

Shaw Healthcare Limited

Mill River Lodge

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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Mill River Lodge is situated in Horsham, West Sussex. It is a residential 'care home' providing care for up to 70 people in one adapted building. People residing at the home may be living with dementia, physical disabilities, older age or frailty as well as up to 20 people who may require nursing care. At the time of inspection there were 63 people living at the service.

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

Since our last inspection it was evident that the managers of the service and staff had continued their work to improve the standard of care people received and the overall governance of the service. Quality assurance and monitoring systems had been revised and embedded. Support from external organisations and health professionals had been utilised effectively and recommendations implemented to address the concerns raised about Infection Prevention and Control (IPC) and managerial oversight of people's care.

IPC practice had significantly improved and was in line with current government guidance. People and their relatives told us they felt safe and were cared for by staff who knew them well. People told us staff wore Personal Protective Equipment (PPE) when providing care and ensured that visitors to the home completed a lateral flow test for COVID-19 before they entered the building.

Risks to people's health and safety were assessed and people were supported to stay safe. Care plans were person-centred and provided staff with clear guidance on how to support people. Staff were aware of their safeguarding responsibilities and knew how to report and escalate concerns. Accidents, incidents and safeguarding concerns were appropriately investigated with actions taken to reduce the risk of reoccurrence.

Medicines were managed safely. People received their medicines in line with the prescribers requirements from staff who were trained and competent in the task. People who were prescribed medicines to be administered 'as and when required' (PRN) had detailed care plans to guide staff when PRN medicine should be administered.

People and their relatives told us staffing levels had improved and there were enough staff to meet their needs. Staff were recruited safely and had the skills, training and competence to provide safe and effective care. Staff had regular supervision where they received feedback about their practice and opportunities for development.

People received care in accordance to their needs and had access to healthcare services and support. One relative told us, "They [staff] always take time to help any resident who needs it. They don't get impatient and they help in a gentle 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 culture within the home was positive, person-centred and promoted good outcomes for people. People and their relatives felt involved in their care and were complimentary about how the home was managed. A relative told us, "I think the home is very good and I have recommended it to people. I feel very confident with my [person] being there."

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 07 April 2020). There was one breach of regulation relating to the leadership and governance of the home. The provider completed an action plan to show what they would do and by when to improve. A targeted inspection was held on 10 November 2020 (published 08 April 2021) to follow up on this breach and look at concerns raised at the time about people's care. The provider had not met all of their action plan and there was a further breach of regulation relating to infection prevention and control and people's care. The home had failed to make enough improvements and remained Requires Improvement. The provider was served a notice to impose conditions on their registration. The provider was required to submit monthly reports to CQC to demonstrate their quality assurance and monitoring systems were effective and utilised to improve people's care.

At this inspection enough improvements had been made and the provider was no longer in breach of regulation 12 (safe care and treatment), and regulation 17 (good governance).

Why we inspected

We undertook this focused inspection to check the provider had complied with the conditions imposed on their registration. We also needed to ensure that actions submitted in their monthly reports were embedded and confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements. The rating from the previous comprehensive inspection for the key question not looked at on this occasion was used in calculating the overall rating at this 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.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mill River Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was undertaken by three inspectors and an Expert by Experience who contacted people's relative's remotely by phone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mill River Lodge 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

We gave a short notice period of the inspection because we wanted to ensure we had up to date information regarding the COVID-19 status of the home. This would enable us to plan our visit safely.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the monthly reports submitted under the conditions of registration. We used the information the provider sent us in the

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

During the inspection

We spoke with 14 people who used the service and seven relatives about their experience of the care provided. We spoke with 20 members of staff including the managers, deputy manager, registered nurse, team leaders, care workers, housekeeping staff, maintenance staff, activities champions and the chefs.

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

We are currently improving how we gather people's experience and views on services when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans, speaking to staff and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff competencies, minutes from meetings and audit and quality assurance records. We requested feedback from three professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

Preventing and controlling infection; Learning lessons when things go wrong

At the last inspection the provider and registered manager had not ensured that staff were doing all that was practical to mitigate the risk and spread of infection throughout the home. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a notice to impose conditions on the providers registration.

