

Oak House (Exeter) Ltd

# Oak Wood House

## Inspection report

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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:

Oak Wood House is a residential care home providing personal care for up to 18 people aged 65 and over. The service was registered in December 2018. At the time of inspection 14 people were living at the home.

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

The registered manager was continuing to develop and embed systems to manage the quality of the service and drive improvements. A programme of audits was in place, and quality assurance surveys and meetings for people and their relatives planned. Monitoring and accountability was being improved through the introduction of 'lead roles' for senior staff, a key worker system and formal supervisions and appraisals.

A range of mandatory training supported staff to meet people's needs. This included health and safety, information governance, fire safety, equality and diversity, infection control, moving and handling and safeguarding. The registered manager had also worked alongside the local authority QAIT team (Quality Assurance and Improvement Team) and external health professionals to ensure staff had the practical training they needed. This included continence management, falls prevention and pressure area care.

People were cared for safely. Personal risks were assessed, and measures put in place to mitigate identified risks. Care plans were detailed, person centred and reviewed regularly with people and their relatives where appropriate. Staff were recruited safely, and safeguarding processes helped to protect people from abuse. There were systems to ensure information about any changes in people's needs was shared promptly across the staff team.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

People were supported by sufficient numbers of competent and skilled staff. This meant their healthcare and nutritional needs were met. External professionals were complimentary about how the service worked in partnership with them.

People enjoyed the homely ambience and social interaction at Oak Wood House. They were supported to participate in activities if they wished. A relative told us, "At home [my family member] was just staring into space, and conversation was limited." They now described them as 'animated and chatty'. The activities programme was due to be further developed, with the newly recruited dementia lead planning to build greater links with the local community and outside world.

Staff were caring and kind and had developed positive and meaningful relationships with people. People were respected, included in decisions, and their privacy and independence promoted. The care provided

was sensitive to people's diverse needs. All information was available in an accessible format if required. Further improvements were being considered, for example the provision of a picture menu.

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

People, their representatives and staff were confident if they had a complaint they would be listened to and action taken to address the issue. There was an open culture and ideas to develop and improve the service were welcomed.

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

Rating at last inspection (and update)

This service was registered with us on 19 December 2018 and this is the first comprehensive inspection.

A focused inspection was carried out on 18 April 2019. There were two breaches of regulation. The inspection considered the Key Questions of Safe and Well-led only. It was prompted by notification of a specific incident, following which a person using the service died. This incident is subject to a criminal investigation by the CQC. As a result, the focused inspection did not examine the circumstances of the incident. As the service had only been recently registered and the inspection was not comprehensive, (that is looking at all five domains), a rating was not given. The provider completed an action plan after the inspection to show what they would do and by when to improve. At the current inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

# Oak Wood House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Oak Wood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, dementia lead, chef and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We received additional feedback from a professional who visits 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 focussed 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.

This is the first comprehensive inspection for this newly registered service.

### Assessing risk, safety monitoring and management

At our last inspection care records did not describe fully people's risks, needs and preferences. Where risks had been identified, the plans and daily notes did not fully describe the care needed or delivered. This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection the registered manager had reviewed and updated all risk assessments on the computerised care planning system to ensure their accuracy. They were now more detailed. People's individual risks had been assessed, including risks related to nutrition, falls, skin breakdown and moving and positioning. Detailed observational charts were completed when people behaved in ways which challenged others. This helped staff understand what the person's behaviour was communicating and identify the support they needed.
- Risk assessments were reviewed regularly or when people's needs changed. Reviews were also prompted by the computerised care planning system, for example when people were due to be weighed.
- Staff were given clear guidance about how to manage risks, for example, if a person refused support, "Withdraw and try again later. Must not coerce. If constant refusal is putting the person at risk, they should refer to the registered manager."
- Staff understood the risks and the measures to minimise them. They told us they were kept well informed about any changes, for example at the staff handover. We saw them managing risks in line with care plans, for example diffusing a situation where a person became verbally aggressive towards another person living at the service.
- The registered manager had taken action to ensure daily records reflected the care delivered. This was evident in staff meeting minutes which stated, "Notes need to be more in depth. They need to be written when events happen."
- The registered manager carried out regular health and safety checks to ensure the premises were always safe and there were no hazards to people's health and wellbeing. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.

