

Kesh-Care Limited

The Old Hall Residential Care Home

Inspection report

Northorpe Road
Halton Hologate
Spilsby
Lincolnshire
PE23 5NZ

Tel: 01790753503

Website: www.theoldhallspilsby.co.uk

Date of inspection visit:

07 May 2019

13 May 2019

Date of publication:

26 June 2019

Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

About the service:

The Old Hall Residential Care Home is registered to provide accommodation and support for up to 25 people, including people living with dementia. There were 15 people living in the home on the first day of our inspection.

In December 2017 we rated the home as Inadequate and placed it in Special Measures, reflecting the registered provider's failure to address regulatory breaches identified at previous inspections. We also imposed an additional condition of registration to prevent the registered provider from admitting anyone to the home without our prior permission. When we inspected the service again in August 2018 we were disappointed to find little evidence of improvement. The service was again rated as Inadequate and remained in Special Measures.

People's experience of using this service:

Since our last inspection in August 2018 the registered provider ('the provider') had appointed a new manager who was now registered with the Care Quality Commission. Under the leadership of the new registered manager, all of the regulatory breaches identified at previous inspections had been addressed. Aside from one administrative shortfall in the provider's staff recruitment system, significant improvement had also been made in other aspects of service provision.

Staff worked together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. There were sufficient staff to meet people's care and support needs without rushing. Staff provided end of life care in a sensitive and responsive way.

Staff were kind and attentive in their approach and were committed to promoting people's dignity, privacy and respect. People were provided with food and drink of good quality which met their individual needs and preferences. There was a programme of regular activities and events to provide people with physical and mental stimulation. There was an ongoing programme of improvement to the physical environment and facilities in the home.

Staff worked alongside local health and social care services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely. Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible. The policies and systems in the home supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm, although improvement was required to ensure staff recruitment procedures were consistently safe.

The registered manager provided strong but supportive leadership and in her five months in post had won the respect and loyalty of her team. A range of audits was in place to monitor the quality and safety of service provision. To help ensure the improvement in service quality was sustained, the registered manager maintained a hands-on role in all areas of the home and the owner had increased his involvement. Systems were in place to promote organisational learning from significant incidents and events. Formal complaints were rare and any informal concerns were handled effectively.

Rating at last inspection:

Inadequate (Published November 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. As described above, at this inspection we were pleased to find significant improvements in service quality. As result, the rating of the service is now Good and the service is no longer in Special Measures. We have also advised the provider we plan to remove the additional condition of registration imposed following our December 2017 inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 Effective findings below.

Good ●

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 Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The Old Hall Residential Care Home

Detailed findings

Background to this inspection

About the service:

The Old Hall Residential Care Home is registered to provide accommodation and support for up to 25 people, including people living with dementia. There were 15 people living in the home on the first day of our inspection.

In December 2017 we rated the home as Inadequate and placed it in Special Measures, reflecting the registered provider's failure to address regulatory breaches identified at previous inspections. We also imposed an additional condition of registration to prevent the registered provider from admitting anyone to the home without our prior permission. When we inspected the service again in August 2018 we were disappointed to find little evidence of improvement. The service was again rated as Inadequate and remained in Special Measures.

People's experience of using this service:

Since our last inspection in August 2018 the registered provider ('the provider') had appointed a new manager who was now registered with the Care Quality Commission. Under the leadership of the new registered manager, all of the regulatory breaches identified at previous inspections had been addressed. Aside from one administrative shortfall in the provider's staff recruitment system, significant improvement had also been made in other aspects of service provision.

Staff worked together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. There were sufficient staff to meet people's care and support needs without rushing. Staff provided end of life care in a sensitive and responsive way.

Staff were kind and attentive in their approach and were committed to promoting people's dignity, privacy and respect. People were provided with food and drink of good quality which met their individual needs and

preferences. There was a programme of regular activities and events to provide people with physical and mental stimulation. There was an ongoing programme of improvement to the physical environment and facilities in the home.

Staff worked alongside local health and social care services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely. Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible. The policies and systems in the home supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm, although improvement was required to ensure staff recruitment procedures were consistently safe.