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

The provider had enlisted support and advice from an external health professional with specialist knowledge in Infection Prevention and Control (IPC). Regular IPC audits were conducted across the home at service and management level where concerns could be quickly identified and acted upon if required. Lessons learnt from the ineffective use of Personal Protective Equipment (PPE) had led to the additional purchase of colour coded aprons to ensure staff were able to differentiate between people being supported in isolation and those that were not. The process to ensure all equipment was cleaned between use was revised and updated, this included the introduction of 'I am clean' labelling to ensure staff were informed if equipment was sanitised and ready for use. Staff had undertaken refresher training in IPC, hand hygiene and how to put on and remove PPE correctly and in a safe way. Staff carried individual bottles of sanitiser attached to their uniforms to promote the frequency of sanitising their hands between touching people or their face masks. The managers undertook regular spot checks and observations of staff to ensure that safe IPC practices were being adhered to.

- We were assured that the provider was preventing visitors from catching and spreading infections. There were processes in place to ensure visits were safe and facilitated in a way which reduced the potential risk of infection transmission.
- We were assured that the provider was meeting shielding and social distancing rules. At the time of our inspection, there were no positive cases of COVID-19 in the home. People were supported to maintain social distancing and shield in individual units when required.
- We were assured that the provider was admitting people safely to the service. People who had been admitted or returning from hospital were isolated in accordance with government guidance.
- We were assured that the provider was using PPE effectively and safely. Staff were observed using PPE correctly. One staff member told us, "We're really good with our PPE now, we have learnt a lot about infection control."
- We were assured that the provider was accessing testing for people using the service and staff. People and

staff were tested in accordance with government guidance. Visitors to the service were checked for completion of COVID-19 lateral flow tests before entering the home. People and staff had received their COVID-19 vaccinations.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People's bedrooms and communal areas were clean and hygienic. High touch areas were frequently cleaned and there was an enhanced cleaning schedule in place.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had reviewed their processes to ensure outbreaks were effectively managed.
- We were assured that the provider's infection prevention and control policy was up to date. The provider had clear, robust and up to date policies to keep people, staff and visitors safe.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The provider had a policy which ensured visits were facilitated in line with current guidance and at times which suited people. One relative commented, "When I went last week we had to wear masks and do a Lateral Flow Test. Then, once passed we were escorted to [person's] room. We and the staff were fully fitted out in PPE and gowns."

Staffing and recruitment

- There were enough staff on duty each shift to meet people's needs. The registered manager completed a dependency tool each week to determine how staff would be deployed throughout the home and ensure that staffing levels were aligned to people's needs.
- People and their relatives thought staffing had improved and gave mixed feedback about whether there were enough staff. One relative when asked about staffing said, "Maybe one more on each floor, but I don't think at all that there is plainly not enough staff." Another told us, "I think sometime in the past there was a shortage of staff at weekends, but this was at least six months ago now. Since then it has definitely improved and I see now the same carers at weekends as I do during the week. The situation is now much better." A third person said, "It always seems to be the same staff. Can't complain about it at all."
- During the global pandemic the registered manager had experienced challenges with the recruitment and retention of staff. Although the service had vacancies, there was an ongoing recruitment program which aimed to ensure the vacancies were filled. The service had an assessed number of staff required each shift. Where there were staff shortages due to vacancies, staff sickness or increases in people's care needs, agency staff were employed. One staff member explained, "There is mostly enough staff, sometimes we have agency. If we have agency staff, they are usually regulars who know staff and people." Another staff member said, "I feel positive about the changes brought in with our managers. Staffing does fluctuate sometimes but I think it's okay, we have agency staff when we need them."
- Staff were recruited safely and in accordance with the providers policy. Appropriate DBS checks and other relevant recruitment checks were completed to ensure staff were suitable for the role. A DBS check is an official record which shows whether an applicant has any criminal convictions and is used to help the registered manager when making decisions about recruitment.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse. Staff had undertaken safeguarding training, knew how to identify signs of potential abuse and understood their responsibilities. Staff felt confident the registered manager would report any concerns.
- Safeguarding investigations had been carried out when required. When concerns were identified appropriate action had been taken to mitigate ongoing risks to people. For example, when people had not always received their medicines as prescribed due to delays in the process for receiving medicines, staff liaised with the GP to ensure they were aware of any potential side or adverse effects people might experience as a result. People's physical observations were increased and monitored for changes in their

health so any changes could be acted upon quickly. The management team were working closely with the GP and pharmacy to resolve these issues.

