

Sandstone Care Telford Limited

The Farmstead

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Farmstead is a care home providing nursing and personal care to up to a maximum of 66 people. The service provides support to older people, younger adults, people with dementia, physical disabilities and sensory impairments. At the time of our inspection there were 31 people using the service. The Farmstead is a purpose-built care home. Each of its 3 floors has its own communal dining and lounge areas with a kitchenette. A passenger lift gives people access to all floors.

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

People told us they felt safe living at the home and with the staff who supported them. Staff had been trained to recognise and report signs of abuse. There were sufficient staff to meet people's needs and help keep them safe. The provider's staff recruitment procedures helped to protect people from harm. Risks to people were assessed and there were plans in place to mitigate risks. People received their medicines when they needed them from staff who were trained and competent, however further improvements were needed in relation to the safe management and administration of medicines. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

People were provided with enough food and drink to meet their needs. People were positive about the quality and quantity of the food they received. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice. People lived in a home which was well-maintained and adapted to meet their needs. People saw healthcare professionals when they needed. People were supported by staff who were trained and competent to carry out their role.

People told us they were supported by kind and attentive staff who respected their wishes and treated them with respect. People were supported to live their lives as they chose and were regularly consulted about the care they received. People's privacy was respected, and they could spend time alone in their bedroom when they wanted. People were supported to be as independent as they could be.

People told us staff knew them well and what was important to them. People were supported to maintain contact with those who were important to them and were provided with opportunities for social stimulation. People's communication needs were assessed and responded to. People did not raise any concerns about the care they received but felt confident action would be taken to address any concerns they may have. There were systems in place to ensure people's needs and preferences would be understood and met during their final days.

Systems to monitor and improve the quality of the service provided had improved. Staff morale was good and staff told us they felt well supported. Staff received the supervision and support needed to carry out their role effectively. The views of people were sought and valued. The provider worked in partnership with other professionals to ensure good outcomes for people. The provider was aware of their legal requirement

and of their responsibility to be open and honest when things go wrong.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 7 February 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 7 February 2023. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Farmstead on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

The Farmstead

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 4 inspectors; one of which was a medicines inspector.

Service and service type

The Farmstead is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Farmstead is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 17 weeks and had submitted an application to register. We are currently assessing this application.

Notice of inspection

The first day of the inspection was unannounced. The second day was announced.

Inspection activity started on 9 May 2023 and ended on 10 May 2023. We visited the service on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at the home, 5 relatives and a visiting professional. We spoke with 11 members of staff which included the nominated individual, manager and deputy manager, registered nurses, care staff, domestic and maintenance staff, the administrator and activity staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 3 care plans and multiple medication administration records. We looked at staff recruitment and training records and records relating to health and safety and the management of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to take action to safeguard people from the risk of abuse. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At our last inspection, although staff had received training, they did not always report safeguarding concerns and did not follow the provider's policies and procedures. At this inspection, improvements were found.
- Staff told us they now felt confident in reporting concerns and felt that action would be taken to keep people safe. A member of staff said, "I feel very confident in reporting concerns. [Name of manager] would definitely act straight away."
- At our last inspection we found the provider had not always acted on concerns about people's health or made safeguarding referrals to the local authority where required. At this inspection improvements were found.
- Discussions with the management team and review of records showed appropriate action had been taken where there were concerns about a person's health and well-being.
- People told us they felt safe living at the home and with the staff who supported them. One person told us, "What is important to me is that my family don't worry about me. I am very happy and safe here and they know that."

At our last inspection the provider had failed protect people from environmental risks, risks associated with infection control and the management and administration of medicines and had failed to learn or take action when things went wrong. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Using medicines safely

- At our last inspection we found people's medicines were not managed or administered safely. At this

inspection some improvements were found.