The registered manager provided strong but supportive leadership and in her five months in post had won the respect and loyalty of her team. A range of audits was in place to monitor the quality and safety of service provision. To help ensure the improvements made in service quality were sustained, the registered manager maintained a hands-on role in all areas of the home and the owner had increased his involvement. Systems were in place to promote organisational learning from significant incidents and events. Formal complaints were rare and any informal concerns were handled effectively.

Rating at last inspection:

Inadequate (Published November 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. As described above, at this inspection we were pleased to find significant improvements in service quality. As result, the rating of the service is now Good and the service is no longer in Special Measures. We have also advised the provider we plan to remove the additional condition of registration imposed following our December 2017 inspection.

Follow up:

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

Is the service safe?

Our findings

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

Some aspects of the service were not always safe.

Assessing risk, safety monitoring and management

- At our last inspection we found the provider was still failing to properly assess and mitigate risks to people's safety and was in continuing breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we were pleased to find that the new registered manager had implemented a systematic approach to assessing potential risks to people's safety and wellbeing. As a result of the improvements made in this area, the provider was no longer in breach of Regulation 12(1). When we looked at the risk assessment documentation in people's individual care records we saw that action had been taken to address risks that had been identified. For example, one person had been assessed as being at risk of falling and a range of preventative measures had been put in place. Senior staff regularly reviewed and updated people's risk assessments to take account of changes in their needs.
- The registered manager had also introduced the use of a 'safety cross' tool developed by the local authority as part of her strategy to reduce the prevalence of falls, pressure ulcers and urinary tract infections in the home. Commenting on the reduction in the number of falls since our last inspection, the registered manager said, "We have more staff in communal areas and sensor mats for chairs. We have had very few falls recently. For example, [name] was a risk in the past but has had no falls since I started." Commenting positively on the provider's management of the risk of pressure area damage, one local healthcare professional told us, "They have one of the lowest incidences of pressure ulcers compared to other homes [I visit]." During our inspection we saw that staff were proactive in addressing potential risks to people's safety. For instance, whilst being interviewed by our inspector, one staff member instantly terminated the interview and went to someone's assistance when their chair sensor mat sounded an alarm.

Staffing and recruitment

- Since our last inspection there had been a significant turnover of staff, with several new staff appointed. However, when we reviewed the recruitment records for some of these staff, we found the provider's approach to conducting pre-employment checks was not consistently safe, increasing the chance of someone unsuitable being employed. For example, one new recruit to the care team had started work on 11 November 2018 but references had only been requested on that date. There was only one completed reference on this staff member's file which was dated 8 January 2019, almost two months after they had started working in the home. Commenting on this failure to maintain consistently safe recruitment practice, the registered manager said, "I don't know what happened here." Similarly, when we reviewed the file of another new recruit we found both their references were undated, which meant we were unable to ascertain whether they had been received before the staff member started providing hands-on care. Although we found no evidence that anyone unsuitable had been employed, the registered manager readily

acknowledged that the provider's recruitment process required improvement.

- More positively, everyone we spoke with during our inspection told us that the provider employed sufficient staff to meet people's needs. For example, one relative said, "In the last year there has been more staff. The staff have time to pop in and see how [name] is." Similarly, a member of the care team told us, "There are definitely enough staff for the residents we have here. We have time to chat and reminisce. [Some] ladies like to sing and sometimes we will have a dance." Reflecting this feedback, throughout our inspection we saw that staff had time to meet people's care and support needs without rushing. The registered manager kept staffing levels under regular review and, in response to feedback from our inspector, secured the provider's support for the introduction of a new 'twilight' shift to provide additional support and supervision when people were going to bed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living in the home. For example, one person said, "I do feel safe here, and well cared for."
- Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC, should this ever be necessary.

Preventing and controlling infection

- The home was clean and odour free and the provider had effective systems of infection prevention and control. Two members of the housekeeping team had taken on the role of infection control lead and attended information sharing events organised by the local authority's infection control team, to ensure the provider was up to date with best practice in this area. Protective aprons and gloves were stored in various locations around the home to make it easy for staff to access them as required. To help ensure standards were maintained, senior staff conducted regular infection control audits.