- Safeguarding incidents were analysed and actions identified to prevent reoccurrence. Lessons learned from incidents were discussed with staff and addressed through team meetings and staff coaching sessions.
- The registered manager adhered to the providers safeguarding policy and carried out their duty to report concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe and were cared for by staff that knew them well and understood their needs. One relative told us, "The carers are well trained and empathetic to the needs of the residents." A person said, "I'm very happy here, I feel safe. It's very quiet and calm in the home, I like that."
- People at risk of falls were supported in line with the providers policy. One staff member explained how they mitigate the risk of falls by supporting people with the right equipment and ensuring they have good footwear, observing people while they walk and reporting any concerns. Staff considered other factors that might increase people's risk of falls. For example, one person was not sleeping well which had affected their mobility. Staff told us the person was supported with improved bedtime routine and comfort to encourage a good night sleep.
- Risks to people's health and safety were appropriately assessed, provided detail and were regularly reviewed. People had risk management and care plans that guided staff on how to safely meet their needs. For example, people's weights were regularly monitored with actions taken if weight loss was identified. The home had recently carried out a 'fortified meals' project to increase awareness of the importance of managing nutrition. Staff had completed training in nutrition to increase their knowledge and skills. One staff member explained, "The meals are fortified, it's good for people who have small appetite, I think the nutrition is good, we take care to manage people's nutrition and weight."
- Accidents and incidents were investigated and analysed to monitor for themes and trends from which actions were taken to improve people's safety. Clinical meetings were regularly held where findings were discussed, and changes made to people's care if required.
- Staff understood their responsibilities regarding premises and equipment. Maintenance issues or concerns were reported in a timely way and quickly resolved. External contractors were sought when repairs could not be made in house. For example, when a person's wheelchair footplate had broken this was referred for repair to an external service. Staff ensured the person's needs could be met by using an alternative wheelchair while repairs were made.

Using medicines safely

- Medicines were managed consistently and safely. Medicines were administered by registered nurses or staff that had completed medicines training. All staff administering medicines were assessed as competent and received regular training updates and spot checks to ensure their practice was current and in line with the providers policy.
- People prescribed 'as and when required' (PRN) medicines had care plans to guide staff when, how and what dose of medicine was required for particular symptoms. One person was prescribed medicine for pain, their care plan advised staff of what body language and facial expressions they may show to indicate they were experiencing pain and the medicine was needed.
- Medicines and care plans were regularly reviewed and updated. People prescribed time specific medicines received their medicines on time. We observed people receiving their medicines in a safe and respectful way.
- Medicines were stored correctly and disposed of safely. Staff keep accurate medicines records which were regularly monitored. Risk assessments and care plans were completed for medicines that were considered

at risk of abuse or addiction. Quality assurance systems for managing medicines were effective and identified shortfalls from which appropriate actions to improve could be taken.

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.

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 two people had not always received support with oral care in accordance with their needs. One person had not been assessed to determine what their needs were, and another had not been supported although support was required. At this inspection improvements had been made. People received an oral health assessment in accordance with best practice guidance and were supported to promote good oral hygiene. Staff were provided with guidance which informed their practice and how to support people. When staff were asked what they thought about people's oral care, one staff member explained, "I think oral care has improved, we request dentist appointments for people and follow these up." Additional training on oral health had also been introduced for staff to enhance their knowledge and skills.
- People were supported to access healthcare services and support. People and their relatives confirmed this. When asked about access to healthcare one relative told us, "They always call the doctor and tell me as well too." Another said, "If there are any problems like [person] ankles are swelling, they get the GP in straight away."
- One person living with an acquired head injury explained they received regular input from community therapy teams who were working with the person and staff to reach their goal of returning home. Advice had also been sought from an organisation specifically for people with head injuries who would provide a laptop computer to enable the person to access online support groups for support with their psychological and emotional needs.
- The management team had developed effective relationships with external agencies. Staff communicated with other health professionals to inform them of concerns over changes to resident's health and the effectiveness of new or adjusted treatments.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were comprehensively assessed and their choices respected. Care was delivered in line with standards guidance and the law. For example, people who were assessed as at risk of choking had care plans which used the International Dysphagia Diet Standardisation Initiative (IDDSI) to guide staff and ensure people were provided meals suitable for their needs. We observed people receiving their correctly textured meals and being supported in a safe and considerate manner.
- The chef had a clear understanding of people's dietary needs and completed individual checks with people to gain their views about current and future meals. They told us this worked well and changes were regularly made to the menu to reflect people's feedback.

