

# Runwood Homes Limited Chelmunds Court

## Inspection report

2 Pomeroy Way  
Birmingham  
West Midlands  
B37 7WB

Tel: 07795658717  
Website: [www.runwoodhomes.co.uk](http://www.runwoodhomes.co.uk)

Date of inspection visit:  
16 January 2019

Date of publication:  
04 March 2019

## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection visit took place on 16 January 2019 and was unannounced.

Chelmunds Court 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.

Chelmunds Court accommodates up to 73 people in one adapted building. The home has two floors. It provides residential and nursing care to older people who live with dementia. During our visit 31 people lived at the home and one person was in hospital. The home is located in Solihull, West Midlands.

At our inspection in June 2018 we identified the need for improvement in all the key questions. We found six breaches of the regulations. The service was rated 'Inadequate' overall. Due to the seriousness of our concerns we imposed a condition on the provider's registration. The condition required the provider to complete regular quality and safety checks and provide us with monthly reports to demonstrate improvements were being made.

The service was placed into 'Special Measures'. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

In August 2018 in response to information of further concern we carried out a focused inspection looking at the key questions of Safe and Well Led. Despite some improvements being made the rating remained 'Inadequate.'

At this inspection improvements have been made in all areas. The service is no longer rated as 'inadequate' overall or in any of the key questions. We have removed the condition we had imposed on the provider's registration and the service is no longer in Special Measures.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. A manager had been in post since August 2018. Their application to apply to register with us is under consideration.

The management team had worked hard in the previous six months to make changes. The quality of care had improved and changes made needed to be sustained over a longer period of time as more people came to live at the home in order to be fully embedded.

People and relatives were happy with the service provided and the way the home was managed. Staff

received on-going support and training to be effective in their roles. Staff morale and job satisfaction was now good. Staff respected people's rights to privacy, maintained their dignity and independence. Staff were described as caring and kind; they knew people well and were responsive to their needs. Care plans supported staff to provide personalised care. Work was on-going to improve care records and compile new care plans. Relatives were encouraged to be involved in their family member's care and there were no restrictions on visiting times.

Quality monitoring within the service had strengthened. Action had been taken in response to the feedback gathered from people. However, further action was needed to ensure all audits and checks were effective. The management team continued to work in partnership with the local authority and the CCG to drive this forward.

People felt safe and staff understood their responsibilities to protect people. Some risk management plans required improvement to ensure people were kept as safe as possible. Accidents and incidents were monitored, and action had been taken to prevent reoccurrence.

People received their medicines when they needed them, and medicines were in stock. Further improvement was needed to ensure medicine protocols were detailed and medicines were always stored safely.

Enough staff were available to meet people's needs and staff had been safely recruited. The use of agency staff had significantly reduced which meant people received support from staff they knew. The home was clean and regular checks ensured the environment and equipment was safe. Staff followed good infection control practices.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff gained people's consent before they supported people and respected people's decisions and choices.

People enjoyed the food, and staff had good knowledge of people's dietary needs. People were supported to have sufficient amounts to eat and drink to maintain their health. Further improvement was required to ensure people had timely access to health professionals when needed.

People were occupied with meaningful activity. People had opportunities to maintain positive links with their community.

People's end of life wishes were documented which assured us people's wishes would be respected at the end stage of life and following their death.

Complaints were being managed in line with the provider's procedure.

## 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 consistently safe.

People felt safe. Staff were recruited safely and enough staff were on duty to meet people's needs. Care was planned to manage and reduce risks. Some risk management plans required improvement to ensure people were kept as safe as possible. People received their medicines, but further improvement was needed to ensure medicine management was consistently safe. The home was clean, and staff followed good infection control practices.

**Requires Improvement** 

### **Is the service effective?**

The service was not consistently effective.

People enjoyed the food and staff had good knowledge of people's dietary needs. People were supported to eat and drink to maintain their health. Further improvement was required to ensure people had access to health professionals when needed. New staff were supported to be effective in their roles. Staff were skilled and confident in their practice and spoke positively about their training. The provider was working within the requirements of the Mental Capacity Act 2005 (MCA).

**Requires Improvement** 

### **Is the service caring?**

**Good** 

The service was caring.