### Using medicines safely

At our last inspection we recommended that the provider follow best practice medicines administration guidance. The provider had made improvements, and these were ongoing.

- Medicines were ordered, stored, administered and monitored safely, and a system of audit and review was in place.
- The registered manager was changing to a more robust medicines administration system, with training and support provided by the pharmacist. They were in the process of writing protocols for the administration of PRN (when required) medicines.
- The service ensured staff were trained and competent before allowing them to administer medication, and their skills and knowledge were maintained.

#### Staffing and recruitment

- The provider used a dependency tool to calculate the number of staff required to meet people's needs. This meant staffing levels were sufficient to ensure people's needs could be met. People told us, "They come quickly" and, "I feel well looked after. It could not be better."
- Staff were not rushed and told us they had time to spend with people saying, "It's nice to have time to sit and do nails. Chatting to people, it's not just task focussed."
- Regular agency staff had been used to cover shifts if required, which meant people were supported by consistent and familiar staff.
- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. This included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

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

- People told us they felt safe and well cared for. Comments included, "I am well looked after. They pop in and out. That suits me", and, "It's a very nice place to be in. It's marvellous what they do. They [staff] are wonderful people."
- There were systems, processes and practices in place to protect people from abuse and neglect. ● The majority of staff had completed training in how to recognise and report abuse, with the remainder due to complete on-line training.
- Staff had a clear understanding of the actions required to protect people and told us they would have no hesitation in reporting any concerns.
- The registered manager understood their safeguarding responsibilities and the importance of reporting concerns when necessary.

#### Preventing and controlling infection

- Staff had completed training in preventing and controlling infection. They wore personal protective equipment when supporting people.
- The laundry was clean and hygienic, with clear systems for preventing and controlling infection.
- There was a comprehensive cleaning programme in place throughout the home. The registered manager completed a weekly environmental cleanliness audit to ensure cleanliness was maintained.

#### Learning lessons when things go wrong

- The provider and registered manager were proactive in learning from significant events and taking action to minimise the risk of recurrence. This was evident in the service improvement plan, which detailed a wide range of actions taken in response to feedback from the safeguarding process, QAIT (Quality Assurance and Improvement Team) and the last inspection.



- Accidents and incidents were documented and analysed so that any patterns or wider action needed to keep people safe could be identified.
- The registered manager responded immediately to address concerns raised during this inspection.

# 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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- A range of mandatory training supported staff to meet people's needs. This included health and safety, information governance, fire safety, equality and diversity, infection control, moving and handling and safeguarding.
- The registered manager had worked with the local authority QAIT team (Quality Assurance and Improvement Team) and external health professionals to ensure staff had the practical training they needed to support people effectively. This included continence management, falls prevention and pressure area care.
- An RMN (Registered Mental Health Nurse) had been recruited to develop staff knowledge and skills in working with people living with dementia.
- Newly employed staff completed the provider's induction when they started working at the home. They were assigned a mentor and worked alongside experienced staff to get to know people. If they were new to care they completed the Care Certificate, a nationally agreed set of standards for care workers.
- Staff had not had individual supervisions, although these were planned. They attended staff meetings and told us they felt well supported by the registered manager and staff team. One member of staff told us, "The staff really do make you feel comfortable. You can ask anything. [Registered manager] 's door is always open. If you have any questions, it's never a bad time. They are always happy to talk."
- Relatives spoke positively about the skills and experience of staff. Comments included, "They [staff] spend a lot of time with my [family member]. They are very good. My [family member] is doing well" and, "It's reassuring to know if [family member] is up in the night, staff will take them downstairs and give them a cup of tea. My [family member] needs constant attention. Now we know they are safe."

