

Health & Care Services (NW) Limited

Orchid Lawns

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Orchid Lawns is a residential care home service with nursing, providing accommodation for older people, who may be living with dementia and/or who require nursing or personal care. At the time of our inspection, Orchid Lawns was supporting 11 people, many with complex needs and advanced dementia. The service is registered to support up to 24 people.

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

Safeguarding incidents were not always acted upon, nor always reported to the Care Quality Commission or the local authority safeguarding team without delay. This meant people were at risk of not receiving all external support to ensure they were safe.

The registered manager had introduced new ways of working and systems that improved the quality of care. Some of these were still being fully implemented but meant people's experiences of the care had improved..

People were being supported by a staff team who understood their needs and preferences and treated them with kindness and patience.

Staff received training to ensure they had the right knowledge and skills to safely support people and know the right processes to follow in emergencies. However, this was not followed through in practice in all cases. Staff ensured people had access to all health professionals when required. Follow up actions were not always recorded but were now being monitored.

People were being kept safe from the risks of COVID-19 as staff were following all current government guidance for infection prevention and control. Visitors were supported to follow the correct processes.

There were sufficient staffing levels to meet people's needs and manage risks which meant people did not have to wait for support.

People were supported to eat and drink and had a choice of food and drink options. People who required additional support to eat and drink or who had specialist diets were given the support they needed, and all guidance was being followed correctly.

People were given choices of how they wished to spend their time on an individual basis although group activities were also an option.

People were supported to maintain relationship with their relatives and friends. Staff supported communication between them.

People were administered their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update:

The last rating for this service was inadequate (published 11 January 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider were now only in breach of one regulation, no longer in breach of all regulations except one.

Not enough improvement had been made in regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 and the provider was still in breach of this regulation.

This service has been in Special Measures since 11 January 2021. During this inspection the provider demonstrated that enough improvements had 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 and in part due to concerns received about a failure to report allegations of abuse. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvement, but people were not at risk of harm from this concern.

The provider had reflected on lessons learnt in relation to allegations or poor care and failure to report. They had implemented new systems and staff practices to ensure all concerns could be identified early and acted on.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to failing to report incidents without delay. Please see the action we have told the provider to take at the end of this report.

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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Orchid Lawns

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

This inspection was carried out by three inspectors.

Service and service type

Orchid Lawns 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 new manager who became registered with the Care Quality Commission during the inspection period. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, senior care workers, care workers, housekeeping staff and the chef. We used observation as a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed a range of records. This included three people's full care records, multiple medication records and aspects of a further seven people's risk assessments and specific care plans. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two health and/or social care 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly monitor and reduce the risks relating to the health, safety and welfare of people. Staff were not aware of safeguarding processes and lessons had not been learnt about concerns in relation to poor moving and handling practices. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection, new systems were now in place to identify, assess and monitor risks and incidents to safeguard people from harm. However, systems to analyse this information and identify themes had not yet been fully implemented. Identifying themes can help a provider to see where additional training, support or other resources might be needed to reduce the risk of repeated incidents or concerns. This is something the provider was aware of and was working towards.
- Staff told us they had received training in safeguarding. Staff had a good understanding of people's risks and knew how to report concerns to the organisation and to external authorities.
- Feedback from relatives was mixed. Some relatives felt there had been recent improvements in care and other relatives felt there were still some aspects that required improvement such as staff awareness of falls management and specialised equipment. One relative told us, "I am confident [My family member] is cared for, clean and getting everything they need. [Staff] do make sure I know if they are calling the doctor or something happens." Another relative was concerned that quicker action was not taken to call emergency services or to safely use new equipment that had resulted in their family member developing a pressure ulcer.
- We saw staff supporting people correctly and safely to use moving and handling equipment where required. People at risk of pressure damage had the appropriate equipment in place and except for the previously mentioned example, this was being used as per their guidelines.
- The registered manager and provider had learnt lessons from the concerns raised at the previous inspection and taken action to make improvements. These included changing over to a new GP surgery, the ordering of new equipment and implementing new systems for better monitoring.
- The registered manager had improved staff awareness of safeguarding and abuse and was empowering staff to understand and take ownership for the requirements of their role. Staff were supported to continue to learn lessons from past incidents during supervision and daily team meetings. This was not fully

embedded at the time of the inspection.