Using medicines safely

- We reviewed the arrangements for the storage, administration and disposal of people's medicines and found these were managed safely in line with good practice and national guidance. Staff maintained an accurate record of the medicines they administered, including prescription creams. Regular checks were made to ensure the medicines storage room and fridge were maintained at the correct temperature. The procedures for the use of 'controlled drugs' (medicines which are subject to special storage requirements) were managed safely in line with legal requirements. We noted that people who had been prescribed 'as required' medicines had been supported to exercise their right to decline them when they did not want them.

Learning lessons when things go wrong

- Senior staff reviewed significant incidents which had occurred in the home to identify if there were lessons that could be learned for the future. For instance, following an incident when a person had attempted to get out of bed unsafely, additional equipment had been deployed in the person's bedroom to reduce the risk of something similar happening again.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection we found the provider was still failing to ensure staff had sufficient training and supervision. This was a continuing breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we were pleased to find that the necessary improvements had been made and, as a result, the provider was no longer in breach of Regulation 18(2). Everyone we spoke with told us staff had the right knowledge and skills to meet their needs effectively. For example, one relative said, "The care [name] receives is better than I can give at home." A local healthcare professional told us, "The staff are very knowledgeable and [provide] very good care. If I was recommending a home for one of my relatives, this would be on my list."
- New members of staff participated in a structured induction programme which included initial training followed by a period of shadowing experienced colleagues. One senior staff member told us, "New staff shadow [us] for as long as they need it." The registered manager was in the process of implementing the national Care Certificate which sets out common induction standards for social care staff.
- The provider maintained a record of each staff member's annual training requirements and organised a range of classroom-based and online courses to meet their needs. Commenting positively on the training provision in the home, one staff member said, "We do lots and lots of training. We're training all the time. I know exactly what I'm doing."

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

- Well-developed systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff.
- In addition to their training and supervision, staff had access to a range of publications and other information sources to ensure they were aware of any changes in good practice guidance and legislative requirements. For example, as described elsewhere in this report, infection control procedures were reviewed regularly and updated in line with the local authority's requirements. Additionally, the registered manager had recently identified staff members to act as 'champions' in areas including dementia, oral health and dignity. She was in the process of sourcing additional training for each of the champions to enable them function as effectively as possible in their role.

Staff providing consistent, effective, timely care within and across organisations

- Staff from the various departments within the home worked well together to ensure the delivery of effective

care and support. For example, one member of the care team said, "Communication is good. [The registered manager] has an open-door policy and if I have a worry I could go to either her [or her deputy]. I feel fully supported."

- Staff had also forged effective working relationships with a range of external organisations. For example, one local health care professional told us, "Any advice I give [to the staff] is followed."

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food and drink provided in the home and that their individual preferences were met. For example, one person's relative said, "[Name] is very particular about food [but] the staff always let him have what he wants to eat." One of the cooks told us, "If I've got it, they can have it!" Looking ahead, the registered manager told us that a meeting had recently been arranged to give people and their relatives an opportunity to contribute their views as part of a planned review of the menus.

- Staff were aware of particular nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, kitchen staff were aware of people who were living with diabetes or who needed their food to be pureed to reduce the risk of choking. We saw that the provider had sought specialist nutritional advice from the speech and language therapy service whenever this was required.

Ensuring consent to care and treatment in line with law and guidance

- At our last inspection we found the provider was failing to uphold people's rights under the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we were pleased to find that the necessary improvements had been made and, as a result, the provider was no longer in breach of Regulation 11. Staff were aware of the principles of the MCA and understood the importance of obtaining consent before providing care or support. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). As part of our inspection we checked whether the provider was working within the principles of the MCA and were satisfied that any restrictions on people's liberty had been authorised correctly. Senior staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves and these were documented in people's care records.

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

- Staff worked proactively with a range of health and social care services on behalf of the people who lived in the home, including district nurses, GPs and therapists. Describing their proactive approach to a recent concern about one person's health, a staff member told us, "[Name] had pains in their chest. We rang 111 and they sent an ambulance. They checked [name] out and they were okay. But it could have been anything [so] if in doubt [we always seek assistance]."

- To further enhance communication with local healthcare providers, the registered manager had obtained an NHS email address for the service, to enable people's confidential medical information to be shared securely, if required.