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 providers guidance and policy related to DoLS was out of date and therefore inaccurate. This meant there was a risk people would not be referred for an assessment under DoLS when they met the criteria. The policy and guidance had been updated by the second day of the inspection. The registered manager had referred people for an assessment under DoLS and now planned to review whether other people were potentially eligible.
- Staff sought consent to care and treatment in line with legislation and guidance. Care records contained signed consent forms in relation to a range of decisions including the preferred gender of care workers, administration of medicines and the sharing of information.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place, for example, in relation to decisions about medical treatment. Care records demonstrated consideration of the MCA. They showed how the service had worked alongside health and social care professionals when there were changes in a person's capacity to consent to care.
- Care plans recorded if relatives had the legal authority to be involved in decisions relating to health and welfare or finances.

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

- On the first day of the inspection we noted there was no pictorial signage to help people living with dementia to navigate independently. We discussed this with the registered manager, and appropriate signage was in place by the second day of the inspection.
- The environment was comfortable and homely. People were enjoying the views of the garden and countryside. Their rooms were personalised with their own possessions, photographs and ornaments.

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

- The registered manager completed a detailed assessment of people's needs before they came to live at Oak Wood House. This was to make sure people's needs could be fully met and the service had a detailed understanding of how they wanted their support to be provided. Any protected characteristics under the Equality Act 2010 were identified, such as religious and cultural needs, and lifestyle preferences.
- Initial risk assessments were completed within the first 24 hours following admission. This ensured staff had a good understanding of the measures needed to keep people safe from the beginning of their stay.

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

- People had a varied and balanced diet, and specialist diets were catered for. Staff told us, "We have a really good chef. They make everything from scratch, their own ice cream and jelly. There is no limit on the food budget for people."
- The chef visited people every day to ask them for their food choices. People told us, "It's excellent. There's a choice, but I leave it to them, I am not a fussy eater. It's wonderful" and, "The food is good, and there's plenty of it. If I like it, I have some more."
- People's nutritional needs were met. Food and fluid intake, and people's weights were monitored to ensure these were maintained. Care plans held information about their dietary needs and support required.
- Referrals had been made to external health professionals such as the dietician and speech and language team (SALT) if there were concerns about weight loss or choking. Their guidance was followed. Staff had completed training in dysphagia (swallowing difficulties) awareness.

- People were supported with eating where required. We observed this was done in a dignified manner, at the person's pace, with the carer describing the food and what they were doing throughout.

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

- Staff worked with a range of community professionals to maintain and promote people's health. Records showed that referrals to external agencies had been made promptly, which meant there was no delay in people's health needs being addressed. For example, people had been referred to the older people's mental health team when they experienced a deterioration in their mental health.
- Visiting health professionals spoke positively of the quality and safety of the support provided, saying, "Staff are always really helpful when we visit. They always come in and assist us with the patient, they contact us when people need support. I have confidence in the care provided."
- Oral health care assessments were completed and a new oral care plan was being introduced. This would ensure staff knew what level of assistance people needed, and how to provide it.

# 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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who treated them with patience, kindness and understanding. They told us, "The staff are excellent, all very friendly. Nothing seems to be much trouble" and, "They are wonderful staff. They are all friends. They are wonderful."
- Staff knew people very well and understood their likes and dislikes. A member of staff had recently visited one person's home town and brought them back some traditional buns.
- Staff were passionate about their roles saying, "They deserve good care. Time is so precious, and you don't get that time back. They become part of the family. I love being a carer and that's it."
- Staff respected and understood people's diverse needs. Equality and diversity were promoted. For example, gender and culture were discussed as part of the pre-admission assessment, and people were asked whether they would prefer male or females care workers to support them. The providers statement of purpose said, "The [providers] homes have no ethnic, religious or gender bias. Regular access to various churches is provided as needed...Carer support and transport will be provided and arrangements for visiting clergy of other denominations will be made individually for any resident."