- Records used to monitor the application of medicinal skin patches were being completed accurately. However, the records showed that some of these patches were not always being applied in accordance with the manufacturer's guidance. This increases the risk of skin irritation and can affect the absorption rate of the medicine leading to variations in the dose of medicine being administered. The manager took action during the inspection to ensure this was addressed.
- With time specific medicines, people taking medicines for Parkinson's Disease were receiving their medicines at the correct time intervals. However, those people receiving long-acting oral analgesic medicines were not always receiving these medicines at the correct time intervals. As a consequence, these medicines may not be as effective in controlling pain as they could be.
- A risk assessment was now in place for a person who administered their own eye drops, however this needed reviewing as the assessment did not consider possible risks to other people in relation to secure storage. The manager gave their assurances that this would be addressed.
- At our last inspection there was no information to guide staff about when to administer medicines which had been prescribed on an as required basis. At this inspection, this had been addressed. There was clear information which helped to ensure staff followed a consistent approach thus ensuring people received their medicines when they needed them.
- At our previous inspection people's medicines were not being stored at correct temperatures which could affect the effectiveness of the medicine. At this inspection, improvements were found. Refrigerator temperatures were being correctly measured and ensured the refrigerator was being maintained within the correct temperature range of between 2 and 8 degrees Celsius. People's medicines were stored securely.
- Processes were in place for the timely ordering and supply of medicines. Medicine administration records indicated people received their medicines as prescribed.
- Staff administering medicines had completed safe management of medicines training and had been assessed for their competency to administer medicines safely.
- The administration of medicines was monitored by the service through daily and weekly checks. This process of checking the medicines ensured that people received their medicines as prescribed.

Assessing risk, safety monitoring and management

- At our last inspection we found some environmental risks were not always considered. For example, we found torn carpets, blocked fire escapes and some items left out which, if ingested, could be hazardous to people's health.
- At this inspection, improvements were found. There were regular checks on the environment and any issues identified were addressed in a timely manner.
- Equipment used by people were regularly serviced and there were regular checks on fire detection systems, hot water outlets and other environmental audits.
- Risks to people were regularly assessed and there were plans in place to help mitigate risks. This included risks associated with people's mobility, nutrition and hydration, skin integrity and exposure to infections.
- Where people experienced episodes of distress, their care plans provided information for staff on how to safely support the person and mitigate any risks or further distress.
- Staff demonstrated a good understanding of people's risks and how to help keep them safe. For example, where people's skin integrity was at risk, appropriate pressure relieving equipment was in place.

Preventing and controlling infection

- At our last inspection we found concerns relating to appropriate use of personal protective equipment (PPE) and the provider not following the latest Government guidance for visitors. At this inspection, improvements were found.
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People told us their loved ones could visit whenever they wish. One person said, "I love to see my family. They come in regularly." A relative told us, "I can visit whenever I want and I am always made to feel welcome."

Learning lessons when things go wrong

- At our last inspection we found the provider had not always learned or taken action when things went wrong. This related to medicine errors and concerns relating to people's health and well-being.
- At this inspection, improvements were found. The manager and management team promoted an open culture of learning from mistakes and making improvements. This was confirmed through discussions with the manager, staff, people and relatives and review of records.

Staffing and recruitment

- People told us there were enough staff to meet their needs in a safe way. One person said, "I can't praise the staff enough. They are always there when you need them. If I use my call bell, they come and help you."
- Throughout our visit the atmosphere was relaxed and we saw staff spending quality time with people.
- Registered nurses, senior care staff and care staff were effectively deployed to meet the needs of the people living at the home.
- People were protected from the risk of harm because the provider followed safe recruitment procedures.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

At our last inspection we found the provider had failed to ensure people's rights were protected. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements were found and the provider was no longer in breach of regulation 11.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- At our last inspection we found staff did not always follow the principles of the MCA and did not always seek people's consent or carry out best interest meetings where people lacked the capacity to consent to their care or treatment.
- At this inspection, improvements were found. Staff had received further training in the MCA and understood the importance of seeking people's consent. A member of staff said, "I always ask residents for their consent before helping them. I also make sure they can make their own choices about what they want to wear and what toiletries they want to use."
- People's care plans contained assessments of their capacity to consent to their care and treatment. Where people lacked the capacity to make certain decisions, discussions had taken place to ensure any decisions were made in the persons best interests.
- The manager submitted appropriate DoLS applications, when necessary, to ensure people had appropriate legal authorisations in place. The manager had oversight of which people were subject to a DoLS authorisation, whether they were subject to any conditions and when they were due to expire.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider failed to ensure concerns about people's health were referred to external healthcare professionals in a timely manner. The provider did not always work in partnership with other professionals to ensure good outcomes for people. Risks associated with malnutrition were not always well managed or acted upon. This was a breach of regulation 12 (safe care and treatment) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements were found and the provider was no longer in breach of regulation 12.

