

Beaumont Court Care Home Limited

Beaumont Court Care Home

Inspection report

Peter Shore Court
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London
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beaumont Court is a residential care home providing personal care for up to 42 adults. At the time of the inspection 38 people were living at the service, including older people, people with physical health conditions and those living with dementia.

Beaumont Court accommodates people in one building across two floors, with each person having their own bedroom and en-suite bathroom. There were also communal living and dining rooms, a main kitchen and access to a secure garden. The provider had submitted an application in August 2019 to add a further six bedrooms to their registration, which was being processed by CQC at the time of the inspection, so they were not currently in use.

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

We observed positive interactions between people and the staff team throughout the inspection, with staff showing compassion and kindness and being aware about people's needs. We saw there was a warm and welcoming environment, with people comfortable in the presence of staff.

People were supported to access healthcare services and staff made the necessary referrals if people's health changed. Health and social care professionals highlighted the improvement in communication and willingness of staff to be involved in training initiatives.

People were supported to take part in a range of events and activities, both within the home and within the local community. Links had been created with local organisations to create opportunities for people to be involved with and improve their wellbeing.

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

We received positive feedback from people, relatives, staff and health and social care professionals about the changes that had been made since the last inspection and the improvements that had been made since the new manager had started.

People were cared for by a motivated staff team who felt appreciated and supported to carry out their duties. One staff member said, "We know we can achieve more when we work as a team and the manager has helped us understand that."

The provider had recently started using a new digital care planning system to record the care and support that people received. Although it was still in the process of being fully implemented across the home, staff felt it had a positive impact on the amount of time they could spend with people.

We have made a recommendation about the decoration of the home to ensure the provider works towards a more dementia friendly environment.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 5 December 2018) and there were two breaches of regulations. 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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beaumont Court Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This consisted of two inspectors 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 service.

Service and service type

Beaumont Court 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 did not have a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the new manager, who had started in July 2019, had submitted their registered manager application and was waiting for it to be processed by the CQC. We received confirmation after the inspection this had been approved and they had been registered on 5 December 2019.

Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the second and third day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. We used the information the provider sent us in the provider information return, which was received during the inspection. 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 contacted the local authority commissioning team and reviewed their recent monitoring visit report. We also reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We met and had introductions with 18 people who used the service and spoke with six of them in more detail. 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 observed the care and support provided to people in the communal areas across different parts of the day, including mealtimes and during activities. We also spoke with three relatives who were visiting during the inspection.

We spoke with 14 staff members. This included the manager and two directors, one who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the administrator, the chef, the activities coordinator, two team leaders, a senior care assistant and five care assistants. We also spoke with two health and social care professionals who were visiting during the inspection.

We reviewed a range of records. This included 13 people's care and medicines records and seven staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included incident reports, quality assurance checks and minutes of team and resident meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a recently updated fire risk assessment, an external medicines audit and further quality assurance records. We also spoke with a further two health and social care professionals who had experience of working with the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that risks to the health and safety of people were regularly assessed and did not do all that was practicable to mitigate any such risks. 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.

- Risks to people's health and wellbeing had been assessed and were now being reviewed monthly. Assessments were in place for risks related to falls, skin integrity, moving and handling and choking with guidance in place so staff could support people safely.
- Where people were at risk of falls and had experienced unwitnessed falls, we saw control measures had been put in place to reduce this risk. For example, one person had a low profile bed and crash mat as they had previously been found on the floor during night checks.
- Staff members were knowledgeable about the moving and handling procedures for people they supported with transfers and repositioning and how they kept them safe. One care assistant confirmed they shadowed senior care staff and had observations before they supported people using a hoist. We saw a recent catch up team meeting discussed the safe moving and handling procedures for staff to follow.
- An updated fire risk assessment had been carried out on 31 October 2019 and we saw all but one identified action had been completed by the provider. Personal Emergency Evacuation Plans (PEEP) were in place for people who had difficulty in evacuating the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and staff had recently completed safeguarding training to ensure people were protected from avoidable harm. Staff understood their safeguarding responsibilities and were confident any concerns would be dealt with immediately.
- Improvements had been made since the previous inspection in how safeguarding incidents were recorded, with improved record keeping related to safeguarding investigations. The provider had recently updated their safeguarding policy and shared it across the staff team.
- We saw safeguarding was discussed with applicants during the interview assessment stage and it was regularly discussed during staff supervision meetings. One staff member said, "The first priority is keeping my residents safe and I'm very confident anything I report will be dealt with."
- People and their relatives told us they felt safe living at the home. One relative said, "It's a great comfort

knowing that they are being looked after here." Health and social care professionals told us they felt reassured with the service and the improvements that had been made in the past year.

