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Allingham House Care Centre

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Allingham House Care Centre, known as Allingham House, is a residential care home providing personal and nursing care for up to 86 people. The home is registered to care for both older and younger adults, some with a diagnosis of dementia. The service supported 67 people on three floors at the time of this inspection, each floor being a separate unit with adapted facilities. One of the units specialises in providing nursing care to people with complex clinical needs and two others cater for people with nursing and residential needs living with varying degrees of dementia.

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

People told us they now felt safe and risks to people's health and safety were managed better. People's needs were met safely with appropriate staffing levels and less use of agency staff. People were supported by staff who understood how to identify and report potential abuse. The failings we identified at the last inspection in relation to medicines had been fully addressed. The implementation of electronic medication systems had been well-managed and people received their medicines as prescribed. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. Checks were carried out on new staff to ensure they were suitable to work in the home. Infection control was managed well and the home was clean and free from hazards.

Care records indicated that people would receive effective care. There was evidence of monitoring although not all fluid intake and output records had been totalled or were correct. We made the manager aware of this. Staff had opportunities for regular meetings, although staff had not always received supervision in line with company policy. The manager saw this as a priority. The home worked in tandem with other health professionals to make sure people received the right care and support to maintain good health. People did not always have access to routine oral health care. We have made a recommendation in relation to this. Meal time experiences were unhurried and pleasant on both days of our inspection. Hospitality staff employed at Allingham House meant care staff were free to provide support at meal times for those that needed help with this.

Positive, caring relationships with people who lived at the service were promoted by staff. Staff respected people's privacy and dignity and promoted independence, equality and diversity. There was no discrimination in the service. The service involved people and their relatives in the planning and delivery of care.

Care plans were more person-centred and reflected people's care needs. There was a good range of activities and events going on in the home. People and their relatives were confident to raise issues and concerns. Complaints procedures were now effective. The service sought feedback to help maintain and improve standards of care. The service had received compliments from relatives and professionals in relation to individual members of staff and the standard of care now being provided.

People living at Allingham House, their relatives and staff all considered management of the service had

improved. The registered manager was mentoring the manager, who was waiting for registration at the time of this inspection. The registered manager de-registered shortly after this inspection. The service operated in a way that demonstrated there was an open and transparent culture at the service. Staff told us they received better leadership and direction; they felt part of a team. The service had effective systems of quality assurance in place which assessed and monitored the quality of the service. The provider had implemented a number of key changes to the service to improve the quality of care. We were assured the service was now safe. However, the provider needs to sustain these improvements and ensure they are fully embedded into 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 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 12 August 2019) 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 was no longer in breach of regulations.

Special Measures

This service has been in Special Measures since 12 August 2019. 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. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allingham House Care Centre on our website at www.cqc.org.uk.

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 responsive.

Details are in our effective 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 ●

Allingham House Care Centre

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.

Inspection team

The inspection was carried out by one inspector, a regional manager of the medicines team, a medicines inspector, a Specialist Advisor and an Expert by Experience. 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

Allingham House Care Centre 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

The first day of inspection was unannounced. The second day was by mutual agreement.

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, professionals who work with the service, including an infection control lead and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of

the public about health and social care services in England. 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 seven people who used the service, four relatives and a private carer about their experience of the care provided. We spoke with ten members of staff including the registered manager, a nurse, the operational lead, a team leader, two care workers, maintenance, a housekeeper and two chefs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for additional information around quality audits, supervision and residents' meetings.

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.

Using medicines safely; 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 (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.

Using medicines safely

- Concerns identified at our previous inspection had all been addressed. However, some areas required further improvement. For example, food supplements for a few people were out of stock. The risk posed to people was low as catering staff had provided homemade milkshakes to ensure people at risk of malnutrition received a high calorific diet.
- Significant improvements had been made in the safe handling of medicines, including the successful implementation of an electronic recording and monitoring system for medicines since our last inspection in June 2019.
- A paper-based system for recording the use of thickeners, creams and 'as required' (PRN) medicines was used in conjunction with the electronic system. Paper records were accurately maintained and evidenced the application of creams and use of thickeners were safe.
- PRN protocols were now sufficiently detailed and personalised to ensure medicines prescribed in this way were managed safely.

Staffing and recruitment

At our last inspection there were insufficient numbers of competent staff and staff were not effectively deployed. 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.

Staffing and recruitment.

