

Harborne Lane Specialist Care Centre Ltd

# Harborne Lane Specialist 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Harborne Lane Specialist Centre is a care home registered to provide personal and nursing care for up to 68 people living in one purpose-built building, divided into three separate units. The home accommodates people living with dementia at different stages in its progression and people living with a range of complex health care needs that included those diagnosed with a brain injury, stroke, Parkinson's disease and diabetes. At the time of our inspection, there were 35 people living at the home and one unit, on the first floor, was not in use.

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

Since the previous inspection in July 2019, there had been further changes to the management of the home. The current management team had only been in place for just over four months and we could see they had implemented changes and were working hard to address the concerns we had identified at our last three inspections.

The provider's governance systems to monitor the delivery and quality of the service provided for people had improved. However, some concerns identified on the inspection had not been recognised by the management. Additionally, there were some inconsistencies in documentation. The provider must ensure they sustain those improvements alongside the ongoing work currently being completed, to embed and sustain these improvements for the home to achieve a good rating.

People said they felt safe and appeared comfortable around staff. Their relatives told us they felt their family members were safe. Staff understood how to recognise the signs of abuse and knew the processes to follow to manage any allegations of abuse.

Assessments had been completed to ensure the service could protect people from risks associated with their care. Where issues were found during the inspection, the management team was responsive and took immediate action to mitigate these. Systems managing the administration of medicines had improved although there was further improvement required.

Staff spoke positively about the improvements they had experienced with the training provided. There was some improvement to be made to ensure monitoring checks relating to staff competencies were consistently recorded. There were enough staff on duty to meet people's needs. Staff were recruited in a safe way.

People were supported to access external healthcare professionals to maintain their health and wellbeing. People were supported to have enough to eat and drink and appropriate referrals had been made to healthcare professionals where people had specific dietary needs.

Staff knew the importance of giving people choices. 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.

People were cared for by kind and caring staff and treated in a respectful way and their privacy and dignity was maintained. People were supported to retain their skills and their independence as much as practicably possible and supported to make decisions about their care.

Staff were responsive to ensure people's needs were being met. There was work currently ongoing to the improvements being made to the home environment, to try and make it more dementia friendly and present information to people in a way they would be able to understand it. People were provided with support with their emotional and social needs. There had been improvements made to the provider's complaints process. Where concerns had been raised, these had been investigated appropriately. People were supported to plan for and receive appropriate end of life care. There were systems in place for people and relatives to give their feedback on the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 August 2019) and there were breaches of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service has improved but remains rated requires improvement overall. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harborne Lane Specialist Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

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 effective.

Details are in our safe findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Harborne Lane Specialist 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 team consisted of two inspectors, one assistant inspector and one pharmacist inspector on the 14 January 2020 and two inspectors on the 15 January 2020.

#### Service and service type

Harborne Lane Specialist Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a current manager registered with the Care Quality Commission, but the nominated individual and deputy manager were present at the home. The provider is 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 on the first day with an announced visit on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, to support the planning of this inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other

professionals who work with the service. We also gave the provider the opportunity to discuss any improvements or developments with us throughout the inspection.

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 also reviewed information from Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with eight people who used the service, eight visitors and relatives to ask about their experience of the care provided. We used a range of different methods to help us understand people's experiences. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. 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 spoke with nine members of staff, including senior care staff and nursing. The home manager, deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care and 15 medicine records. We also reviewed the process used for staff recruitment, records in relation to training and supervision, records relating to the management of the home and a range of policies and procedures developed and implemented by the provider.

# 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 remained the same. This meant some aspects of the service were not always safe and there was an increased risk that people may be harmed.

### Using medicines safely

At our last inspection the provider had failed to robustly ensure the safe management of medicines. 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.

- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis were in place. However, the information needed to be more person centred and in greater detail so these medicines could be administered safely and effectively.
- Records used to monitor the application of medicinal skin patches were being completed to a standard demonstrating how they were being rotated around the body to reduce the risk of unnecessary side effects. However, we found on two of the four records, patches were not being consistently rotated around the body in accordance with the manufacturer guidance. This was discussed with the management team at the time of the inspection and assured us they would take immediate action to implement the necessary changes.
- We found that where people needed to have their medicines administered directly into their stomach through a tube, the necessary information was not in place to ensure these medicines were administered safely. Staff explained how they made sure medicines were crushed and administered separately but there were no written protocols in place confirming these procedures. This was discussed with the management team at the time of the inspection and assured us they would take immediate action to implement the necessary changes.
- Processes were in place for the timely ordering and supply of medicines. Medicine administration records indicated people received their medicines as prescribed. Time specific analgesic medicines were being administered at the correct intervals. Speaking with a person who had been prescribed a time specific analgesic we found their pain control had improved they told us, "My pain relief is much better now."
- All medicines were stored securely. Refrigerator temperatures were being correctly measured and ensured the refrigerator was being maintained within the correct temperature range.
- To maintain people's health and wellbeing some people were having their medicines administered by disguising them in either food or drink, this is known as covert administration. We reviewed the information for seven people and found the provider had all of the necessary measures in place to ensure these medicines were administered safely.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they felt the home was a safe place to be. One relative said, "I have absolutely no concerns about [person's] safety in the home, they are very well looked after."
- The management team and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "If I saw a staff member abusing someone I'd challenge them and report it to the nurse or managers and if nothing was done I'd take it higher to CQC, there's a poster in the staff room with information regarding abuse."
- There were effective systems in place to monitor and manage allegations of abuse or harm.

#### Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed. There were risk assessments in place that detailed how staff should support people to remain safe and staff knowledge and actions taken was reflective of this information. For example, we saw people at high risk of sore skin were regularly supported to be repositioned and their skin integrity checked for marks. One relative told us, "[Person's] skin is well looked after."
- At the last inspection staff had shared with us their concerns regarding people's behaviours when people became upset. We found at this inspection, staff were more confident in managing those potential risks with the use of distraction techniques and giving reassurance to people. We saw incidents were being recorded although more information was needed to show in more detail, what action had been taken and the measures put in place to mitigate future risk of reoccurrence.
- People at high risk of choking, weight loss and falls had those risks assessed and regularly reviewed.
- We found Personal Emergency Evacuation Plans (PEEPS) were in place, detailing ways in which people living at the home could leave the building safely and safety equipment was in place to support evacuation. We saw the work place fire risk assessment was due for review, the West Midlands Fire Service were due to visit in January 2020. Fire evacuation training had also been planned for the end of January 2020.

#### Staffing and recruitment

- There were mixed responses about the levels of staffing for the home. Two relatives told us there was a high number of agency staff used, however, this was not consistently the case when speaking with others. One relative told us, "When the new management team arrived, there was a lot of staff who left, lots of new faces but things are beginning to settle down. There is always someone keeping an eye out for [person] they are never left on their own."
- Our own observations found there were enough staff members on duty to meet people's needs. The management team explained when there was a need to use agency staff, they would request the same staff for continuity.
- We asked the management team how they would ensure staffing levels were maintained, as the home began to admit more people. We were told the pre-admission process had been reviewed and was more robust and they would only admit people who's needs could be met. The home can admit one person per week and with this slow admission process in place, the management team were confident they would maintain staffing levels as the number of people in the home increased. The management team told us, "We're not currently looking at complex needs, we need to take things gradually. It is good we have less residents, one (admission) a week is enough, it is about getting it right."
- The provider had a recruitment process in place to reduce the risk of employing unsuitable staff to support and care for people. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

#### Preventing and controlling infection

- The home environment was clean with no unpleasant odours. Staff had access to personal protective equipment when required.



### Learning lessons when things go wrong

- Accident and incidents were recorded by staff. Information was analysed by the management team to identify any patterns or trends. We saw root cause analyses had been completed on the more serious incidents identifying the action taken to mitigate future risk.

# 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 improved to good. This meant people's outcomes were good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection, staff shared concerns about the quality of the training. Since then, the provider had employed a new trainer. They told us, "I have implemented a training folder for each staff member and monitor through the training database when training is up (for refreshing). All staff are offered the Care Certificate." The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff we spoke with confirmed the training had improved. One staff member said, "It's (training) a lot more detailed and interesting; you actually go away knowing something you didn't know before." Another staff member told us, "The trainer is very good, doesn't pressurise and embarrass you and it's (training) more physical work, not sitting down in front of a book."
- There were some mixed opinions from the staff concerning the frequency of supervision. However, records showed supervision had taken place with staff. One staff member told us, "I had one (supervision) not long ago November or December."

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

- The provider had implemented an electronic system to maintain and record information relating to people's care records. The home manager and deputy manager had reviewed the provider's pre-assessment document and had made improvements. The home manager told us the improvements would ensure a more robust admissions process to make sure the home could meet people's needs.
- We found the new format assessed people's needs and their care plans were personalised. People's protected characteristics under the Equalities Act 2010 were identified as part of the assessment process. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- Care plans had been reviewed regularly or updated when people's needs changed. People we spoke with had been involved in the assessments and reviews and where appropriate, their family members.