Staffing and recruitment

- The provider had kept their staffing levels under review and had made some changes since the previous inspection. We observed improved deployment of staff throughout the day to ensure people were supported with their care needs as people were continued to be encouraged to spend time in the communal areas.
- The new manager had introduced an extra member of staff to support people when they were going in and out of the dining room. Staff spoke positively about the impact it had on people and their own workload. A new team leader had also been recently recruited to cover night shifts and night staff we spoke with felt they were experienced and provided appropriate support.
- Samples of weekly rotas showed staffing levels were consistent with what we saw throughout the inspection and what the manager told us. The use of agency staff had reduced since the previous inspection, and where agency staff were used to cover absences, the provider tried to ensure regular staff covered.
- The general feedback about staffing levels was positive. We observed staff responding to people's call bells throughout the inspection within an expected timeframe. Where one relative felt more staff was needed, we discussed this with the manager and saw it was related to an isolated incident where staff had not carried out a routine check.
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment along with appropriate references and identity documents. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- There were clear procedures in place to ensure people received their medicines safely. The provider had taken action from a local authority monitoring visit to ensure they were following best practice. We saw best practice was followed with the storage of medicines, including controlled drugs.
- Team leaders and senior care assistants were responsible for administering medicines and had completed training and a competency assessment before supporting people. This included three observations which were signed off by senior staff. We observed staff supporting people with their medicines and staff responsible for this had a good understanding of the correct procedures to follow.
- People had a medicines profile in place which had details about their medicines and how they should be taken. There was guidance for staff for supporting people with medicines that were to be taken 'as required' and including covert medicines.
- Samples of medicine administration records (MARs) we reviewed had been completed correctly and regular checks were in place to minimise any errors. Where we found one minor recording error, this was followed up with the staff member involved.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the home and improvements were seen in how records were being completed and reviewed since the previous inspection.
- The manager had used outcomes of previous investigations as a learning experience across the staff team. For example, improvements were seen in how changes in people's health and wellbeing were being handed over and senior staff spoke positively about this change as there had been more of an emphasis on the importance of reporting these changes.

- The team leader said, "Things weren't being reported, but staff are now more aware, are reporting this to us and we are able to follow issues up." Health and social care professionals also highlighted the positive improvement in communicating any concerns.

Preventing and controlling infection

- There was a domestic team responsible for the cleaning and laundry services across the home. A domestic supervisor had been recruited since the previous inspection which provided further support. Monthly infection control checks were also being completed.
- Staff completed training in infection control and we observed staff wearing personal protective equipment (PPE) such as disposable gloves and aprons during mealtimes and when administering medicines. Staff also covered hand washing guidelines, PPE and the safe disposal of waste during their induction.
- The kitchen had recently been deep cleaned and had retained their rating of five from the Food Standards Agency at a recent inspection on 24 October 2019, the highest rating available.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home was accessible to people who used the service. There was a lift to support people with mobility issues and walkways were wide and free from hazards where people used wheelchairs and other mobility equipment, such as zimmer frames.
- There had been a vast programme of refurbishment since the previous inspection. Old carpets had been replaced with suitable flooring across the service and another communal lounge area had been built. Six new bedrooms had been added to the first floor and the application to increase the size of the registration was being processed at the time of the inspection.
- The provider acknowledged there was still work that needed to be done to help create a more dementia friendly environment across the home, especially in the communal lounges where people spent more of their time. This had been highlighted at the previous inspection in October 2018 and the provider's own quality assurance visit in April 2019 recommended more tactile and sensory aids were needed across the home.

We recommend the provider seeks advice from a reputable source to ensure the decoration of the home helps to create a more dementia friendly environment.

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

- People had been assessed before they used the service or when their health needs changed. We saw a team leader went to carry out an initial assessment at a local hospital during the inspection, reporting back to the manager about their findings. There was information in place and assessments from health and social care professionals, such as Speech and Language Therapist (SALT) guidelines.
- The provider had shared best practice guidance from a recent CQC thematic review about oral care in care homes. People had oral health care assessments and an oral health care plan in place. Staff had attended oral health training from the NHS Community Dental Services.
- Health and social care professionals were positive about the experience and attitude of the staff team. One added, "I do trust them. If I give them a plan it will be followed and I can see they are keen to engage with us and educate themselves."