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

- Staff were committed to providing a person-centred service where people were treated as individuals and supported to make a choice. For example, they had been proactive in ensuring people who wished could exercise their right to vote in an upcoming election.
- People were given a service user guide and statement of purpose when they moved to Oak Wood House. These documents provided information about the service, including its philosophy and values, and the support provided.
- People living at Oak Wood House, and their relatives, were frequently asked for their views and as part of their care plan review. The registered manager was developing more formal systems to ensure people had a voice and the opportunity to express their views about the support provided.
- Relatives told us they felt welcome at the service and were consulted and involved in all aspects of their family members care as appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They knocked on doors before entering, and ensured doors and curtains were closed before supporting a person with personal care. One person told us, "If I am in the shower or bath they knock before they come in. They respect me."
- A member of staff explained how they supported people's right to choose, saying, "People are supported

to choose their own clothes. They don't have to get up unless they want to."

- People's independence was promoted. The service user guide stated, "As far as possible, decisions about residents' personal habits and how they organise their daily lives are left to them since this encourages their independence and mental activity-so vital in people with some impairment in that area already."

# Is the service responsive?

## Our findings

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

This is the first comprehensive inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager had transferred the information from paper care plans onto a computerised care planning system, ensuring they contained detailed information about the support people wanted and needed. This meant care plans were accurate and up to date.
- Staff told us, and we observed, the care plans provided the information they needed to support people in line with their needs and preferences. For example, "[Persons name] needs staff to explain what the menu options are, and then assist them to make a decision."
- Care plans were reviewed monthly or if people's needs changed. People and their relatives had input into the care plans and reviews and were kept informed about any changes in the support provided.

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.

- Any support people required with communication was identified before people moved to Oak Wood House. The pre-assessment questionnaire established whether the person had any sensory loss, and their preferred method of communication, including lip reading, sign language, picture cards or body language.
- Staff had detailed knowledge of people's communication needs and were able to describe them to us. For example, "[Person's name] will communicate yes or no but may need to be asked one or two times." We observed them interacting and communicating effectively with people. This meant those unable to express themselves clearly or verbally were able to make themselves understood.
- The registered manager advised that although information could be provided in any format, the provision of accessible information was a 'work in progress'. They planned to do further research to identify how this could be achieved more effectively, for example providing picture menus for people who had difficulty reading text.

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 participated in activities and the life of the home according to their interests and abilities. If they chose not to participate this was respected. A relative told us, "At home [my family member] was just staring into space, and conversation was limited." They now described them as 'animated and chatty'.
- People's hobbies and interests were identified when they moved into Oak Wood House, and activities

developed accordingly. Staff documented people's participation and responses, to ensure the activity programme continued to meet their needs.

- Activities were provided by the staff team and visiting therapists and entertainers. They included Pilates, nail care, dramatherapy, aromatherapy, reminiscence and visiting singers and musicians. One-to-one sessions were provided in people's rooms if appropriate. A new dementia lead had been recruited and was planning to develop the activities programme further to ensure it met the needs of people living with dementia.

- People were supported to maintain relationships with those most important to them, and relatives told us they were always welcome when they visited the service. One relative commented, "I like the way they encourage relatives to visit. It's not like a prison, you can come and go as you want."

#### Improving care quality in response to complaints or concerns

- People received a copy of the complaints procedure when they moved into the service, so they would know how to raise a concern or complaint. This set out the process which would be followed by the provider and included contact details of the local authority and the Care Quality Commission.

- People and their relatives said they knew how to raise any concerns and felt confident they would be addressed. One relative told us, "[Manager's name] made it clear that if there were any issues we should say straightaway and not let it build up. They said, 'Just tell us'" There had been one complaint since the registered manager had been in post. We saw this had been documented and managed effectively in line with the complaints policy.