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

- Since our last inspection, the provider had made improvements to the physical environment and equipment in the home to ensure they were suitable for people's needs. For example, new fencing had been installed around the external seating areas to enable people to use them in safety. A reclining wheelchair had been obtained for one person, to enable them to spend more time out of bed and take part in some of the communal activities in the home. The dining room and some bedrooms had been redecorated and new floor coverings laid in various parts of the home. Commenting positively on the recent improvements in the physical environment, one relative told us, "There has been lots of decorating done. A lot of changes for the better." A small mobile shop had been introduced to give people the chance to purchase toiletries. Looking ahead, the registered manager said she intended to organise a meeting with people and their relatives to identify other items they would like to be able to buy from the shop. The registered manager told us she also hoped to establish a bar in one of the communal lounges.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Everyone we spoke with told us that staff were caring and kind. For example, one person's relative said, "They are magnificent carers. Just one big family." Another relative told us, "All staff are so friendly and so willing."
- Describing her philosophy of care, the registered manager told us, "This is [the residents'] home. We are just visitors. I want people to be safe, well-cared for and happy. And to be treated with dignity and respect, whether I am here or not."
- The registered manager's personal commitment to supporting people with compassion in a person-centred way was clearly understood by staff and reflected in their practice. For example, one staff member said, "[Name] feels the cold. So [when I am helping her get dressed in the morning] I warm her jumper on the radiator." Talking with excitement of another person who lived in the home, the same member of staff told us, "[Name] has his wedding anniversary in June. I suggested he invites his wife [to come to the home] for a romantic meal ... with wine and flowers. I have offered to wear a waitress uniform and serve them. We are going to send out the invite [soon]." A 'memory tree' had been stencilled on the wall of the dining room and when someone passed away their photograph was placed on the tree, enabling them to live on in people's thoughts and conversations. Describing her own philosophy of care, one staff member said, "If it's a choice between [doing some] laundry and sitting [chatting] with [people], then [sitting with people] is going to win hands down!"

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting choice and independence and reflected this in the way they delivered care and support. For example, describing the changes in the personal preferences of one of the people they supported, a staff member told us, "[Name] used to sit in the chair [in her bedroom] to have breakfast. And then get washed and dressed. [But now] she likes to be washed and ready before she eats breakfast." Describing the way she encouraged another person to retain as much independence and control as possible, the same member of staff said, "[Name] can wash her own face and hands. It would be easier for me to do it for her, but it is better to encourage her to do it herself. I don't want to take that away from her."
- The staff team also supported people in ways that helped maintain their privacy and dignity. For example, staff knew to knock on the doors to private areas before entering. Staff also told us they took care to close curtains and doors before providing people with personal care.
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. Care plans were stored securely and computers were password protected. The provider had

also provided staff with guidance to ensure they did not disclose people's personal, confidential information in their use of social media platforms.

- The registered manager was aware of local lay advocacy services and said she would not hesitate to secure the support of a lay advocate should anyone living in the home need this in the future. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- If someone was thinking of moving into the home, the registered manager said she normally visited them personally to carry out an assessment to make sure the provider could meet the person's needs. If it was agreed that a person would be moving in, the registered manager prepared an initial 'resident's admission form' to provide staff with information on the person's key needs and preferences. Within 24 hours of the person having moved in, the registered manager told us she personally prepared a full individual care plan.
- We reviewed people's plans and saw that they were well-organised and provided staff with detailed information on people's individual wishes and requirements in areas including personal care, nutrition, medication and communication. For example, one person's plan stated, 'I don't like onions, dried fruit and coffee'. Following her appointment, the registered manager had redesigned the provider's care planning system and staff told us the new approach was a significant improvement. One member of staff said, "Care plans were non-existent [previously]. But now, since [the registered manager introduced the new system] we are learning more about the residents. Their past history. What they were before they came here." Senior staff had each been allocated a number of care plans to maintain and they reviewed the contents monthly to ensure they remained up-to-date and accurate.
- Reflecting the provider's systematic approach to care planning, staff had a good understanding of each person they supported. For example, reflecting her knowledge of one person's life history, a staff member told us she had booked two days leave in July to enable her to support the person attend a 1940's weekend in a nearby town. Another staff member said she sometimes asked another person to help deliver daily newspapers within the home or to assist her with paperwork in the staff room, as she knew this gave the person "a sense of purpose".
- Staff understood the importance of communicating with people in ways that met their individual needs and preferences. For example, photographic menus were available to help some people communicate their food preferences. Talking about this resource, one staff member told us, "I showed [name] the card for chips this morning." The registered manager was aware of the national Accessible Information Standard (AIS) and was in the process of incorporating into the provider's policies and procedures. The AIS sets out requirements of providers in meeting the information and communication support needs of people using health and social care services in England.
- The provider's responsive approach was also reflected in the sensitive way staff cared for people at the end of their life. Outlining some of the changes she had made in this area, the registered manager told us, "I sent out a questionnaire [to people and their relatives asking them to indicate any end of life care preferences]. For instance [favourite] music, soft toys. Whether they wanted someone to sit with them or not. Nearly everyone responded and this enables us to prepare an end of life care plan [whenever this is necessary]. It's not nice to have to ask these things at the time." Following the recent death of a loved one, a family member