Staff support: induction, training, skills and experience

- Staff completed an induction and worked with more experienced members of the staff team when they first started. One member of staff who had started within the past six months confirmed they shadowed staff over a number of days and completed face to face training.
- The induction and training programme was focused around the Care Certificate, with workbooks being

completed and signed off. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Staff also had the opportunity to complete further training specific to people's needs, including dementia awareness and a nutrition and hydration course arranged with health and social care professionals.

- Staff spoke positively about the training they received and confirmed they had a mix of practical and online training, which was carried out regularly. One care assistant said, "It has helped to broaden our knowledge, how to learn and to have a better understanding of how to support people."
- Staff received supervision and an annual appraisal and records showed meetings covered a range of topics, including work related issues, personal issues, training needs and any safeguarding concerns.

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

- People were supported to eat and drink and staff were aware of their nutritional needs. The chef was knowledgeable about people's nutritional needs and had information about people's preferences and any specific diets, nutritional risks, medical or cultural needs.
- Where there were some minor inconsistencies in the level of information across people's files, we could see people's records were being updated onto a new digital care planning system and took this into account during the inspection. Feedback about the food was generally positive. One person said, "Yes, it is alright. I don't like pork and the staff know that."
- Some staff had been involved in a 'nutrition buddies' training programme, which helped to raise their understanding and awareness about the support people needed. We observed a number of positive interactions across the inspection of people being supported and encouraged at mealtimes, with other choices being offered if people said they were not hungry.
- A hydration station had been introduced since the previous inspection and was based in the reception area. Hot and cold drinks were available and we saw it was a central hub of activity throughout the day, with staff supporting people and people chatting with each other.

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

- People were supported to access a range of healthcare services. The GP or the practice nurse visited on a weekly basis and we saw the staff team worked closely with health and social professionals, including the community district nursing team and occupational therapists.
- Where staff noticed a change in people's health and wellbeing, we saw the appropriate referrals were made to the relevant health and social care professional. Staff had a good understanding of what to do if they noticed any changes and we saw learning from a recent incident had been shared across the staff team about reporting concerns when people were in pain.
- We observed a considerable improvement to the health and wellbeing of two people we met with at the previous inspection related to periods of distressed behaviour. We could see they were both much more relaxed, comfortable with the staff and engaged more in the day activities of the home, with improvements in their physical appearance and engagement with us. One person, who previously displayed distressed behaviour related to the frequency they could smoke, was no longer smoking, which had a positive impact upon their health and wellbeing.
- Health and social care professionals were positive about the improvements that had been made since the previous inspection. One added, "The communication has definitely improved."

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 provider worked with the relevant health and social care professionals when applications were made to deprive people of their liberty. A DoLS log was in place and assessments and decisions had been properly taken to ensure that people's rights were protected. We saw a positive comment for one person, where the best interests assessor stated the person was comfortable in their environment with no signs of distress.
- The provider continued to follow best practice and had information and guidance about mental capacity and DoLS assessments. We saw staff, people's relatives and the relevant health and social care professionals had been involved in best interests meetings related to people's care and support.
- Staff completed MCA and DoLS training, which included information about the five key principles and the importance of best interests decisions. Staff understanding was also discussed during the interview assessment. One staff member said, "We make sure that even if people lack capacity, we involve them and give them choices and explain the best we can."
- Where a condition of one person's DoLS authorisation was not clearly recorded in their care plan, the provider was able to confirm that the appropriate measures had been taken and the manager said they would make sure it was updated in their records.

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 good. At this inspection this key question has remained the same. 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

- People and their relatives complimented the kind and caring attitude of the staff team. One person said, "They do care about you and they always help me." Comments from relatives included, "They are very kind and helpful, really pleasant and lovely" and "It's bright and welcoming and I'm always greeted by the staff who are friendly." One relative told us how staff were very attentive and were made to feel comfortable. They added, "It's these little things that make you realise they care."
- We observed positive interactions throughout the inspection between people and the staff team. Staff were patient with people and responded affectionately with patience, understanding and gentle embraces when people became emotional or distressed.
- Despite a busy environment, especially during mealtimes where during one observation 34 people were being supported during lunch, staff created a calm and relaxed atmosphere. Staff were talking to people at their level and we saw people laughing with staff and each other.
- Health and social care professionals complimented the caring nature of the staff team and the environment it helped to create. One health and social care professional added, "They are very human in how they care for people, especially the regular staff. They are very approachable and kind and now I look forward to going there."