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

- People received refreshments and a range of different food choices were made available throughout the day. There was the opportunity to give feedback, for example, the quality of the food. We saw an entry about the quality of the gravy on the first day of inspection and found this had been quickly picked up by the management team and addressed with the chef.
- People at risk of weight loss were monitored and provided with a fortified diet (extra calories) to help them gain and maintain a healthy weight.
- People at risk of choking had received appropriate assessments from healthcare professionals (Speech

and Language Therapist – SALT).

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

- People had access to healthcare services when required to promote their health and well-being and records we looked at confirmed this.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there were any changes in people's health needs. One relative told us, "The staff are very good at letting me know when there had been any changes with [person's]."
- Systems were in place such as handover meetings and daily 'flash' meetings, to update staff with people's health and support needs. One staff member said, "We have a 10/10 meeting (flash) any incidents, accidents, concerns are discussed so everyone knows and we can all work as a team."

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

- The home was purpose-built to meet people's physical needs. All bedrooms were en-suite and there was sufficient space for people to move around the home independently. At previous inspections, we have identified more could be done to the home environment to make it 'dementia friendly.' We could see on one unit work had taken place to introduce a 'snug lounge' and an activity/cooking area that was being utilised on the first day of the inspection.
- Other improvements had also started to be implemented with the installation of a focal fire place on a second unit, age appropriate pictures of the city of Birmingham, famous singers and actors and clearer signage on doors. We were told the programme to maintain these improvements would continue.

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 management team had reviewed and resubmitted appropriate applications to the local authority. A record of DoLS applications was kept with a timeline for review. We suggested any conditions added to people's authorised DoLS was added to these records for ease of reference.
- Where people living at the home did not have capacity to make decisions, they were supported to have some choice and control of their lives.
- People and relatives we spoke with told us staff would seek consent and offer choices to people. Our observations confirmed this.

# 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

- At the last inspection we saw numerous missed opportunities for meaningful engagement with people. This had improved, one relative told us, "The staff seem to know what they are doing, they speak to people, make an effort and are interacting now, before they would just walk past the person, we have seen real improvements."
- Staff spoke with kindness about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I do enjoy working here, it's a friendly environment, the residents are lovely and you can spend time with them and the staff are nice and friendly to work with."
- Care plans we looked at included details of people's life histories, wishes and preferences.
- Staff we spoke with were aware of people's likes and dislikes.

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

- People who could tell us said they were able to get up and go to bed when they wanted and were able to make choices about the clothes they wore, what they ate and drank and activities they wanted to do.
- Care plans we looked at showed people's views and decisions about care and support had been included in their reviews.
- People were supported by staff to make day to day decisions. For example, we saw staff asking questions and giving people choices in taking part in day to day activities and tasks.
- For people without family support to help them make decisions about their care and support, the provider ensured advocates were available. An advocate is independent and appointed to make sure the person's voice is heard on issues that are important to them and have the person's views and wishes genuinely considered, when decisions are being made about their lives.

Respecting and promoting people's privacy, dignity and independence

- People spoken with told us staff were kind and treated them with dignity and respected their privacy. One person said, "Staff always knock on my door and I feel comfortable with them." A relative told us, "[Person] always looks well cared for, clean room and bedding is always fresh."
- People, who were able, told us they were encouraged to do as much for themselves as they were able.
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

# 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 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

- The provider had introduced an electronic system to record all information relating to people's care record and daily events. Care plans we looked at were person centred and we could see people and their relatives had been involved with the planning of care and support.
- Staff we spoke with were knowledgeable about people's care and support needs.
- The service provided to people had been responsive and flexible to meet their care needs. One relative told us, "[Person] was becoming unsettled in the dining area, the manager listened and made a lounge area, this works really well now for [person]."
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices.
- Staff responded to changes in people's needs. For example, pressure relieving mattresses were being monitored to ensure they were at the correct settings to match people's weights. This meant the risk of sore skin was mitigated.

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.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.
- We saw one person whose first language was not English was supported by staff with their care planning through the use of pictures and words translated into their language. Another person used their communication board to speak with staff and one relative explained how their family member used a white board to communicate with staff.

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 the last inspection there was some improvement required to ensure people living with dementia were able to participate in meaningful activities. There had been some improvements made. The provider employed two full time activities co-ordinators and they had made a concerted effort to engage with people living in the home. There were still some people that felt there could be more interaction, however our

observations of interactions were more positive.