- People were regularly weighed and their weight assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a nationally recognised tool used to identify people who are malnourished, at risk of malnutrition or obese. MUST was used by staff to inform people's care plans.
- People were supported to eat and drink enough and maintain a balanced diet. We observed staff ensure people were served the meals they requested or alternatives if they changed their mind. People and their relatives shared positive feedback about the food. Comments included, "The food was delicious" and, "It is proper healthy food there, my [person] eats well."
- In one communal area we observed a person eating their meal from a table in front of their armchair. They would take a mouthful, place their cutlery down and required a prompt from staff to remember to pick it up again. It took the person 50 minutes to eat their meal. The same staff member was observed supporting another person sat at the table. Another staff member was supporting people in their rooms, which meant there was one member of staff in the dining room to support seven people. We shared our observations with the registered manager who responded to our feedback. The mealtime process was reviewed and implemented the following day. Changes made would ensure that staff had time to provide one to one care and support people with their meals.
- People were supported to receive adequate fluids. Staff had completed training in hydration and were observed throughout the inspection frequently offering people drinks ensuring drinks were within reach. Fluid charts were used to monitor people's intake and escalate any concerns. When we asked relatives what they thought about their loved one's hydration needs they said, "[Person] always has blackcurrant juice, plus tea and coffee." Another said, "They [staff] know my [person] is a tea drinker and are always asking if they want one."

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and additional training the provider considered appropriate to the role. Agency staff were assessed as competent before providing care and completed the same competencies and training as permanent Shaw employees. This included medicines training and how to use the electronic medicines system.
- People and their relatives felt staff were equipped to undertake their caring responsibilities. One person experienced anxiety and often declined a shower. Their relative told us they had confidence in staff skills and approach, "[Staff] have got [person] to the stage where they are showering regularly, and they are happy and clean."
- The registered manager operated a system which provided effective oversight of all staff training. Training for staff was regularly updated with new and relevant topics added. Recent updates included positive behavioural support and person-centred care.
- Staff had regular supervision and most felt supported by the managers. Staff received feedback about their work and opportunities to develop. Issues of performance were addressed to ensure staff were competent in their role. One staff member told us, "I have learnt a lot from [registered manager]. They have helped me to understand some things, for example wound care, they have helped me with my care plans."

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

- People were observed in a homely environment suitable for their needs. People appeared relaxed and comfortable and had their own private rooms which they were encouraged to personalise. One person's room was decorated with pictures of old movie stars, another with pictures of their favourite football team, both had been identified as topics of interest for each individual.
- The home was spacious and light with adequate space for people to mobilise safely with their mobility aids. People were observed mobilising independently. For people unable to use the stairs, the home had a lift available for use if required.
- The environment had been adapted for people living with dementia or people that may have difficulty

navigating their surroundings. Bedroom doors had been covered with colourful wraps which looked like front doors and people had decorated boxes with personal items and put their names on to help orientate them to their rooms.

- Technology was used to enhance people's care. Call bells were in use for people to call for staff assistance if needed. For those unable to use call bells due to their level of understanding, infrared sensors or sensor mats were used in people's rooms so when they moved, staff were alerted and could go to offer their assistance.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and legal guidance. Staff had completed training on mental capacity and obtained people's consent before providing care. One relative told us, "They [staff] go through the process of asking consent even though my [person] due to their stroke, can't communicate verbally anymore. They not only talk about the task at hand, but they have real social interactions."
- DoLS had been applied for as required and in a timely way, and authorisations sought from the local authority. Where conditions to DoLS had been imposed, these were complied with. Where decisions were taken in people's best interests, these were documented and appropriate. One person prescribed medicine to reduce agitation was required to have this regularly reviewed as a condition to their DoLS. The provider had ensured this was reviewed as required by the person's GP.
- People living with dementia or other health conditions which could affect their ability to make decisions had capacity assessments completed by staff. When people did not have capacity to make specific decisions or consent, decisions had been made in collaboration with those involved in their care to ensure any decisions made were in the person's best interests.
- The service worked with the local authority DoLS Team to keep them updated and advise them of any restrictive practice for which a DoLS assessment may be needed, for example, bedside crash mats and bed rails.