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

- Records showed that people were involved in making decisions about their care and support. As not all people were able to tell us they were involved, staff had a good understanding of ensuring information was explained to people and gave them the opportunity to express their views. Relatives confirmed they were involved and were kept updated if there were any changes.
- Where people had no known family, where appropriate, the provider liaised with the relevant health and social care professionals involved in people's care. Health and social care professionals complimented the improvements that had been made with the communication and how they were updated with any changes in people's health and wellbeing.
- We saw one person had the support of a Cantonese interpreter as they were unable to fully communicate in English. The interpreter visited weekly and provided the staff with an update about their visit.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and respected their privacy. Comments from relatives included, "I can say that they do treat [family member] with respect" and "[Family member] is content and cared for and not disrespected in any way."

- We observed positive interactions during the inspection of how staff respected people's privacy and promoted their independence. Where one person had come out of their room without any shoes on, staff noticed this and encouraged them back to their room to put them on. Staff were also patient when supporting people who were mobilising independently and reassured them throughout.
- The staff team had a good understanding about the importance of respecting people's privacy and dignity and gave examples of how they did this. We saw any dignity concerns had been discussed during supervision sessions.
- One relative did tell us about an occasion where they felt their family member had not been checked and it had impacted their dignity related to their continence needs. The manager had spoken with staff and reminded them to continue to check on people even when their relatives were visiting them.

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

- Improvements had been made since the last inspection with the level of information recorded about how people liked to receive their care and support. Additional life information was in place, including updated 'All about me' booklets. It included what people needed help with, what they enjoyed, what might upset them and what they liked to talk about.
- The provider had invested in digital care planning software and we saw information about people was being transferred over from paper to digital records. Staff were positive about the system and used hand held devices to record the care and support provided. One care worker said, "It saves us time and makes it easier. With the reduction in paperwork, we can spend more time with the residents."
- People and their relatives told us they were happy with the support and we saw staff were aware of people's preferences. One person said, "They know me well, know that I like to have my breakfast down here." One relative said, "They do a very good job, they know [family member] well, it is very personal."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to be involved with a range of activities and events across the service and in the local community. We observed the staff team supported the activities coordinator during the inspection with seated games, where people participated in and enjoyed. One person said, "I like what goes on, it can be quite entertaining."
- There were regular coffee mornings, art and craft sessions and a weekly baking event. There was involvement with a music project and some people had monthly visits to the pub and local city farm. There had been Easter and Halloween themed events and the activities coordinator was planning events for the run up to Christmas.
- The provider supported people's religious and cultural needs. There was a weekly church service and one person was supported with weekly visits from a volunteer from the person's cultural background. The chef told us they were able to provide people with cultural food choices.
- Health and social care professionals complimented the activities coordinator and the enthusiastic attitude they had in providing suitable and appropriate activity sessions. Comments included, "I can see the difference that more activities and stimulation has for people when I come and visit" and "There seems to be more of a buzz and activity on the ground floor, which gives it a more positive feel."

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 communication needs had been assessed and information about people's communication needs were highlighted in their care records. We saw staff had a good understanding of how to meet their needs and how they communicated with people during the inspection.
- Easy read documents were made available to people to help their understanding, including when completing satisfaction surveys to provide feedback about the service. We saw one person had flashcards with pictures and basic words and phrases in their native language to help with their understanding.

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy in place and this was discussed with people each month during the residents meeting. The policy was also displayed in the service for relatives and visitors to see. One person said, "I've never had to complain about anything since I've been here and would speak to the manager if I needed to."
- We saw there had been no formal complaints since the manager had been post. One relative told us they had raised an issue previously and it had been resolved. The manager told us about a concern that had been raised with her by a relative, regarding an agency staff member. They added, "I've told people that my door is always open and they can talk to me about anything. I try and deal with anything on the spot and in this case, we stopped using the agency worker involved."
- Health and social care professionals told us with the improvements they had seen, people and their relatives were happy and had not mentioned any complaints to them. The manager also told us that with the recruitment of the domestic supervisor, minor issues related to people's laundry had reduced.