- People who were at risk of dehydration had their fluid intake monitored and fluid target identified. On occasion some records were difficult to read due to the standard of handwriting and there were some gaps in the recording. We discussed this with the registered manager, and they have put new audit systems in place to identify this and address record keeping with staff.
- The registered manager carried out assessments of staff competencies in various areas including falls management, choking risks, medicines and safeguarding.

Staffing and recruitment

At our last inspection the provider had failed to effectively deploy staff to meet people's needs. This was a breach of regulation 18 (Staffing) 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.

- There were sufficient staff on duty to meet people's needs. We saw staff attending to people quickly and being attentive where additional support was required to reduce the risk of falls and choking. This meant staffing numbers were sufficient and staff were being deployed correctly.
- People who required staff support had been given this and the staff supporting them, one of which was a regularly used agency staff member, had a good knowledge of their needs and preferences.
- The manager had ensured that employment checks had taken place including criminal record checks and references. However, employment history beyond five years had not always been sought. This meant not all gaps in employment history had been explored to check staff were suitable for the role. The provider told us they will be reviewing these and ensuring all gaps are addressed.

Using medicines safely

- We saw staff administering medicines correctly and safely in a respectful way which promoted privacy and dignity.
- Medicine records had improved, and the registered manager and provider were working with the local authority, a pharmacist and the GP to review all medicine records and systems. The registered manager was working with the GP service to review the medical history of each person to ensure all medical records were up to date and correct.
- Some changes included a new form for recording medicine required to be hidden in food. This was used for people at risk of harm if they refused their medicines. However, there were still some inconsistencies in medicine records and body maps did not always show where people should have their cream applied.
- The registered manager had new systems in place that meant checks of all medicines took place at the changeover of each shift. This meant any errors could be easily identified and the appropriate action could be taken. The pharmacist also conducted audits of the service and any areas for action were in the process of being resolved.

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

At our last inspection the provider had failed to give staff the appropriate training and development to meet people's needs. This was a breach of regulation 18 (Staffing) 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.

- People's needs had been assessed and the outcomes had been included in care plans. This included preferences and personal histories, where available.
- Staff told us they had not always felt supported, but this had changed since the new registered manager took the post. The registered manager was working with all staff to develop their knowledge and skills and ensure they would be more accountable for the requirements of their role.
- Relatives feedback was mixed about staff competence in practice. One relative told us, "I feel [staff] know what they are doing." Other relatives felt staff needed further development to be more attentive around how to support people correctly.
- Staff showed an improved knowledge of safeguarding, falls management, nutrition, the Mental Capacity Act, and Dementia awareness. However, some staff still needed support with developing their knowledge of risk management and Deprivation of Liberty Safeguards.
- Agency staff were supported to attend the same training given to permanent staff and were booked regularly to promote consistent care. We observed agency staff demonstrating a good understanding of people's needs and preferences and supporting them in line with their care plans.
- Staff received an induction when they first started which included training, reading care plans and the opportunity to shadow staff in their role. Staff also met regularly with a supervisor or manager to enable them to review their practice and raise any concerns.

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

- The service was clean and tidy with no malodours. The environment was a bit 'tired' in places and needed improvement. A bathroom still required repairing. This had been out of use for some time and meant people were not able to be offered the option of a bath and had to use showers only while waiting for the repairs to take place. The provider and registered manager were aware of this and had a detailed action plan in place

for making improvements.

- Some improvements to the environment had taken place and various new pieces of furniture and equipment were on order. This included new dining room furniture and sensory equipment suited for people living with dementia to encourage better engagement and physical activity.
- There was a dedicated space in the service to support people to meet with visitors safely adhering to current COVID-19 government guidelines.
- People were free to access all parts of the building and staff supported them to do so. Some people who had an interest in gardening had worked with staff to develop raised plots to grow their own fruit and vegetables.