Staff were kind and caring. People were offered choices and were cared for in a respectful and dignified way. People were supported them to be independent and maintain relationships that were important to them.

### **Is the service responsive?**

**Good** 

The service was responsive.

Staff knew people well and were responsive to their needs. Work was on-going to improve care records and compile new care plans. People had opportunities to maintain their hobbies and interests. People and their relatives knew how to make a

complaint and most felt comfortable to do so.

### **Is the service well-led?**

The Service was not consistently well led.

People thought the home was well-run and relatives had gained confidence in the leadership of the service. Staff enjoyed their jobs and felt supported by their managers. Managers had worked hard to make improvements, but audits and checks were not yet fully effective and needed further time to embed. Action had been taken in response to the feedback gathered from people to drive forward improvement.

### **Requires Improvement**

# Chelmunds Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken to check improvements had been made following our previous inspections in June and August 2018 when the service was rated as 'inadequate.'

This unannounced inspection visit took place on 16 January 2019. The inspection team consisted of two inspectors, one assistant inspector, a member of the CQC (Care Quality Commission) medicines management team and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had already submitted a Provider Information Return (PIR) within the previous 12 months, so we did not ask them to resubmit this information. We require providers to send us the PIR information at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Prior to our visit we spoke with the local authority and Clinical Commissioning Group (CCG) who funded the care some people received. They felt improvements had been made since our last inspection.

As part of planning we reviewed information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Some people were not able to tell us in detail about their care and support because of their complex needs. To help us understand people's experiences of the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We spoke with seven people and five people's relatives during our visit. We also spoke with 14 staff including the clinical lead nurse, two nurses, a cook, a kitchen assistant, a laundry assistant and five care assistants. We also spoke with the home manager, the deputy manager and the director of governance

We looked at eight people's care records and other records related to people's care, including the medicine records for 14 people. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records.

We reviewed four staff files to check staff were recruited safely. We also looked at records of the checks the provider and manager made to assure themselves people received a good quality service which included medicine audits, complaints, accidents and incidents and the provider's improvement action plan.

# Is the service safe?

## Our findings

At our inspection in June 2018 Safe was rated 'Inadequate'. We found breaches in Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to safe care and treatment including the management of risk, the management of medicines and safe staffing levels.

Following that inspection, the provider's action plan informed us they would meet the regulations by 30 September 2018. When we inspected the service August 2018 in response to further information of concern we noted some improvements had been made. However, the provider continued to be in breach of the regulations. During this visit further improvement had been made. The provider was no longer in breach of the regulations. We rated 'Safe' as 'Requires improvement.'

Previously people had been at significant risk of harm because they had not received their medicines when they needed them. Medicines were out of stock, staff had not followed prescribing instructions and staff did not administer people's medicines at specific times.

At this visit people told us they received their medicines when they needed them. One person said, "I take a lot of tablets, I always get them. They (staff) are always on time". They added, "They watch me take them and I swill them down with water." A relative commented, "From what I've seen medicines are given correctly." Staff followed best practice guidance when they administered medicines. For example, checking people had taken their medicine before signing records to confirm administration.

To drive forward improvement the provider had changed the time staff started their day shifts so morning medication rounds started earlier. Staff confirmed this change supported people to receive their medicines at the correct times. This demonstrated lessons had been learnt by the provider when things had gone wrong.

Medicine administration records (MARs) showed medicines were in stock and had been administered as prescribed. People's medicines were administered by registered nurses and staff who had completed medicine administration training. Managers regularly checked staff practice to ensure they remained competent to administer medicines safely.

However, further improvement was needed. For example, some protocols for medicines that needed to be given on an 'as required' basis, such as, for pain lacked information. This was important because some people were unable to verbally inform staff of their pain. The management team were in the process of adding further detailed information to protocols.

We could not be sure all medicines requiring refrigeration were stored safely to ensure they remained effective. Records showed the medicine fridge had operated outside the recommended temperature range on multiple occasions in the two months prior to our visit. Despite staff knowing they should report this to the management team, this had not happened. The home manager assured us they would address this.

Procedures were in place to protect people from harm. Staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. One staff member told us, "I've had training. It's up to us to keep them (people) safe. If I saw anything that was not right I would tell the manager." They added, "Our new manager would be on it straight away. I know that."