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 providers systems had not always promoted person-centred care and people's care had been inconsistent. At this inspection improvements had been made. Systems had been revised and embedded to provide staff with information about people in a more accessible way. The provider had introduced a 'pen picture', a short summary of peoples care needs which staff could easily access and daily meetings where any changes in people's health or care were discussed.
- People received personalised care that was responsive to their needs. People had person centred care plans which contained a range of information, their likes and dislikes, preferences and personal histories. Care plans guided staff as to how people preferred to be supported. Staff had completed dementia training and how to support people who may demonstrate behaviours that challenge. Any changes in people's care was communicated effectively so staff felt confident of how to meet their needs. One staff member explained, "Communication between staff and shifts is timely, it makes you confident that you can carry on your shift knowing you are up to date with what people need from you."
- People and their relatives felt involved in their care. When asked about their care plans one person said, "Yes I have seen it and I helped draw it up." A relative told us, "Yes we have been kept updated on the care plan. They make sure both my [relative] and I are updated and not just one of us. We are very happy with that."

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.

- Information had been adapted to meet people's communication needs. Signage around the home had been adapted into braille for people with visual impairment. Some policies such as the complaints and whistle-blowing policy had been converted into easy read format and British Sign Language (BSL). The policies had been translated by a staff member and recorded on film for use by people who are hard of hearing, should this be the person's preferred method of communication.
- The weekly activity schedule was printed in large font with pictures for people who might benefit from easy read materials. One staff member explained, "We have pictorial activities chart for people who might not read very well or who respond better to pictures, it's a weekly list that shows what's planned." We observed two people sat together reading the schedule like a newspaper and enjoying a discussion about

what activities they would like to attend that week.

- People living with dementia were able to choose their meals on the day rather than in advance to enable them to understand the options available. People could choose from a colourful or pictorial menu or choose when their meals arrived so they could see the food on offer. Our observations of mealtimes confirmed this.

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 were supported to develop and maintain friendships, follow their interests and take part in activities relevant to them. People's files contained an 'interests' checklist', which contained personal information people had given about themselves, for example their hobbies and interests, or previous employment. Activities were then recommended based on people's individual preferences. When people were unable to recall this information themselves, friends and relatives were consulted. One staff member said, "We organise groups and one to one time with people. Different people like different things but we try to find common interests so that people can share interest groups together."

- People told us they enjoyed the activities on offer and were observed participating in the monthly residents meeting held in each unit throughout the home. When people had not attended, they were asked to share their views in one to one discussion with staff. One person told us, "It's very sociable here, people are friendly, we have activities in the garden and the food is very good." A 'tree of gratitude' was observed on the wall with comments people had added such as "thank goodness for grandchildren", "staff are lovely" and "people are very nice."

- Throughout the global pandemic, the registered manager had deployed staff who had previously worked in the day centre to support the activity schedule and ensure that people's social needs continued to be met. People were supported to maintain regular contact with their friends and relatives. One staff member said, "During lockdown we gained two [electronic tablet devices] and it's been really helpful to use these with people, we've supported people to have video calls."

Improving care quality in response to complaints or concerns

- Complaints were appropriately investigated in accordance with the providers policy. The registered manager was open and transparent when dealing with concerns that had been raised. Complaints were used to make improvements when needed.

- People and their relatives told us they knew how to make a complaint if they needed to. People we spoke to either had nothing to complain about or when they had raised a complaint said it had been dealt with satisfactorily. One relative told us, "We raised a few issues and they were resolved straight away."

End of life care and support

- People were supported to be comfortable and pain free at the end of their lives. At the time of our inspection there was no one living at the home receiving end of life care.

- People had advanced care plans which recorded their wishes and contained guidance for staff as to how they wanted to be supported.