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

- Relatives told us they felt their family members were being supported appropriately with food and drink. They told us how their family members were supported with special diets such as puréed food or thickener in drinks correctly. Staff also went back to encourage people to eat and drink if they initially refused.
- We saw that mealtimes were busy, but the provider had changed practices to ensure that staff in all roles were available to provide additional support at mealtimes. This helped to ensure people on specialised diets or who needed additional encouragement to eat and drink had the right level of support to keep them safe and encourage good nutrition and hydration.
- The registered manager and deputy manager conducted daily observations of mealtimes which helped to identify if further changes were required or if there were any concerns. These outcomes and any actions were recorded for monitoring purposes such as any gaps in recording fluid intake or actions by staff.
- People who required it had either already received assessments and guidelines from Speech and Language Therapy (SALT) or had been referred for this. Staff, including the chef had a good awareness of people's dietary needs and were observed to be following the guidance correctly. For example, thickeners in people's drinks or soft diets.
- People's weights and food and fluid intake were monitored and recorded. Action taken if there were any concerns such as referring to the GP or other professionals was not recorded in all cases. The registered manager was aware of this and taking action to improve recording by staff.

Supporting people to live healthier lives, access healthcare services and support;

- Previously, there had been concerns about missed health appointments. At this inspection, we found that people were supported to access various health professionals as required. The registered manager had implemented a new system for receiving and recording appointments and for better monitoring of follow up actions to reduce the risk of anything being missed.
- People's health needs were highlighted on the new handover form so that staff were aware at each shift of the important healthcare needs and any upcoming appointments or actions for that shift.
- People were not able to fully understand about their own healthcare needs. Relatives told us that staff kept them informed of all appointments and any health concerns. One relative told us, "[Staff] have made a really good positive change recently in changing the doctor's surgery. The [GP surgery] have a patient liaison now and you can call up with queries." However, other relatives were concerned about delays in seeking medical attention and staffs understanding of how to use specialist equipment correctly.

Staff working with other agencies to provide consistent, effective, timely care

- The provider and registered manager had worked to improve relationships and practices between the service and other health professionals such as the GP. There were still some concerns from the GP service about the use of processes for reporting changes to health conditions, but things had improved.
- The provider had also been working with the GP, local authority team and the council's pharmacist to support them to make other required improvements.

- Relatives felt overall their family members health needs were being met and the staff team were good at notifying them when there was a concern. One relative told us, "There have been a couple of occasions where [My family member] has had some issues [Staff] are quite on the ball and they always tell me."
- The registered manager worked closely with an agreed agency to provide regular staff to ensure any shortages in staffing did not negatively impact people. The agency staff used were booked in advance to ensure the same staff were employed, who knew people and their needs. The registered manager conducted the same checks on agency staff's suitability to work as they did for their own permanent staff.

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.

- Where people were assessed as not having the mental capacity to make their own decisions, a best interest process was followed to determine what was the least restrictive method of support. This involved seeking the views of people's relatives and various professionals.
- Consent had been sought for various aspects of care and for use of photography. Some people's relatives acted as Lasting Power of Attorney for their health and finances and made decisions on their behalf. For people who required it, DoLS had been applied for and approved, without conditions. Each DoLS was for a specific decision.
- Most staff understood the Mental Capacity Act and DoLS processes and were observed to be offering people choices and seeking consent for day to day tasks. However, this was an area they were less confident about and would benefit from further development.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw staff treating people with kindness, showing patience and respecting them in their communication. Staff gave good eye contact with people and understood how to respond to people's gestures and reactions.
- Staff were observant for when a person needed them and as a result, people did not have to wait long for support.
- Most relatives were happy with the care provided. One relative told us, "I feel everyone's heart is in the right place and [staff] are kind and what I have seen of them they are very friendly." Another relative told us how staff were good at staying calm and treating their family member with respect when their condition meant they expressed themselves in challenging ways. They went on to say, "The other thing I would pick up on is that when [My family member] first went there, the home seemed a little chaotic. More recently it has got better and better and I am really confident that they are in the right place to get the right care."