The home manager knew how to keep people safe. They had referred safeguarding alerts to the local authority as required when people had been placed at risk. This meant allegations of potential abuse had been investigated to keep people as safe as possible.

Risk assessments had been completed and care was planned to manage and reduce risks. Some people were at risk of falling and injuring themselves. Where this was the case, the risk had been identified and information was documented to inform staff what action they needed to take to keep people safe.

Staff had a good knowledge of the risks associated with people's care and how these were to be managed. One told us, "We get told about what people need to keep them safe. If anything changes we get an update at handover." However, some risk assessments did not contain important information and others contained conflicting information which could be confusing for staff. For example, one person had diabetes and the frequency of checks staff completed to monitor their condition safely had recently increased. This change was not reflected within the person's risk assessment. We brought this to the attention of the clinical lead nurse who updated the information during our visit.

Another person was at high risk of choking on food and their records contained conflicting information. Their choking risk assessment detailed they ate independently. In contrast their nutritional care plan detailed they required assistance from staff to eat. The home manager took immediate action to address this.

The provider's system to mitigate further accidents and incidents such as falls, had previously been ineffective because audits had not identified patterns or trends to prevent reoccurrence. During this visit improvement had been made. Falls audits had been analysed and the action taken recorded, such as, encouraging people to use their walking aids had been effective. The number of falls that had happened at the home had decreased from 32 in June 2018 to seven in November 2018.

Previously there had not been enough staff on duty who knew about people's care needs to ensure care was provided safely. The provider's action plan assured us they would recruit new staff and use regular agency staff to ensure people's care was consistent. During this visit improvements had been made because new staff had been recruited and use of agency staff was minimal.

People told us enough staff were always on duty to keep them safe. One person said, "There's hardly any agency now. It's better, I feel safer, I know them (staff)." A relative commented, "There was a lot of agency. It wasn't good for mum, she didn't know them. It's been better lately."

Staff confirmed there was enough of them. Comments included, "Staffing is great. We aren't full, of course so we have lots of time to spend with the residents (people)." and, "Having our own staff is better than agency because we know each other and the residents." Staff were recruited safely. The provider completed the required pre-employment checks to ensure, as far as possible, only staff of suitable character were employed. Records confirmed staff did not start work at the home until all checks had been completed.

People remained satisfied with the cleanliness of the home. Staff understood their responsibilities in relation to infection control and staff followed good infection control practice. For example, they wore

disposable gloves and aprons when required to protect people from the risk of infection.

Emergency plans were in place to ensure the building could be evacuated safely during an emergency such as, a fire. Staff understood the provider's procedure and knew what to do if an emergency happened. One told us, "We have regular fire drills, so we know what to do." However, the information staff and the emergency service needed to support people to evacuate safely was not up to date. The manager took immediate action to correct the information.

A variety of checks took place to make sure the environment and the equipment in use was safe for people and staff to use. A maintenance person undertook any general repairs that were required. Equipment such as hoists which were used to move people were visually checked each day by the staff who used them.

# Is the service effective?

## Our findings

At our inspection in June 2018 we rated this key question as 'Inadequate'. We found a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to people not being supported to consume sufficient amounts of food and fluid to maintain their health.

The provider's action plan told us how they would meet the regulation. During this visit improvements had been made. Therefore, the provider is no longer in breach of the regulation. However, other areas within this key question require improvement. The rating has changed to 'Requires Improvement.'

People spoke positively about the food provided. One person said, "It's nice, we have fish and chips on Friday's." A relative commented, "Food looks appetising, nice and soft the way (Person) likes it. Portion sizes are good."

The mealtime experience in the dining room was positive for people. Staff were supportive and observant of people who needed assistance such as those who needed their food to be cut up. Food options were plated and shown to people to assist them in making their choice, which was supportive of people living with dementia.

Staff had a good knowledge of people's dietary needs. They knew who was allergic to foods such as, nuts, and who required special diets. The chef had attended food fortification training and explained the training had increased their knowledge of how to add extra calories to foods. This was important because some people were at risk of losing weight and adding extra calories supported those people to remain healthy.