- At this inspection staff rotas had been improved and better reflected the staff hours planned and provided.. Changes made to staffing due to annual leave, sickness or other reasons were reflected on rotas, including the use of agency staff.
- Due to a continuous recruitment drive there was less use of agency staff and this helped to provide people with more consistency of care.
- Staff were effectively deployed in a way which meant people were supported in a timely manner to keep them safe.
- There was management oversight to ensure deployed staff were carrying out tasks as required and meeting people's needs effectively.

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were now better managed. Processes to reduce the risk of harm were in place and were followed, although one referral to the falls team could have been more timely.
- Prescribed regimes and treatments were in place for people deemed high risk of developing pressure ulcers. The provider was able to demonstrate that people received regular repositioning to help ensure their safety and well-being.
- The provider had implemented a new electronic system that allowed the management team oversight and monitoring of all areas of risk in the home. More exploration of preventative measures to reduce the likelihood of falls was required, for example the use of assistive technology.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.

Systems and processes to safeguard people from the risk of abuse.

- There were systems in place to safeguard people from the risk of abuse.
- Staff were aware of safeguarding responsibilities. Staff understood where people required support to reduce the risk of avoidable harm and had confidence in both the registered manager and new manager to address any concerns. One relative we spoke with said, "I have confidence in the staff here to look after my wife."
- The registered manager kept the Care Quality Commission (CQC) up-to-date with safeguarding investigations they had carried out. Appropriate actions had been taken to keep people safe.

Preventing and controlling infection

- People were protected against the risk of infection. There were policies and procedures in place and staff were provided with appropriate guidance.
- An external infection control lead had undertaken an audit in January 2020 using a locally-developed tool. The home had achieved a score which indicated they were compliant in a range of basic infection prevention and control standards.
- Staff had recently engaged in hand hygiene training sessions. Staff were aware of good hand hygiene and how this helped reduce the spread of infection.
- People, relatives and visitors we spoke with were complimentary about the cleanliness of the home and we detected no malodours during our inspection. One person told us, "This place is so clean; they always seem to be cleaning."

Learning lessons when things go wrong.

- The home operated better as a team and the quality and safety of the service being provided had improved.
- 'Flash' meetings, re-introduced by the registered manager, were now conducted by the new manager. The new manager communicated important and relevant information to heads of departments in short, regular meetings.

- Heads of departments were formally updated about what was happening in the home. They were in a better position to direct and delegate to their staff teams.

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
At our last inspection people were at risk of receiving inappropriate care that did not adequately meet their needs and was not person-centred, due to out of date information in electronic care plans. 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.

- Care records we reviewed indicated that people received effective care, in line with their recorded health needs and preferred choices.
- There was evidence of monitoring, for example weights, skin integrity, diet and fluids, although not all fluid intake and output records had been totalled or were correct. We made the manager aware of this.
- An assessment carried out before a person was admitted to Allingham House, indicated whether a residential or nursing care placement was more appropriate. People were assured they would receive the right care from staff.
- The assessment included gathering personal information from people and their relatives about significant life events, past jobs, hobbies and any religious preferences.

Staff support: induction, training, skills and experience

At our last inspection systems were not in place or were not robust enough to demonstrate that staff had the relevant training, skills and experience. 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.

At our last inspection the provider could not always provide the assurance that all agency workers were competently trained for the caring role. People were potentially at risk from receiving inappropriate care. This was a breach of Regulation 19 (Fit and proper persons employed) 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.

- Existing and new staff now received training in their roles which equipped them to provide people with effective care and support. Staff completed mandatory training and additional training for complex health conditions. Staff received refresher training in line with company timescales or when deemed appropriate. For example, following a complaint.
- Staff had received supervisions and appraisals, although these were not always in line with company policy. The new manager saw this as a priority and supervisions scheduled for the days of this inspection were completed.
- Despite some delays with supervision staff members we spoke with told us how supportive the registered manager, the new manager and other senior staff were.
- The service had recruited more permanent staff. When agency staff were necessary the home tried to be consistent and asked for agency staff who were already familiar with the needs of people living at Allingham House Care Centre.
- Agency profiles were now fit for purpose. Employment profiles for members of agency staff outlined qualifications, personal skills, work experience and contained details about specific training undertaken.

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

- Staff had completed oral health training with an oral health lead but there was no separate oral care plan for people; this formed part of the larger care plan. There were no routine oral health check-ups or appointments. Unless people had their own dentist and attended with family people were only referred for dental treatment when required.