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

- People were not able to contribute in a meaningful way to reviews of their care. However, people's relatives told us they were involved in reviews on their family member's behalf. Reviews of care had been conducted differently during the COVID-19 pandemic and involved a mixture of face to face meetings, online video calls, emails and telephone calls.
- Relatives told us they had also been asked to provide updates to people's care plans and confirm their family member's known likes and dislikes. Staff used observation of people's reactions and behaviour to gain knowledge of their current preferences. The registered manager was in the process of updating and reviewing all care plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported to visit with their relatives while offering as much privacy as possible under the current government guidelines.
- Staff supported people to ensure personal hygiene, dress preferences and other needs were met to ensure people's dignity was upheld.
- Staff were observed giving people choices about day to day tasks such as meals, dress and how they spent their time.

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 remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure people had individualised care to meet their needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- While we found some gaps in recording were still present in some care plans, all care plans were in the process of being reviewed and updated and showed much improved information and guidance for staff about people's care needs and preferences.
- While daily notes and various monitoring forms were completed, the registered manager was aware of the need to further develop staff skills in daily note taking to ensure they were more legible, and person centred as this was still an area for improvement. The provider told us they were considering a change to electronic record keeping which would help to ensure legible entries and highlight any gaps.
- The new handover systems allowed for all essential care information and preferences to be captured in an easy 'at a glance' way to ensure staff on each shift were aware of people's needs.
- Staff were aware of people's preferences and interests such as jigsaws, flowers, talking, gardening and the need to give people who required it appropriate space while still monitoring their safety.
- Some people with an interest in gardening had been a part of growing their own vegetables and fruit in raised plots in the garden. Another person with an interest in maintenance, regularly joined the maintenance staff on their rounds to observe things that required repair and help to maintain the garden.
- On the day of the inspection, the activities co-ordinator was on long term absence, but the staff were observed to be interacting individually with people rather than holding group activities. The provider explained how they had identified staff who were particularly good in this role and would be asking them to fill in until the return of the activities co-ordinator. The registered manager told us they were working with staff to ensure they understood their role in relation to interaction and engagement.
- Most relatives told us they felt their family members were enjoying various activities, but the COVID-19 pandemic had impacted on their ability to do things outside of the house. One relative told us they were kept up to date regularly with things their family member had been doing but thought it would be nice to receive more photographs of this while they are still not able to 'just pop in' due to the visiting restrictions. Other relatives thought their family member seemed lonely and more could be done to encourage them to

get involved with activities of interest.

- The registered manager worked flexibly to accommodate special occasions for people and their relatives. One relative told us, "Last week [staff] were kind enough to let us do a thing for [My family member's] birthday in a family room." This meant a great deal to the person and their relatives.

Improving care quality in response to complaints or concerns

- While there had been a complaints policy in place previously, there was no evidence of complaints being recorded and acted upon. There was no evidence of complaints' outcomes being used to drive improvement.
- The registered manager had now ensured a local complaints procedure was in place and staff and relatives told us they were all aware of how to complain and felt confident to do so if required.

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.

- People's care plans included a section on communication which detailed their ability to communicate, their preferred method and language. It also explained if a person used gestures and body language to communicate and what this might typically mean.
- The registered manager understood about different methods of communication and ensured that any adaptations or equipment such as glasses were available.

End of life care and support

- People were supported by staff and other professionals such as the palliative care team when they were at the end of their life. Interventions by professionals and observations by the staff team were recorded for monitoring.
- People's end of life care plans detailed their own and/or their relatives' wishes for funeral arrangements and religious/cultural beliefs in order for them to be respected.
- Additional pain relief, oral care and emotional support needs of relatives had been considered and recorded in people's care plans to ensure they would receive a pain free and dignified death. A relative told us, "[My family member] is well cared for and [staff] do a good job."
- Some staff had received training and had experience in supporting people at the end of their life but not all staff had yet had training in end of life care.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure statutory notifications had been submitted as required to the Care Quality Commission without delay. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 18.