- Some people had ReSPECT forms in place. The ReSPECT process creates personalised recommendations for people's clinical care and treatment in any future emergency when they may be unable to make or express choices. As part of this process people's preferences and clinical information is recorded following conversations between them and their families with health professionals and home staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At the last inspection the provider had not ensured quality assurance processes to help assess, monitor and improve the quality and safety of the service were consistent or operated effectively. The registered manager and provider had not accepted or acted on feedback to improve the service provided and ensure safe care. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a notice to impose conditions on the providers registration.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had regularly reviewed and evaluated their quality assurance and monitoring systems to ensure they were effective in identifying concerns which could lead to shortfalls in people's care. Where areas for improvement were identified within these systems, changes were made accordingly. This ensured that quality assurance and monitoring systems provided oversight and accurate information from which actions to improve could be taken.
- The provider had sought support from external organisations for advice on Infection Prevention and Control (IPC). Recommendations had been implemented throughout the service and the standard of IPC practice had improved. This was confirmed by weekly COVID-19 audits undertaken by the registered manager and discussions with staff. We asked people and their relatives about IPC. One relative said about staff wearing PPE, "Yes they are very fastidious about that and their responsibilities."
- The management team had worked closely with the local authority and clinical commissioning group to regularly review the providers Service Improvement Plan (SIP). The number of actions and improvements required had significantly reduced since the last inspection. The SIP was updated to ensure that improvements were completed, sustained and met within the timescales specified.
- At the last inspection systems to provide oversight of people's weight were not always accurate or consistent. At this inspection the registered manager had implemented a process which had improved their oversight of people's weights. A monthly analysis was completed and showed a percentage of each person's weight loss, weight gain or if they had remained stable, if concerns were identified, these were addressed. The project which focussed on the importance of nutrition and fortified meals had been successful. One staff member told us, "People's diets have been improved by fortifying them with full fat ingredients for

energy. One person is particularly enjoying the desserts and milkshakes, they eat well, and you can see their weight is stable." Success was celebrated with praise given to kitchen staff whose hard work in this area was acknowledged by the registered manager.

- The managers and staff understood their roles and responsibilities and were passionate about providing safe and effective care. Staff were confident that concerns raised with the registered manager would be appropriately dealt with. Improvements throughout the home were recognised by staff, one staff member told us, "I think the current management have made really positive changes, there is good communication between everyone now and things get done promptly."
- The provider and registered manager recognised that although improvements had been made, there remained complex systems in place to record people's care. They told us of imminent plans to implement an electronic care system which would further improve people's experience of care and managerial oversight. The team shared their enthusiasm about this new system and the benefits this would have for people and staff.

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

- The management team and staff promoted a positive culture that was person-centred, inclusive and empowering. Staff spoke positively about changes they had witnessed in the service. One staff member described the registered manager as "dedicated, detailed and hardworking." Another added, "Managers are responsive, team leaders are hands on. [Registered manager] will listen and I'd definitely approach them with anything I wanted to say."
- People felt involved in their care and their preferences and wishes were respected. Feedback from people and their relatives was complimentary about their experience of care received. A relative told us, "I am completely happy and satisfied. I am perfectly happy as in reference to my [person]. There is absolutely nothing I would change. It is a wonderful care home."
- People were treated with compassion and respect and were encouraged to participate in activities that considered their social and emotional needs and improved their wellbeing. Our observations confirmed this. One person's relative explained, "They organise a lot of little day events. They do all sorts of things both in the garden and inside too." Another told us, "The staff are interested, very caring and patient. I wouldn't move my [relative] now as they are so happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities under the Duty of Candour and was open and transparent when people's care did not go according to plan.
- The provider and registered manager had notified CQC of incidents that had occurred and any lessons learnt or actions taken.

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

- People, their relatives and staff were involved in discussions about the home in a meaningful way. Feedback was collected in a variety of forums. Relatives told us they were asked for their views and received emails which kept them updated on what was going on in the home and their loved one's care. Residents meetings and one to one sessions were regularly held; people could share their thoughts and discuss matters that were important to them.
- Staff were kept up to date with changes in the home and people's care. Staff received feedback and felt able to share their ideas. One staff member told us, "I'm happy to raise in a team meeting. I do think the managers listen." Another said, "I've heard good feedback from family through our team leaders. They are

happy with the care we provide."

- The management team and nurses worked professionally with external agencies such as the GP practice, pharmacy and specialist health professionals. Staff were aware of the importance of working with other agencies and sought their input and advice. People had access to a range of health and social care professionals and were referred appropriately in response to their changing needs. This enabled people's health needs to be assessed so they received the appropriate support to meet their ongoing needs.