Where people needed a specific amount of food or fluid to maintain their health their daily intake was monitored by staff using a chart system, however charts were not always correctly completed by staff. For example, fluids people consumed were not being totalled each day. This was important because staff were unable to identify when people required prompting or support to drink more. We spoke with staff about the completion of the records. One told us, "I am confident they [people] get lots of drinks and snacks. It should all be written down. I'm not sure why it hasn't been." The home manager gave assurance they would address this. Despite omissions in records people were offered drinks and food throughout our visit and drinks were also available in people's bedrooms.

Previously, people had not always been referred to external healthcare professionals or attended appointments, which had resulted in people not always receiving the support they needed. During this inspection people confirmed they now had access to health care professionals including opticians.

However, a relative informed us their relation had missed a dental appointment in August 2018 due to them being unwell. The deputy manager confirmed the appointment had not been rescheduled. Following our visit we were informed the person had received dental treatment. Also, staff had not arranged for a person to see their GP to review their blood pressure medication within the required timescale. A nurse was unable to explain why an appointment had not been arranged for the person. The management team took

immediate action to address the shortfalls and told us they would investigate to find out why this had happened.

New staff received support and training to be effective in their roles when they started work at the home. This included working alongside a more experienced staff member to understand their role and get to know people. New staff also completed the Care Certificate which is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff spoke positively about their training. One said, "The team leader watched me use the hoist to make sure I used it properly." Staff were skilled and confident in their practice. When staff assisted people to move from wheelchairs to comfortable lounge chairs, they followed safe moving and handling techniques.

Staff felt supported by their managers and supervision of their work took place. This included meetings with a manager to discuss their roles and to identify any training needs. One staff member said, "I had supervision to talk about my job and any problems. It felt very comfortable. Not like a telling off."

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 make 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. The application procedures for this in care homes are 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. The manager understood the relevant requirements and their responsibilities under the Act. They had made DoLS applications to the local authority (supervisory body) because people had restrictions placed on their liberty to ensure their safety.

People had been assessed to determine whether they had capacity to make their own decisions. Where people had been identified as not having capacity to make specific decisions about their care, appropriate discussions had taken place with those who knew the person well, to make decisions in their best interests. The outcomes of these discussions were clearly recorded. People confirmed staff gained their consent before they provided them with any assistance. We saw this happen which demonstrated staff understood the principles of the MCA.

People's needs were met by the design of the building. Directional signage assisted people to move around the home. People had personalised their rooms with pictures, photographs and soft furnishings of their choice.

# Is the service caring?

## Our findings

At our inspection in June 2018 we rated this key question as 'Inadequate'. We found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always treated with respect and their dignity had been compromised.

Since that inspection significant improvements have been made and the provider is no longer in breach of the regulation. The rating has changed to 'Good.'

Previously, people and their relatives felt staff had not been caring. During this visit everyone told us this had improved. One person said, "Staff are fantastic. They are an extension to my family." A relative told us the quality of care had improved because the use of agency staff had decreased. This meant their relative was cared for by staff who they knew and trusted.

People were cared for in a respectful way. Comments included, "Staff listen to me now," and, "They are polite and talk nicely to me." Staff supported people to maintain their dignity. For example, they were discreet when they asked people in communal areas if they needed personal care assistance.

Staff supported people to be independent. One person said, "They (staff) only help with what I need, they don't wash my face I do that myself." Relatives shared this viewpoint. One explained their relation preferred to be moved around the home in their wheelchair despite being able to walk. They described how staff gently encouraged the person to walk to retain their independence, so they were less reliant on staff to move them.

People were offered choices. Staff were seen to ask, "Do you want tea or coffee? Anyone fancy a bit of cake?" Staff told us how they offered people choices when providing personal care. One staff member told us, "I show [Person] items of their clothing. They can point to the clothes they want to wear. Other people make their choices by nodding to say yes or shaking their head to say no."

At our last inspection, staff were frustrated and did not enjoy their jobs because they were busy and had limited time to spend with people. During this visit staff morale had improved. One staff member explained this was because their managers supported them to build a good rapport with people. Another told us, "I love my job now, it's about the people now. The best part of my job is watching people come to life. Like on Monday they [people] were singing and dancing together in the lounge. Truly wonderful."