had written to the registered manager to say, 'We would like to send our thanks to all The Old Hall staff. [Name] had a peaceful departure and the kindness shown to him during those last few days could not have been better.'

- Since our last inspection, the provider had employed a new activities coordinator who worked 20 hours each week, normally Monday to Friday with the occasional weekend. The activities coordinator had developed a programme of weekly activities to provide people with physical and mental stimulation. These included arts and crafts, hand and nail care, one-to-one reminiscence and visits from Pets As Therapy dogs. The activities coordinator had also taken the lead in coordinating a number of events which had included a recent German evening and Open Day. On the first day of our inspection we saw the activities coordinator provided one-to-one nail care to some people and facilitated a communal art and craft session preparing decorations for the home's upcoming VE Day celebration. In consultation with the kitchen staff a special VE Day menu was being prepared, including corn beef hash, eggless fruit cake, dripping sandwiches and spam sandwiches – food that would bring back memories for many of the people living in the home. The activities coordinator had also introduced a rabbit and two guinea pigs. They lived in a run in the garden, just outside the conservatory where several people liked to sit and watch them. Commenting positively on this initiative, one person told us, "It's great to have animals around."
- Looking ahead, the registered manager said she had plans for further improvements in this area, to provide people with greater physical and mental stimulation. For example, she said she was close to finalising wheelchair accessible transport to enable people to visit local attractions and events. Following the first day of our inspection, the provider enrolled as a member of the National Activities Providers Association (NAPA), as a source of further resources and training for the activities coordinator and other members of staff.