We recommend the manager consults national guidance regarding good oral health care and ensures people have access to regular oral treatment.

- A range of community health care services provided services to people living at Allingham House. These included speech and language team (SaLT), tissue viability nurses, dietician, district nurses, dentists, podiatrists and opticians.
- Any concerns about people's health conditions were raised by staff and referrals to appropriate health and social care professionals were made when required. One relative told us, "My [family member] had problems with catheter care but the district nurse has been very supportive and has helped solve the problem."

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

- Staff were attentive during the meal times, ensuring people received their preferred choices in relation to food and drink. Hospitality staff served food in a calm and unhurried way, allowing care workers to provide physical support for people who needed help with their meals.
- Menus were varied, food was homemade and nutritional needs were monitored to ensure people remained healthy. One person said, "The quality of food is good here and there is plenty of it."
- Individual dietary and cultural requirements were catered for. Catering staff received information about people's different dietary requirements, for example low fat, kosher and diabetic diets.
- The chef was present at meal times. They used this as an opportunity to receive feedback from people for the meal time experience audit.

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

- The majority of people at the home were living with a diagnosis of dementia. The provider had sought to make areas of the environment dementia friendly, to help people orientate around the home.

- There was easy access to a pleasant, safe and secure garden area.
- Processes were in place to identify any repairs or alterations needed to the home. For example, daily walk-rounds, weekly and monthly environmental audits and a consistent maintenance team meant that the home was fit for purpose.

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 could demonstrate a good understanding of the MCA and DoLS. Care plans indicated best interest decisions made where people were deemed not to have capacity.
- Family members or other representatives were involved in best interest decisions and the least restrictive options adopted.
- Consent forms in care plans were signed by the individual or by someone with the appropriate legal authority; for example, a relative with lasting power of attorney.

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 now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider failed to ensure people's privacy, dignity and independence was respected. 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.

- Support from staff was more person-centred. Staff listened and delivered care and support in line with people's choices and preferences. Care was dignified. One person told us, "Yes, my privacy and dignity are respected and if not, I will say something."
- Staff gave us examples of how they respected the privacy and dignity of people they supported. Privacy screens were used to preserve people's dignity when being hoisted in communal areas. A compliment received by the home during this inspection praised the staff for "the upmost thought" given to maintaining a person's dignity.
- People were encouraged to maintain their independence. People's support plans explained what they could do for themselves and what they needed staff to support them with. Staff we spoke with recognised the importance of patience when helping people maintain their independence. People told us they did not feel rushed.
- People's confidentiality was respected. Personal information was kept in locked units. Staff were aware of issues of confidentiality and did not speak about people in front of others.

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

- Care and support were delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- In our discussions with staff it was clear they enjoyed caring for people living at Allingham House. Staff were passionate about the care they delivered to people and described ways in which they gave people daily choices. A relative we spoke with told us, "Personally I find the carers very respectful and if an issue is raised it will be followed through."

- People were reassured as they received support from staff who were familiar with their support needs. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- The Jewish faith was important to some people and staff respected these choices. The home provided culturally specific meals when required. The home had consulted with and involved a leader from the local Jewish community to ensure Kosher food was appropriately stored, prepared and cooked.

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

- Care plans reflected people's involvement in making decisions about their care and support needs. Support plans contained information for staff on how people expressed their views and how best to support them and involve them in making decisions about their care.
- People told us that staff listened to their specific requests and respected their preferences when providing care. Staff were able to describe people's individual needs, likes and dislikes. One person disliked loud noises, so staff made sure they were made comfortable in quieter areas of the home.
- Relatives we spoke with felt involved and informed. One relative told us, "Communication is very good; if anything changes or happens, I know I will be informed", whilst a second relative said, "I think this home is getting back to delivering a high level of care."

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 our last inspection care plans did not reflect people's needs and were not reviewed. 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.

- Care files and electronic care records evidenced plans were in place to respond to health needs such as diabetes, wound care, catheter care, urinary tract infections and other infections.
- Care plans reflected people's involvement in planning their care. Where this was not possible, or where people had given consent, relatives or other representatives had been consulted.
- Care plans were now reviewed and updated to ensure they reflected people's current needs. Care plans contained accurate information about people's health conditions and wellbeing.
- Structured handovers were in place. Information was being communicated to all staff on each shift to ensure people received safe support.