We asked nine staff members if they would be happy for someone they loved to live at the home. Without hesitation all confirmed they would. One commented, "Before I would have said no. Now everything is so much better I would trust our staff to look after any member of my family."

Staff cared about people. One said, "We try to go that extra mile to make sure the residents (people) get the best. At Christmas we stayed over to wrap presents for each resident. The manager seems to appreciate what we do so you don't mind doing extra."

Staff had received equality and diversity training. The home manager spoke passionately regarding the importance of people being treated as individuals. They said, "We recognise everyone is different and we tailor care and support to ensure people's cultures and traditions are met."

People were encouraged to maintain relationships important to them. Relatives were encouraged to be involved in their family member's care and there were no restrictions on visiting times.

# Is the service responsive?

## Our findings

At our inspection in June 2018 we rated this key question as 'Inadequate'. We found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not receive personalised care in line with their preferences. Staffing levels were too low, and people did not have opportunities to maintain their hobbies and interests.

People's care and support needs were met during our visit which demonstrated significant improvement has been made. The provider is no longer in breach of the regulation and the rating has changed to 'Good'.

One person told us, "I couldn't ask for more. They [staff] do anything I ask." Relatives confirmed their relations needs were being met which further assured us improvements had been made. A relative told us, "Mums complex needs are met here. Staff respond quickly whenever she presses the call bell for help."

Staff were responsive to people's needs. We saw a staff member quickly noticed when a person became anxious. The staff member knelt beside the person and gently rubbed their hand. The staff member said, "Please don't cry. Whatever it is I can help you." The staff member stayed with the person and offered them reassurance until their level of anxiety reduced.

Staff had time to read people's care plans and spend time speaking with people and their relatives which had helped them to learn about what people needed and wanted. People's care plans included a life history and information about their preferred routines and lifestyle choices. Staff had a good knowledge of people's needs, however, there were inconsistencies in the level of information recorded and some information was incorrect which could be confusing for staff to provide consistent care. We discussed our findings with the manager and they explained work was on-going to improve care records and compile new care plans to help staff to provide more person-centred care; the clinical lead updated some care plans during our visit.

Improvements had been made to the way staff communicated with people. People's communication needs had been assessed and guidance for staff was in place to inform them how to support people. For example, one person had a visual impairment and their care plan detailed, 'I like to hold hands with a person I am talking with.' We saw this happened during our visit.

Communication between staff had also improved. Staff attended a 'handover' meeting at the start of their shift. They explained this meant they knew how people had been feeling and if they had any planned appointments. We also attended a 'daily flash' meeting where staff shared important information about people, which helped effective communication across the home.

The manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support they need.

When we last inspected the home, we found people did not have opportunities to maintain their hobbies

and interests which had made people feel anxious and isolated. Improvements had been made which meant people living with dementia were stimulated and their time was occupied with meaningful activity. One person said, "I go to the lounge to join some activities. I recently joined the knitting club which I am enjoying so far."

A variety of activities took place during our visit which included an entertainer singing and playing a guitar to people. Some people chose to dance with staff and others tapped their feet to the beat of the music.

People's end of life wishes were documented, which assured us people's wishes would be respected at the end stage of life and following their death. Staff worked in partnership with other healthcare professionals such as, community end of life nurses to ensure people had a comfortable and pain free death.

People and their relatives knew how to make a complaint and felt comfortable to do so. A copy of the provider's complaints procedure was on display within the home. It included information about how to make a complaint and what people could expect if they raised a concern. Complaints records and the 'complaints tracker' demonstrated complaints were being managed in line with the provider's procedure.

The home had also received ten compliments thanking the management team and staff for the care and support provided since our last inspection.

# Is the service well-led?

## Our findings

At our inspection in June 2018 we rated the key question of 'well led' as 'Inadequate'. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance. The provider's quality assurance systems had failed to ensure people received good quality, safe care. Complaints had not been managed in line with the provider's policy and procedure. Relatives lacked confidence in the leadership at the home and people had not been involved in developing the service. There had been frequent changes of manager, staff did not feel supported or listened to and morale was low.