End of life care and support

- Where people were supported with care at this stage of their life, the provider had created links with the local hospice and worked with the palliative care team where appropriate. One health and social care professional told us they had seen improvements in how people were supported at the end of their life and staff had a better understanding of this, ensuring people passed away at the home in line with their wishes.
- People had a death and dying care plan in place and we saw conversations had taken place about people's wishes and what was important to them, including who they wanted to be present. Care records also recorded respecting people's and their relatives' decisions if they did not want to talk about this subject.
- Where appropriate, people had Do not Attempt Cardiopulmonary Resuscitation (DNACPR) documents in place which showed people's relatives and the GP had been involved in the decision. We saw one person's digital care plan had not been fully updated with information about their previous involvement with the palliative care team. The manager acknowledged this and updated it straight away.

Is the service well-led?

Our findings

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

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

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

At our last inspection the provider had failed to notify the CQC without delay about serious incidents in relation to people who used the service. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager was aware of their responsibilities regarding notifiable incidents and since being in post had made contact with the CQC regarding incidents that had occurred across the service to seek further advice and guidance.
- The staff team had a good understanding of their key responsibilities and we saw staff roles and important tasks were discussed at meetings and supervision sessions. Comments from staff included, "The supervisions are helpful and give us the opportunity to discuss and understand our duties, with reminders about what is important to do" and "The team leaders and the manager are very hands on. They help us with what we need to do."

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

- Our observations showed that people were comfortable in the home and the manager had a visible presence throughout the inspection. Relatives were positive about the management of the service. One relative told us the manager was approachable and easy to talk to. They added, "Bless her, she is always very pleasant."
- Staff spoke positively about the changes that were happening in the culture across the home. Comments included, "I have trust and confidence in her to overcome any challenge we face", "The best change has been the staff attitude. She has been very open and welcoming and we are much more motivated" and "She has had a big impact and brings experience to help make improvements."
- Health and social care professionals also praised the changes that had been made since the previous inspection. Comments included, "I'm much happier with everything and they have made my job a lot easier with their support" and "It has improved a lot, I'm really happy with the new manager and team leaders. It has been a dramatic change."

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

- People's views were sought through satisfaction surveys and the activities coordinator organised monthly resident meetings to get feedback about the service. We saw topics discussed included activities and events, the food and if people had any issues or concerns they wanted to discuss.
- We saw the manager had a staff meeting about the importance of team morale and how everybody had a responsibility to lead from the front and create a strong team environment. The manager added, "I discussed the benefits of teamwork and communication. I like to be involved with the staff and their wellbeing."
- Staff praised the support they received and felt motivated in their roles. Comments included, "She has brought positive change and she cares about us, is interested in us and appreciates us, which has created a better environment" and "I feel staff have appreciated her getting involved and helping us, she doesn't shy away from helping people. This means a lot to us."

Continuous learning and improving care

- The manager held a meeting with the staff team after carrying out initial observations across the home when they first started. We saw they highlighted areas that needed improvement and had implemented changes which improved the care and support people received.
- The manager had introduced unannounced monitoring visits over the weekend to ensure staff were carrying out their duties. Although they were not formally recorded, staff confirmed this. There were a range of checks and audits across the service, including people's medicines, finances and health and safety checks. There was further oversight as the provider carried out internal quality assurance visits to highlight any areas of improvement.
- One health and social care professional said, "It is the best this place has been since 2016 and I have seen a great improvement. The manager added, "I don't mind visits from CQC or the local authority as feedback is the only way we are going to improve."

Working in partnership with others

- The provider worked with a range of health and social care professionals and was involved in a new patient safety project with the NHS, with the aim to upskill staff, improve communication and reduce hospital admissions. One health and social care professional said, "Partnership working has been a problem in the past but they have really supported this project and all staff involved have been enthusiastic."
- The activities coordinator attended quarterly forums with other activity coordinators from care homes in the local area. They could access training opportunities from the local authority and share ideas with colleagues across the local borough.
- The activities coordinator had created links with a number of local organisations, including the local city farm and a music project with a university. They had also held a coffee morning for Macmillan Cancer Support and raised over £230.

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 manager told us they understood the importance of making sure they were open and honest with people and their relatives and we saw relatives and healthcare professionals had been informed and updated when any incidents occurred.
- A relative said, "I'm updated if there are any issues or if [family member] has had a fall, which is very good. Health and social care professionals confirmed they were informed of any incidents and were confident any issues would be reported."