- People's care records showed prompt referrals were made to healthcare professionals where concerns had been identified. For example, where there were concerns about a breakdown in a person's skin, referrals had been made to tissue viability nurses. Records showed staff followed any recommendations made.
- A visiting professional told us communications had improved and staff had a greater understanding of people's needs and followed any recommendations they made. They said, "I have seen huge improvements since the change in management. Staff are more proactive and more knowledgeable and they are making referrals in a more timely manner. Staff are updating care plans and follow any recommendations made."
- People received food and drink which met their needs and preferences. One person told us, "The food is so lovely. There are plenty of choices and the staff know what I like." We saw staff offering people drinks and snacks throughout the day."
- People's nutritional needs were regularly assessed, and care plans were in place to manage any identified risks. For example, where people were at risk of malnutrition or dehydration their intake was monitored on a daily basis. These records enable staff to quickly identify any concerns and make referrals to healthcare professionals where required.

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

- People were assessed before a placement at the home was offered. This helped to ensure the home could meet people's needs, preferences and aspirations. A relative told us, "They [staff] met with [name of person] before they came here and did a full assessment of their needs and preferences. I was very impressed and they have gone above and beyond to meet their needs."
- People's needs were regularly assessed and there were care plans in place to manage their needs and associated risks. These included oral health care plans which were lacking at the last inspection.
- People's care plans showed diverse needs such as religion were discussed with them prior to moving to the home.
- People's care was planned and delivered in accordance with best practice and current guidance. For example, the manager liaised with and followed the guidance of healthcare professionals. An example of this was the involvement of the mental health team for a person whose mental health had deteriorated.

Staff support: induction, training, skills and experience

- Staff received the training they needed to ensure they had the skills, knowledge and experience to deliver effective care. Since the last inspection action had been taken to ensure staff put their learning into practice which benefitted the people who lived at the home.
- People and their relatives were positive about the skills and ability of the staff who supported them. One person said, "I can't praise the staff enough. They are so kind and certainly know what they are doing." A relative told us, "The staff are all great. The manager arranged for all staff to have special training because of my [relative's] needs."

- Staff received a thorough period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff. Staff were not expected to work alone until they felt confident and assessed as competent to do so.
- Staff with no previous experience in care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The home was purpose built and accommodation was provided over three floors. Only the ground and first floor were being utilised at the time of this inspection. Each floor had its own lounge, dining and kitchenette areas. Grab rails and signage helped people mobilise around the corridors and there were raised lavatory seats and assisted baths.
- Each person had their own bedroom which they could personalise in accordance with their tastes and preferences.
- People had access to landscaped gardens and the provision of outside space on the first floor and second floor.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection we found wide-ranging concerns during our inspection which did not always demonstrate a caring approach from all staff, such as not reporting poor practice which could put people at risk of harm, and we received mixed feedback from people and relatives about the way in which they were supported and treated at the service.
- At this inspection people and their relatives were very positive about the staff and the support they provided. One person said, "It's just perfect here. The staff deserve a medal and they are all so kind." Another person told us, "The staff don't just look after us, they are our friends." A relative said, "[Relative] is so happy here. It's like a home from home and all the staff are so kind and attentive."
- Staff interacted with people in a kind, respectful and unhurried way, and they knew what was important to people.
- Staff had received training in equality and diversity and were aware of the importance of treating people fairly and with respect.

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

- At our last inspection we found people were not always involved in decisions about their care. At this inspection people and their relatives told us they felt informed and involved in all aspects of their lives. One person said, "I am looked after in a way that I need and want. I am always asked if I am happy or want things done differently." A relative told us, "I am consulted and involved in my [relative's] care by staff and the manager."
- At our last inspection people's choices about the gender of staff who supported them was not always respected. At this inspection improvements were found. A relative told us, "When I requested only female staff attended to my [relative] this was respected and they are much calmer now."

Respecting and promoting people's privacy, dignity and independence

- Each person had their own bedroom where they could spend private time when they wanted.
- We observed people moving freely around the home choosing where they spent their time.
- People were supported with their personal care needs in the privacy of their own rooms. Care plans detailed how to support people to be as independent as possible such as choosing their clothes and being involved in meeting their personal care needs.
- People were provided with the mobility aids they needed to enable them to mobilise independently.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection some staff told us they did not have time to read people's care plans and that care plans were not easily accessible. At this inspection staff were positive. A member of staff said, "The care plans are good and very informative. They keep you up to date with their needs. I always have time to read and update them."
- The care plans we read detailed people's needs and preferences. This meant staff had the information needed to support people in accordance with their wishes.
- People's cultural and religious preferences were recorded in their plan of care.
- People were able to voice their opinions about the care they received and were fully involved in planning and reviewing the care they received.