Improving care quality in response to complaints or concerns

At our last inspection the provider was not operating an effective system for handling and responding to complaints and proportionate action in response to concerns raised was not taken. 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.

- The provider had an appropriate complaints policy and procedure in place. The new manager was able to demonstrate concerns and complaints were responded to appropriately and in a timely manner.
- People and relatives knew who to speak to if they had a complaint. People and relatives felt listened to. One relative had complained to the regional director in 2019 following a lack of response from the previous registered manager. The relative told us, "Things have got better again; my [relative] is no longer left out of things."

- Relatives felt comfortable in raising their concerns with the new manager. They were assured these would be addressed. Compliments were also submitted to the service.

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

- A team of activity coordinators continued to benefit people living at Allingham House. During the inspection we noted a number of activities taking place, and the weekly activity planner was displayed on each unit and in the foyer.
- One person told us they liked to play chess. The home had created a mini league for others that also enjoyed chess.
- There were group activities and staff spent time with those who could not or did not want to join in with these. One person had a visual impairment and was unable to join in with some activities. Their relative told us staff made sure the person was included when singers came to the home, as they liked to listen to entertainers.
- Staff encouraged and supported people to develop and maintain relationships with others that mattered to them. People we spoke to confirmed this and said this was important to them.

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.

- Communication needs were identified, recorded and highlighted in people's support plans. Care plans set out ways how best to communicate with each person in order to meet their needs
- Minutes from resident meetings were produced in large font to assist those with a visual impairment.
- The manager was aware of resources available to them to assist in meeting this standard and planned to explore these more fully.

End of life care and support.

- People's end of life wishes were recorded in their care files where they chose to do this. End of life wishes outlined what was important to people if they were approaching end of life.
- The manager had organised additional training for staff, so they were better equipped to deliver good end of life care.
- The home had received compliments from relatives of people who had passed away, praising staff for the care and attention shown to their family member.

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.

Planning and promoting person-centred, high-quality care and support and how the provider understands and acts on duty of candour responsibility

At the last inspection systems were either not in place or robust enough to monitor the quality and safety of the service.

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.

- The previous peripatetic manager was the registered manager and they had stabilised the service. A new manager had been appointed and had applied to be the registered manager. The registered manager de-registered from the post shortly after this inspection.
- Since the last inspection the provider had allocated additional resources to the home, both internal and external, to improve oversight and quality of care. The new electronic systems in place helped the manager to monitor the quality of the service and report to the provider.
- Anything that was a cause for concern could be acted on immediately, for example any extreme loss in weight would be referred to the dietician service.
- The provider had implemented a number of key changes to the service to improve the quality of care; people were assured the service was now safe. The provider needs to sustain these improvements and ensure they are fully embedded into practice.

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

- The governance of the service had improved under the registered manager and the new manager. There were clearer lines of accountability.
- Standards of care at the home had improved since our last inspection. The provider had acted on the failings and responded to the risks we identified.
- Staff were clear about their roles and knew when to raise things with their manager. Staff made positive comments about the new manager and said, "[Manager] goes everywhere every morning; you see them"

and, "You get compliments; told you are doing a good job."

- Staff considered management to be more supportive at this inspection; staff we spoke with felt they were members of a team. Staff felt more appreciated by the management team.
- We saw the current inspection rating for the service was displayed. The registered manager and the new manager understood their regulatory responsibilities.

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

- At this inspection the home had improved in its approach in engaging with people, relatives and staff.
- Regular residents' meetings helped the service obtain people's views about different topics. Records, such as minutes from meetings, confirmed this.
- Relatives we spoke with had every confidence in the new management. One family member told us, "We see [registered manager] and the other manager on a daily basis and if there is anything niggling we will discuss it."
- Everyone we spoke with felt more welcome at the home. One person told us, "I get a lot of visitors; they have commented on being welcomed on arrival."

Continuous learning and improving care

- Electronic medication systems had been introduced by the service to make processes more robust and reduce the likelihood of medicine errors. The quality of care for people had improved due to these new ways of working.
- There was now evidence that events and incidents were explored and analysed to identify trends and patterns and to try and prevent similar incidents reoccurring in the future.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals. Since the last inspection the home had received support from external agencies, including the local medicines optimisation team and infection control team.
- A health professional we contacted for feedback considered management and other staff were co-operative and willing to positively engage in training.
- Accidents and incidents were reported to the Care Quality Commission, including any potential incidents of abuse referred to the local authority.