Improving care quality in response to complaints or concerns

- Information on how to raise a concern or complaint was included in the 'service user guide' given to people when they first moved into the home. However, when we reviewed the provider's complaints log we saw that formal complaints were rare. The registered manager attributed this to her high visibility within the home which made it easy for people and their relatives to alert her to any issues or concerns. Describing her approach, she said, "I have a good relationship with [people and their] relatives. My door is always open [and] they know they can come and see me at any time." A relative commented, "Communication between the home and myself is excellent."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Everyone we spoke with us told us how highly they thought of the home and the improvements made under the leadership of the new registered manager with the support of the provider. One relative told us, "Within three weeks of [the registered manager] being in post big changes [were made]. More than ever before [and] all for the better." Another relative said, "The home is organised now. I have recommended it to many people."
- During the five months she had been in post, the registered manager had established a positive organisational culture and won the respect and loyalty of her team. For example, one staff member said, "[Name] is one of the best managers I have worked under. She is very person-centred and very approachable. Firm but fair." Another member of staff told us, "Everything has changed under [the new registered manager]. The home is [now] very well-managed. Every department has a champion."
- Reflecting the strong but supportive leadership of the registered manager, staff told us they enjoyed their work and felt valued for their contribution. One staff member said, "It couldn't have got any worse [under previous managers] and I was tempted to leave. I am glad I stayed." Another member of staff said, "[The registered manager] listens to what we say and we feel that we are heard." Staff also told us of the steps the registered manager took to promote the welfare and happiness of her team. For example, one staff member said, "We get a card and box of chocolates on our birthday. And we all got an Easter egg this year. That's never happened before. It made me feel appreciated." Talking of one staff member who had a significant birthday approaching, the registered manager told us, "It's [name]'s 60th next week. She thinks we are not doing anything as she is going away for her birthday ... but we are!"
- Since our last inspection the owner had increased his presence in the home to strengthen organisational governance and provide additional support to the registered manager and her team. Commenting positively on the owner's increased involvement one staff member said, "We never used to see him [but now] he is a lot more involved. He did [a] barbecue last week. He [also chairs] our staff meetings [where] we can talk freely. Everything we have asked of him, he's supported." Describing the owner's financial and personal commitment to the ongoing improvement of the home, the registered manager told us, "[The owner] is good. He's a lot more hands-on [now]. Anything we need doing, he is happy to do it. The 10 empty beds has not affected the running of the home."
- At our last inspection of the home we found the provider was still failing to monitor and improve service quality effectively. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. At this inspection we were pleased to find significant improvements had been made and the breach of regulations had been addressed. With the encouragement and support of the owner, the registered manager, had introduced a comprehensive suite of monthly, quarterly and six-monthly audits which had helped secure many of the improvements described elsewhere in this report including those in care planning, medicines management, infection control, pressure area care and building safety. We reviewed recent audits and saw that they were being conducted in line with the specified schedule and that any issues identified had been followed up or were in hand. Reflecting the shortfalls in staff recruitment detailed in the Safe section of this report, the registered manager took immediate action to strengthen procedures in this area.

- Reflecting the improvements in governance and the effective working relationship between the owner and his manager, all of the breaches of regulations identified at our last inspection had been addressed and, as described elsewhere in this report, a range of other positive initiatives had been implemented. To help ensure this improvement in service quality was sustained, the registered manager maintained a highly visible and hands-on role in all areas of the home and was proactive in addressing any shortfalls in staff practice she witnessed. Describing her approach, she told us, "I like to get involved. Caring, cleaning, activities. I don't mind any of them. I like staff to do their job well and if they don't, I speak to them." Commenting approvingly on the registered manager's high expectations of her team, a staff member said, "She is one of us, [although] I wouldn't want to be on the wrong side of her."
- Looking ahead, the registered manager told us she was "really excited about the future" and had plans for further innovation and change. For example, she said she hoped to set up a 'dementia choir' for people living in The Old Hall and other local care homes, reflecting the therapeutic value of music for many people living with dementia. Plans were also being developed to increase the range of specialist equipment available to staff, to enable them to monitor people's health more effectively.
- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service. As required by the law, the rating from our last inspection of the service was on display in the home.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- The registered manager was keen to increase opportunities for people and their relatives to become more involved in the running of the home. Regular coffee mornings were organised and, as described in the Effective section of this report, a meeting had been arranged to give people an opportunity to contribute to the redesign of the menus. The registered manager also told us plans were in place to redecorate all of the upstairs bedrooms and that people and their relatives had been involved in choosing the new colour schemes. To further enhance effective communication with people and their relatives, the senior care assistant leading each shift wore a distinctive uniform. Commenting positively on this recent initiative, one senior care assistant said, "It's helpful for residents as it's just very clear who is who. [One person] calls me 'sister' when I am wearing the navy uniform!"
- The provider also conducted regular surveys of people, relatives, staff and professional visitors to gain their views on the service. We reviewed the results of the most recent survey and saw that the feedback was overwhelmingly positive. For example, describing the registered manager one relative had written, '[She] is friendly and helpful at all times. Here at last is a people person. Very much a near perfect asset. Unlike before.' Another relative had commented, 'Carers are more welcoming than last year when they seemed too busy to spend time with you.' Looking ahead, the registered manager told us she planned to share the results of future surveys through the quarterly newsletter she had recently established.
- Shortly before our inspection the home had hosted a successful Open Day which had been attended by the local mayor and other members of the local community. The registered manager told us she was keen to build on this initiative. For example, she was in discussion with a nearby pub to create opportunities for

people to go out for a drink and get more involved in the community.