

Four Seasons Homes No.4 Limited

Marquis Court (Tudor House) Care Home

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

Marquis Court (Tudor House) Care Home is a nursing home providing personal and nursing care to up to 52 people. The service provides support to older people some of whom are living with dementia. The care home accommodates people across two separate floors in one building each with their own separate facilities. At the time of our inspection there were 17 people using the service.

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

Significant improvements had been made to assessing people's risks, but further improvements were required to ensure all risks were escalated when needed. For example, risk assessments did not contain sufficient guidance regarding escalating concerns around people's continence needs. Risk assessments were updated when needed but quality checks did not always ensure other related documentation was also amended to ensure guidance for staff remained consistent. Systems in place to review daily records did not always identify concerns. Where one person's dentures had broken, this had been documented by staff but not escalated. Audit documentation was not always completed in full, so it was not clear when actions had been addressed.

People told us they felt safe and staff understood how to manage their risks. People were supported by a sufficient number of staff to meet their needs safely. People received support with repositioning or wound care in line with their care plans. Improvements had been made to the storage of medicines and medicines were now stored safely. Protocols had been put in place for 'when required' medicines and these were administered safely. The home was clean, and measures were in place to reduce the risk of infection. Where things went wrong, the provider had taken action.

People's needs assessments were holistic and considered their likes, dislikes and preferences. People's diverse needs had been considered in their assessments such as how they would like their religious needs met. People were supported by well trained staff who had the skills and competence to meet their needs. People were supported to eat and drink in line with their care plans. People's nutritional and fluid intake and weights were monitored when needed. The provider was proactive in referring to health professionals to ensure people received the care they needed. People had personalised their bedrooms and the home had been adapted to support people with their orientation around the home. 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 were supported by staff who treated them with kindness. Relatives told us staff were caring and knew people well. Staff respected people's privacy and dignity. Staff promoted and encouraged people's independence where possible.

People had choice over how their needs were met, and care was delivered in a personalised way. People were supported by staff who knew them well. People had personalised care plans in place that were

regularly reviewed. Complaints were addressed in line with the provider's complaints policy and relatives told us they were satisfied with how the provider addressed complaints. People had end of life plans in place. An activities programme was in place and people told us there was enough for them to do. People were supported by staff who understand how to communicate with them to maximise their understanding.

The manager was new to their role, but people and relatives knew who they were and spoke positively about them. The manager was well supported by the registered manager and regional manager and the management team were clear about their roles. Quality monitoring systems at the home had improved significantly. Systems had been implemented to improve clinical oversight and these were effective. People and relatives were encouraged to provide feedback regarding the home and action was taken on this. The provider worked closely with other professionals and with the local authority to make improvements.

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 20 January 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.

The service is now rated requires improvement. This service has been rated either requires improvement or inadequate for the last 9 consecutive inspections. Despite the repeated requires improvement ratings, significant improvements had been made at this inspection, but more improvements are required, and the provider needs to evidence these improvements can be sustained over a longer period of time.

This service has been in Special Measures since 20 January 2023. During this inspection the provider demonstrated that improvements have 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.

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 ●

Marquis Court (Tudor House) Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Marquis Court (Tudor House) Care Home 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. Marquis Court (Tudor House) Care Home 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 a registered manager in post. A new manager had been in post for approximately 6 weeks and had submitted an application to register. We are currently assessing this application. At the time of our inspection, the registered manager continued to support the new manager with the running of the home.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 September 2023 and ended on 26 September 2023. We visited the location's service on 19 and 26 September 2023.

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 and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the site visit, we spoke with 6 people who lived at the home and 1 relative. We spoke with 6 staff including a nurse, care staff and domestic staff. We also spoke with the registered manager, the new manager in post and the regional manager.

Following the site visit, the Expert by Experience spoke with 9 additional relatives by telephone.

We looked at 7 people's care records and 5 people's medicine administration records (MARs). We also viewed 3 staff files and documentation related to the governance of the service.

The provider sent us further documentation we had requested following the site visit including safety certificates and evidence of actions they had taken since the inspection.



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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people received consistently safe care in line with their needs and risks. This was a breach of regulation 12(1)(2) 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.

- Whilst significant improvements had been made, further improvement was required in relation to the escalation of risks related to people's continence. Where people had risks related to continence, the risk assessment in place failed to guide staff when to escalate concerns. We identified 1 person had not opened their bowels for 5 days and this had not been escalated. The registered manager amended people's continence care plans and risk assessments immediately to ensure this was addressed.
- Risk assessments were not always updated consistently when risks to them had been reassessed. For example, where one person's nutrition risk assessment was updated due to changes in their SALT assessment, other risk assessments that referred to their diet had not been updated. This did not place the person at risk of harm.
- Improvements had been made to the storage of harmful substances. Clear signs were in place to remind staff to lock doors where harmful substances were kept. We observed a sluice room with a cleaning product in unlocked during our inspection, but this had been secured when we checked later in the day. Risk to people was minimal as no-one was mobilising on the unit.
- Where people were at risk of choking and had Speech and Language Therapist (SALT) assessed diets in place, people were supported to eat food of the appropriate consistency with the support they needed in line with their risk assessments.
- At the last inspection, there was insufficient mobility equipment to meet people's needs safely and in a timely manner. At this inspection, there was sufficient hoisting equipment to ensure people's needs were met and they were supported to be hoisted in a timely manner. We observed people being hoisted safely and in line with their risk assessments.
- People had risk assessments in place to guide staff how to manage risks to them which staff followed. For example, where people were at risk of malnutrition, staff supported them in line with their risk assessments and people's weights had remained stable.
- People who had assessed clinical needs were closely monitored by the management team to ensure their risks were managed safely. For example, where people required wound care, staff supported them in line