- While there had been some improvement in reporting and some notifications of events being submitted to the CQC. We found there had been two recent safeguarding incidents which had not been submitted to the CQC. One of these had also not been reported to the local authority safeguarding team and the other one had an eight-day delay in being submitted to safeguarding.
- The registered manager and senior directors had all expressed lessons learnt in this area and that the new systems would ensure that future incidents would be reported without delay.

We found no evidence that people had been harmed from a failure to report. However, systems were not effective enough to ensure all notifiable events were reported without delay. This placed people at risk of harm. This was a continued breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

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

At our last inspection the provider had failed to ensure there were effective arrangements to assess and monitor the quality of care provided to ensure compliance with regulations. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been a long period of inconsistency in relation to the management of the service, there was a new registered manager appointed, who had been in post for approximately six weeks at the time of the inspection. Prior to the new registered manager taking up their post, the provider had made little progress with the required improvements. The registered manager had worked with other senior staff members to begin to implement the actions in the improvement plan which was now being implemented at a faster pace.
- We found when reviewing the actions from the improvement plan, many had been implemented already. Other actions were yet to be completed and all actions had yet to be fully embedded into practice. We discussed concerns about provider oversight and ability to ensure improvements continued. The provider was able to demonstrate they had systems in place such as in person visits and audits to make sure they were aware of any concerns and were supporting the registered manager to implement change.
- The registered manager had a good understanding of the requirements of their role and had good ideas to continue to further develop the service such as sensory equipment that would support more person-centred engagement with people. The registered manager told us they hoped that once government visiting restrictions eased, this could also be used with relatives to encourage people to engage and interact.
- Most staff also had a good understanding of their roles; this was especially apparent with the staff in nursing positions who would be leading shifts and guiding other team members. The registered manager had spent time starting to build the knowledge and skills of all staff members to empower them to take ownership of their roles and have more of a voice in the running of the service and how care was delivered.
- Staff told us they felt much happier since the registered manager had been in post and thought they were approachable, friendly and supportive. This was apparent in conversations with staff and observations of their practice: they were engaged and positive, professional and kind in their approach with people.
- One staff member told us about the impact to staff on changes recently implemented. They said, "We have a very good manager. They are very approachable. Since they have come here the home has changed a lot. We are working safely, a better environment, working style, team building and additional training. They put people in the conversation and appreciate staff."
- The registered manager was starting to review learning from practices and incidents with staff in both individual supervisions and team meetings. Lessons learnt were also discussed in handover meetings. They planned for this process of continual learning to be developed into more formal practices that would create a staff culture of reflection with a view to continually improve care.

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

- While relatives' feedback about communication was mixed, everyone felt that communication had improved in recent months. One relative said, "In the last few months [staff] have been more proactive with keeping us up to date with what is happening, even if it is quite minor." Another relative told us, "The care home took on board the feedback that their communication is poor so now I am inundated with letters and emails and so not sure they have got the balance right."
- Relatives told us they were pleased about weekly meetings arranged with the registered manager to enable them to discuss concerns and improvements, give suggestions and ideas. One relative told us, "One of the things the new manager is really good at is communication. When [registered manager] came in they were doing a [video] call every week so we did get an awful lot of time with them. I think they were useful, because we felt we could really be quite open and honest with each other."
- Relatives felt the service supported them to stay in touch with their family members where it was possible. A relative said, "[Staff] do make a point of calling me early evening so that I can talk to [My family member]. They can't talk well but it is nice of them."
- Staff felt able to speak to the registered manager and felt they were being listened to more. One staff member told us, "The new manager is quite approachable, and I have raised my concerns with them, and

they are dealing with them." Another staff member told us about how they had suggested changes to report writing systems that had been listened to and implemented. This had made things much easier for staff as it reduced duplication of records.

Working in partnership with others

- The provider and registered manager had been working closely with the local authority to regularly review the actions and improvements. This had been a long-term process to ensure quality standards were improved.
- The service also worked with other health professionals such as chiropodists, speech and language therapist (SALT), districts nurses, physios and the GP to ensure people's health needs were being met safely. We observed guidance given by some of these professionals being followed correctly by staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The provider had not submitted statutory notifications as required to the Commission without delay.