liberty.

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

- At the last inspection we found staff did not always have time to support people with their meals where they needed assistance. We also found that people's weights were not monitored, or where a person's doctor had raised concerns about a person's weight, staff had not followed their advice for monitoring people's intake of food or fluid.
- At this inspection we found improvements in this area.
- Where people required assistance, this was done in a respectful way at a pace which suited the person.
- The NI and deputy manager made checks to ensure people's weight was monitored, where there were concerns, staff told us they would contact the person's doctor.
- People told us they had enjoyed the food offered. One person said, "The food is really good! Its smells nice today doesn't it!" There was a choice of food for people and we heard staff offering people second helpings. The cook also spoke to each person to see if they were happy with their meal.

Is the service caring?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider failed to ensure people were treated with dignity and respect. This 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.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection people's dignity was not maintained. At this inspection we found improvements had been made and staff were able to support people in a timely way to promote the dignity.
- At the last inspection the environment of the home did not support people's privacy, as there was not adequate window covering. At this inspection we found window coverings for one person remained a concern. The NI showed us that new window dressings had been ordered and these were due to be replaced soon.
- At the last inspection we found people's possessions were not treated in a respectful way, as vacant rooms held previous people's personal items, such as clothing and photographs. At this inspection we continued to find in vacant rooms personal items such as clothing, letters and photos.
- At the last inspection we found towels and face cloths in people's rooms were ripped and frayed, bed linen was also found to be worn, frayed and had holes in. At this inspection we found frayed and worn towels and face cloths continued to be used. The NI told us new towels had been bought. However, these were not in use at the time of the inspection. After the inspection the NI confirmed these were now being used.

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

- At the last inspection staff were completing other tasks and did not always have time to have meaningful conversations with people. People also told us that night time was noisy with people shouting, calling and entering their rooms.
- At this inspection we saw staff had time to spend with people, engage in activities and support their emotional needs. People also did not raise concerns with night time. The NI told us they completed nighttime spot checks to ensure good standards of care continued.
- People told us staff were kind towards them. People would talk about individual staff with affection. We saw staff were kind and supportive in their approach to people and talked to people in a respectful way. One relative told us, "The staff now are all lovely, very caring." A further relative said, "[person's name] has told me herself that she loves it here and staff are so kind to her."

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

- The NI had worked with people and their relatives to understand their individual preferences. Staff we spoke with knew people's likes and dislikes and how to support them.

Is the service responsive?

Our findings

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

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At the last inspection the provider failed to ensure people personal preferences were being met. 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.

- At the last inspection people had not been involved in developing their care plan. We also found that people were not supported to maintain their interests and hobbies.
- At this inspection people and where appropriate their relatives, had been supported in developing their care plans.
- Staff knew people well and recognised when they were 'not themselves' so that prompt action could be taken.
- Staff told us, and we saw, there was a good level of information about people's care needs and preferences.
- Where people's needs had changed, these were reviewed in a timely way, and external healthcare professionals were contacted so that appropriate support, for example, advice or specialist equipment, could be sought.

Meeting people's communication needs

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

- Consideration had been taken to ensure people with a sensory impairment had been supported to receive information in a way which they understood it.

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 told us they took part in activities they enjoyed. We saw people colouring and knitting and dancing to music.

- Celebrations had been held to celebrate calendar events, such as the jubilee and Easter. Other events had also taken place, such as cake bake sale to support a dementia charity.
- People's friends and family were able to visit when they wished them too. One relative told us how they could visit anytime they wished, but avoided mealtimes so these were not interrupted.

Improving care quality in response to complaints or concerns

At the last inspection the provider had failed to ensure they had established systems for responding and acting on complaints. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16.

- At our last inspection people did not know who to raise their complaints to, and where complaints had been made, they had not felt listened to. Records of complaints were also not found.
- At this inspection the provider had improved their complaints system. People and relatives had information about how and who to complain to if required.
- Where the provider had received complaints, the details of this were responded to in line with their complaints policy.

End of life care and support

- At the last inspection we found improvements were required with gaining people's preferences for end of life care. The provider could also not be assured external agencies were contacted in a timely way when people needed end of life care support.
- At this inspection we found improvements had been made. Records reflected people's wishes, and where appropriate relatives had been involved in discussions.
- The NI supported their staff team to ensure people's wishes and support for end of life care were being respected. We saw that external healthcare professionals had been contacted to ensure the medicines and equipment required was in place to promote and support people in receiving a dignified and comfortable death.