Improving care quality in response to complaints or concerns

- At our last inspection improvements were needed as the provider had not always followed their complaints procedure and provided people with feedback following their complaint.
- At this inspection records showed that complaints had been fully investigated and a letter sent to the complainant detailing the findings and actions.
- People and relatives we spoke with during the inspection did not raise any concerns however all felt confident to raise any concerns when needed. One person said, "I am very happy with everything. If I had any niggles I could talk to any member of staff." A relative told us, "I feel very confident any concerns would be taken very seriously by the new management team."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans detailed the support people needed to access written or verbal information. For example, whether a person wore spectacles or hearing aids. We saw people had been provided with the aids they needed.
- Information could be provided in accessible formats, such as large print, for people where required. Menus and the activity programme had been produced in a pictorial format for people.

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

- People were supported to maintain relationships with the important people in their lives. We observed visitors spending time with their loved ones during our visit. A relative told us, "I can visit whenever I like and I am made to feel so welcome. I can even have lunch with my [relative] if I want to."
- Care plans contained information for staff about who was important to people and staff demonstrated a good understanding about the people they supported.
- People told us they enjoyed the activities which took place at the home. One person told us, "I love the entertainment and we had the most wonderful party for the King's coronation." A relative said, "The activity worker is amazing and my [relative] is much more occupied and stimulated since being here."

End of life care and support

- The manager told us there was nobody living at the home who was receiving end of life care.
- ReSPECT forms had been completed which detailed people's wishes for life saving or emergency treatment. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection we found the provider failed to ensure shifts were effectively led and did not support people's safety, choices or management of risk. Governance systems were ineffective and the provider did not always work in partnership with others. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements were found and the provider was no longer in breach of regulation 17. However, more time is needed to ensure improvements are embedded and can be sustained over time.

- At our last inspection we found the deployment of staff had not ensured staff were supported by more senior staff. At this inspection staff told us there were always registered nurses and senior care staff on duty to lead the shift and support staff. Staff were aware of their roles and of their responsibilities. A member of staff said, "The nurses recruited have made a stronger clinical team and they each have different skills which complement each other so there is always someone you can turn to for help or advice."
- At our last inspection there was a culture of staff failing to act on known risks or report abuse and staff failed to put their training into practice to ensure people were safe. At this inspection staff felt more empowered to speak up about concerns and were more knowledgeable and proactive about managing risks. A member of staff said, "The manager is so supportive and is listening and acting on what we say. Everything is dealt with in the correct way now."
- There was a new manager in post who had submitted an application to register with us.
- Staff training, skills and competence were regularly monitored through supervisions, appraisals and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the manager had informed us about significant events which occurred at the home within required timescales.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's website.
- The provider's previous governance systems had not been effective in identifying or addressing shortfalls in the quality and safety of the service provided. At this inspection, improvements were found.

- There were effective audits in place which identified and addressed shortfalls found. For example, effective auditing and actions had resulted in a reduced number of falls and urinary tract infections. However further improvements were needed in relation to the management and administration of people's medicines.
- At our last inspection, feedback from professionals indicated the provider did not always work in partnership with them to achieve good outcomes for people. At this inspection, feedback from professionals was positive. We received the following comments, 'They have made the recommended improvements and we had seen this been embedded into the practice'. And 'I feel and have seen a big improvement in communication, governance, process and practice at the care setting since the new management team has been in post.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last inspection, the provider was unable to evidence that they had followed their responsibilities in relation to the duty of candour. Improvements were found at this inspection.
- The manager was keen to explore the reasons when things went wrong, and they were open and honest with all parties concerned. For example, apologies and explanations had been shared with people and their relatives in response to complaints or safeguarding concerns.

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

- People, their relatives and staff were able to complete surveys to comment on the quality and safety of the service provided. The results of a recent survey were positive.
- The manager had established positive relationships with people's relatives and ensured they were kept up to date about their loved one's well-being where appropriate. A relative told us, "The manager is very good and keeps me informed. Communication is very good now."
- Relatives were supported to visit people when they wanted. A person told us they were supported to live their life in the home with their husband of many years.
- The management team had established positive relationships within the local community and had been awarded 2 awards by the local mayor. One for services to the local community and one for building bridges in the local community. This was achieved through engagement with local support groups, links with local schools, a community café within the home and community gardening groups and fundraising events.