#### End of life care and support

- At the time of inspection, the service was not providing end of life care for anyone.

- Care records contained advance decisions about medical treatment if the person became seriously unwell. However, people's preferences and choices for end of life care had not been explored with them or documented. This meant there was a risk people's wishes may not be known and respected by staff. The registered manager was considering how to support people and their families to discuss this topic and record their choices.



# 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 focussed inspection this key question was rated as Requires Improvement. At this inspection this key question has now 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.

This is the first comprehensive inspection for this newly registered service.

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

At our last inspection we found the systems for governance were not sufficiently robust to have identified the issues we found on inspection. This was a breach of Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Overall our findings showed that significant progress had been made in all aspects of the management of the service. Staff told us, "It's definitely better. [Managers name] has worked really hard to get the paperwork done. Now we know where we stand."
- This was the registered manager's first management role and they had been in post for seven months at the time of the inspection. As Oak Wood House was only registered in 2018, some systems and processes had needed to be developed and/or refined, and this was a 'work in progress.'. The registered manager told us that although they had been 'thrown in at the deep end', the provider had "been an amazing support and mentor."
- Using feedback from the safeguarding process, QAIT (Quality Assurance and Improvement Team) and the last inspection, the registered manager had developed a comprehensive service improvement plan, with clarity around actions, responsibility and timescales. This identified the need for improvements in risk assessment, care planning, recording, the completion of mental capacity assessments, safeguarding, the use of equipment, staff training, medicines administration and quality assurance.
- The registered manager was continuing to develop and embed an effective quality assurance programme. For example, comprehensive environmental and infection control audits were now in place, care plan audits were carried out and recording was checked daily. A new medicines audit process was due to be introduced with the change to a new medicines administration system.
- The registered manager promoted effective monitoring and accountability. They were highly visible at the service, working alongside staff 'on the floor' and observing practice. Staff told us, "[Managers name] is a very good manager. They are strict on us. If there is something you haven't done, or if

you haven't written something properly they will let you know. If you've got a problem, you can talk to them as well."

- The registered manager was planning to introduce 'lead roles' for senior staff, in infection control, dementia and medicines. The leads would then have responsibility for promoting knowledge and good practice amongst the staff team. A key worker system was being introduced, with staff taking responsibility for liaising with the person's family and taking responsibility for the person's toiletries and clothes.

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

- The registered manager promoted strong values across the staff team. They told us, "People have got to feel like it's their home. They need to feel comfortable. The priority is meeting people's needs to a high standard, adapting ourselves to them rather than adapting them to us."
- There was an open and transparent culture at the service. The registered manager was open about the previous failings, the work they were doing to address them and where improvements were still required. They had informed the CQC and local authority of significant incidents and safeguarding concerns and been open with relatives when there had been an incident with their family member.

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

- The registered manager was proactively seeking ways to better engage and involve people, relatives and staff in the development of the service.
- Quality assurance surveys for people, relatives and staff were going to be introduced after the service had been operating for 12 months. Meetings for people and relatives were planned.
- A committed and supportive staff team had been developed. The registered manager told us, "I have such a good team of staff. Everyone is open, we work together as a team and approach things together. It's much more positive."
- Staff told us they felt valued in their roles and able to make a positive contribution to the development of the service. Staff meetings were held every six to eight weeks, held over two days so all staff could attend. Staff told us their suggestions had been acted on, such as more rails in the laundry to hang clothes up, more cutlery and the introduction of the key worker system.

Continuous learning and improving care. Working in partnership with others

- The provider and registered manager had worked closely with the local authority quality assurance and improvement team to improve quality and safety. They had also engaged constructively with the safeguarding process to ensure people were protected.
- The provider and registered manager were committed to improving knowledge and learning about best practice and sharing this with staff. A dementia lead had been recruited to develop staff training and service provision for people living with dementia. This incorporated individual training sessions and developing the environment of the home to better meet people's needs. They also hoped to continue to build on links with local schools and the church.