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 was inconsistent. Leaders and the culture they created needed time to establish and embed the delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to ensure the systems in place to monitor and measure the service were fully effective. This was a breach of regulation 17 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. However, further improvements were required.

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

- Three previous consecutive inspections identified that the effectiveness of the provider's systems to monitor the quality of service had systematically failed to identify concerns to mitigate risks, promote people's safety and strive for high quality care.
- At this inspection we found the NI, who was at the home daily, had put systems and processes in place to identify, respond and review the care provision to drive improvement.
- The systems that were now in place had a positive impact for people and the staff group. However, further time was needed to embed and sustain these systems.
- Whilst there had been significant work undertaken to improve the service, there were some aspects that still required attention. These shortfalls had been identified at the previous inspection and some continued to be found at this inspection.
- A daily walk around audit was completed, however, it had not identified that vacant rooms, continued to contain personal items from people who used to live in the home and damaged or ripped armchairs. While there were only staff living in the upstairs of the house, and people did not go upstairs, the vacant bedrooms continued to hold broken and damaged furniture and wardrobes contained people's personal possessions and information where they used to live in the home. We raised this with the NI.
- At our last inspection we found staff did not always hear the call bell ringing on the newer wing, for example if they were in the other wing of the home. At that inspection the provider advised the call bell system would be updated. At this inspection we found the call bell system had not been updated. Whilst people told us they were not waiting long periods of time for staff to respond, the provider could not be sufficiently assured that staff would always be able to respond to people's requests in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There had been clear improvements in the care provision for people, and the staff group were supported and trained to carry out their roles. However, time was needed for these systems and processes to become established, embedded into practice and sustained.
- Support for staff from managers had been inconsistent. There had been further changes in the management team since our last inspection. At the time of our inspection the NI was in the process of applying to become the registered manager and fully take over the day to day management of the home. Staff told the inspectors the NI had been supportive towards them. However, the staff had been through a period of significant manager changes, and time was needed to stabilise and establish the management team.
- The NI recognised they had a small staff group, and a broader range of staff was required, to ensure there were always sufficient staff to cover shifts as the more people moved into the home. While also ensuring staff's wellbeing was maintained. The NI told us they were continually advertising to recruit for staff to help support their existing team.
- People and relatives knew the NI. One person said, "[The NI] is a good chap." While a relative told us "I think this place is going in the right direction now, I don't worry about [person's name] anymore, it's so much better and I know [the person] is safe."

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 provider had not had a registered manager in post since June 2021. The NI told us that they were in the process of applying for the registered manager post, and would source a new NI into the role.
- The provider understood their responsibilities for notifying the CQC for other events, such as deaths, serious injuries or DoLS authorisations.
- The NI understood their responsibilities to be open and transparent with people, where events had happened in the home, we saw this was communicated with the appropriate people and external agencies.
- Staff were clear about their roles, and the values upheld by the provider.
- The legal requirement to display the CQC ratings of the last inspection in the home was met.

Continuous learning and improving care

- At the last inspection the provider had not demonstrated they had learnt from lessons to improve the standards of care and the areas of concern identified at the inspection were broad in their range.
- At this inspection the NI understood the challenges and took action to address them. The quality assurance processes were being tried, tested and adapted to suit the individual needs of the service provision. There was now a strong focus on continuous learning at all levels of the organisation. These new systems needed time to establish to understand whether these were sustainable in continuing to drive improvement.
- At the last inspection the provider did not have robust systems in place for ensuring incidents and accidents were monitored, reviewed and mitigated. At this inspection we found improvements had been made in this area, and reviews of incidents took place to ensure mitigation was sufficient.

Working in partnership with others

- At the last inspection there had been poor collaboration with external stakeholders, such as doctors and district nurses. There was little evidence to suggest that contact had been made with other supporting agencies, such as social workers, physiotherapists or occupational therapists.
- At this inspection the NI had worked with external agencies to improve communication and working

arrangements. We found that this had a positive impact for people using the service. External agencies told us there had been an improvement in this area, and staff were responsive to their advice and worked in a joined-up approach.