At that time due to the seriousness of our concerns we imposed a condition on the provider's registration. This meant they had to complete regular checks of the quality and safety of the service and provide us with monthly reports of their findings to demonstrate improvements were being made.

The provider's action plan assured us they would meet the regulations by the end of September 2018. When we inspected the service in August 2018, some improvements had been made but the provider continued to be in breach of the regulation. The provider had sent us their findings from their quality audits as required and we found further improvement had been made during this visit. We have removed the condition we had imposed of the provider's registration and the provider is no longer in breach of the regulation.

Occupancy at the home is currently low as the local authority (LA) and clinical commissioning group (CCG) imposed a stop on admissions to the home and the management team have not yet had the time needed to demonstrate the improvements made will be sustained over a longer period of time and when occupancy increases. We rated 'Well-Led' as 'Requires improvement.'

The manager told us they continued to work in partnership with the LA and the CCG to evaluate the progress being made. Shortly after our visit the restrictions on new admissions imposed by the LA and CCG were removed. A plan was in place to ensure when people moved into the home their needs were met.

Audits and checks of the quality and safety of the service had improved over the last six months. For example, the number of falls that had occurred at the home had decreased because effective action had been taken to prevent reoccurrence. Some audit processes were not yet fully effective and needed further time to embed. However, there was on-going work to continually strengthen and evaluate quality monitoring processes.

People told us the home was well-run. Comments included, "Definitely good changes. They (managers) walk around and they come and talk to me. I have never had that before." And, "I can't think of any improvements. They [Manager and deputy] have cracked it." Relatives confidence in the leadership of the service had increased. One relative said, "They [managers] are always there to talk and are very proactive. I don't have to go and ask them things they come and tell me. It's so much better here now."

Staff spoke positively about their managers, they felt supported and confirmed morale had improved. One

said, "The managers are very approachable. You can take anything to them and they listen." Another told us, "The big difference for me is the new managers are out and about, you can see them in the home. We never got that type of support before." A third commented "The managers door is always open. Even when she is busy she will find time to listen and help. We need to keep our manager she makes such a difference."

The provider's management team consisted of a manager and a deputy manager who had been in post since August 2018. During this time, they had worked hard to make improvements. The manager said, "We have been working through the action plan. Everything has really pulled together over the last couple of months. We are really seeing things improve." The deputy manager told us, "We are not quite where we want to be. Six months is a short time to get everything right for people. But, people and staff are so much happier now, so we are proud, we have achieved a lot."

Support was provided to managers by the director of governance. At the time of our visit they spent up to four days a week at the home to drive forward improvement, monitor progress and to ensure the home was being run in-line with the provider's values.

The manager used different methods to ensure they kept their knowledge of legislation and best practice up to date. For example, they attended regional leadership meetings within the organisation. They also planned to attend local managers forums by the end of February 2019.

The management team had a 'hands on approach' and worked alongside staff daily. We saw they made people drinks and this approach, along with the daily 'walk arounds' ensured they had an overview of how staff were providing care and support to people. It also gave them the opportunity to speak with people, visitors and staff.

We saw good team work and communication between the staff team and the managers. Staff confidently approached the managers who provided them with support and advice. We looked at communication processes which included handover records and communication books. This showed staff could pass on information and receive important messages from the management team.

The management team encouraged feedback from people, their relatives, visitors and staff. Action had been taken in response to the feedback gathered from people. For example, sausage sandwiches were available at breakfast time and people had visited a local pub and a local garden centre. Meetings for people's families were also held. The registered manager told us they had worked hard to build relationships with people's family members to increase their confidence in the service and the management team as changes had taken place.

Staff attended regular team meetings which they said gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers. One staff member said, "Meetings are very different now. You can speak out. Say what's on your mind or suggest ways to make things even better."

People had opportunities to maintain positive links with their community. People's families and friends were invited to events such as coffee mornings held at the home. Links had been developed between a local school, a place of worship and a community hub. Local school children had visited the home and some people chose to attend religious services.

The manager knew which notifications they were required to send to us, so we were able to monitor any changes or issues within the home.

It is a legal requirement for the provider to display their ratings so the public can see these. We checked and found the home's latest CQC rating was displayed within the home and on the provider's website.