- We saw activities staff spent time with a people in a group cooking. It was a little disorganised but there was lots of laughter and good rapport between the staff and people taking part.
- We did see people using the gardens and those people that could independently leave the building were enabled to do so safely.

Improving care quality in response to complaints or concerns

- There had been an improvement with the provider's complaints process. We found where there had been complaints, these had been investigated and processes were now in place to analyse and monitor for patterns or trends to reduce the risk of reoccurrences.
- People and relatives we spoke with knew how to raise a complaint.

End of life care and support

- The home was providing end of life at the time of our inspection. One relative told us, "We were told [person] had just weeks to live and look at them now (months on) they are stable and it's down to the care, it's very good and that's why [person] is still alive."
- The provider had appropriate processes in place, with care plans detailing people's preferred wishes to they would be supported in a dignified, personal and sensitive way.

# 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 improved to required 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.

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

At our last three inspections there has been a lack of robust quality assurance systems in place and inconsistent leadership and governance at the home. This meant there was a reoccurring breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014). Good governance.

Enough improvement had been made and the provider was no longer in breach of regulation 17 Good governance.

- Although there had been some improvements to the inconsistent recording of people's weights, this had continued to occur but not to the extreme levels seen before. The home manager explained new scales had been purchased and calibrated and the inconsistency with weights attributable to how and where people were being weighed. Training was planned to show staff how to do this properly and weight were also being passed to the nurses for monitoring. This meant any irregularities were identified sooner and followed up. Care plans we looked at corroborated this.
- At the last inspection, there was no call auditing system in place to monitor the time taken for staff to respond to alarm activations. This had been resolved and the nominated individual showed us how effective the new monitoring system had been in identifying for patterns and trends.
- There had been an improvement with the provider's processes to analyse complaints, accidents and incidents. We saw where action had been taken and what measures had been put in place to mitigate future risk.
- There was no registered manager in post at the time of the inspection. However, a home manager has been employed and submitted their application to become the registered manager.
- There were checks on staff competency but not consistently recorded or staff were aware they were being appraised. One staff member said, "The manager and/or deputy walk around (the building) checking what we're doing but I'm not sure if these are spot checks and every few months it will be brought up at meetings." We discussed the importance of consistently recording when competency checks were completed with the management team.
- It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. These included incidents such as alleged abuse. We found notifications were received as required by law, of incidents that had occurred.

- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so people and those seeking information about the service can be informed of our judgments. The rating from the previous inspection was prominently displayed in the main reception area at the home.

- Staff spoken with told us the communication from the management team could be improved. There were team meetings held but these were not always well attended and there was no mandatory requirement for staff to attend. We discussed with the management team the importance of team meetings for all staff for disseminating and sharing information around working practices. The home manager said they would review how team meetings were to be held in the future.

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

- The culture of the home had not always been person centred, this had improved. One relative told us, "We had real reservations when [home manager] first came to the home but we have seen real improvements and very pleased with what they are doing." Another relative said, "There have been a lot of changes with the home but since [home manager] has been here, there have been improvements and it (the home) is getting there."

- Most of the staff we spoke with told us the management team was supportive and approachable. One staff member told us, "This management are a lot more supportive." Another staff member said, "[Home manager] has greatly improved the home, there was no discipline or focus. [Home manager] listens and is willing to work to improve the home, suggestions I have made have been put in place."

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 management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

- The management team had notified relatives, the local authority and CQC of any incidents as they are required to do so.

- We found the management team to be open throughout the inspection about the challenges currently being faced by the home and where further improvement was needed.

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

- People who were able to tell us and relatives we spoke with told us there had been resident/relative meetings. One relative said, "There are meetings but I haven't been to them because of the timings but if I had a problem I have no problem going to see any of the management team."

- At the time of the inspection, the home manager was in the process of sending out feedback surveys.

- Relatives we spoke with told us staff kept in regular contact with them concerning any changes in people's health.

- The overall feedback from people living at the home and relatives was the service had improved since the last inspection

Continuous learning and improving care; Working in partnership with others

- The management team demonstrated a commitment to driving the continued improvements to develop the home.

- Care plans we looked at showed how staff had worked in partnership with healthcare professionals. For



example, district nurses, podiatrists, and GPs. People had been supported to attend hospital or specialist health appointments.

- The management team worked in partnership with the local authority and local clinical commissioning group.