with their risk assessments and the management team had oversight of this to ensure their needs were met safely.

Staffing and recruitment

At our last inspection, there were not enough experienced staff to meet people's needs and to keep them safe. This was a breach of regulation 18(1) 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 18.

- People were supported by a sufficient number of competent staff to meet their needs safely. The provider used a dependency tool which indicated current staffing levels were higher than needed to meet people's needs.
- People told us their needs were met by staff, but they sometimes had to wait. One person told us, "Most times the staff come straight away, but if they are dealing with others, I have to wait for them to come." However, people told us this did not impact on their care needs being met.
- Where people required support with pressure relief to maintain their skin integrity, records showed there were sufficient staff to ensure they were repositioned in line with their care plans to reduce the risk of skin breakdown.
- People were supported by sufficient staff at mealtimes to meet their needs.
- Relatives told us staff usually responded to the call bell quickly. One relative told us, "When I am there and I hear the alarm, I see staff go to others straight away."
- Agency staff use had reduced since the last inspection. Where agency staff were recruited, they were consistent and knew people well. One relative told us, "In the past there has been turnover of staff and no continuity but that has now changed."
- People were supported by staff who were recruited safely. Staff were required to have satisfactory Disclosure and Barring Service (DBS) checks prior to them starting work 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.

Using medicines safely

At our last inspection the provider had failed to ensure people received consistently safe care in line with their needs and risks. This was a breach of regulation 12(1)(2) 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.

- Improvements had been made to how transdermal patches were administered to people. However, where one person was prescribed transdermal patches, they were rotated but not always as regularly as required. The provider immediately addressed this and spoke with staff to inform them of the frequency of rotation and documentation was changed accordingly.
- People's medicines were stored safely. Significant improvements had been made to the way in which medicines were stored. Medicines rooms were tidy and organised.
- People's medicines were administered safely.

- Protocols were in place to guide staff when to administer 'when required' medicines. Staff recorded when and why they had administered 'when required' medicines.
- Topical medicines were administered as prescribed.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people received consistently safe care in line with their needs and risks. This was a breach of regulation 12(1)(2) 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.

- Where things went wrong, the provider took action to reduce the risk of reoccurrence. For example, where one person injured themselves on a piece of equipment, the equipment was immediately replaced to reduce the risk of reoccurrence.
- Where unwitnessed falls had occurred, these were investigated, and actions were taken to reduce the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe here, I love the staff."
- Relatives told us people were safe. One relative told us, "It is a combination of a lot of things that make us feel [my relative] is safe."
- A safeguarding policy was in place to guide staff what to do to safeguard people from the risk of abuse. Safeguarding referrals had been made when needed. Since the last inspection, records had been reviewed and the registered manager had made retrospective safeguarding referrals and raised CQC notifications where needed.
- Accidents and incidents were recorded by staff and reviewed by the manager. Systems in place ensured that accidents and incidents remained open on the system until the manager had addressed and taken any action needed.

Preventing and controlling infection

- 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

- The home's visiting policy aligned with government guidance. Relatives confirmed they could visit the home when they wanted to.

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.

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

At our last inspection the provider had failed to ensure people had access to personalised care and support in line with their needs and preferences. This was a breach of regulation 9(1) 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 9.

- People's needs were assessed in a holistic way that considered their life story, likes and dislikes.
- Where people had expressed preferences for their care, care was delivered in line with these preferences.
- People's diverse needs were considered within their assessments and care was delivered in accordance with their wishes. For example, where one person's religious needs were identified in their assessment, they were supported to engage in religious services virtually and at the home.
- Staff knew people well and knew how they preferred to have their care delivered.

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

At our last inspection the provider had failed to ensure people received the support they required with their nutrition and hydration. This was a breach of regulation 14(1) 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 14.

- People were supported to eat and drink in line with their care plans. Where people were at risk of malnutrition and dehydration, food and fluid charts were completed in a timely manner and any concerns were escalated to the management team.
- Staff ensured people had regular fluids and prompted people to drink when needed. One relative told us, "The care home is very good with drinks. [My relative] loves juice and the care home supply the apple and orange juice all the time."
- Where people had SALT assessed diets in place, kitchen staff had clear guidance in place to ensure food was made to the correct consistency to meet each person's individual needs. People on pureed diets had their food provided in a presentable manner.

- People told us they enjoyed the meals and could have alternatives if they preferred. One person told us, "If there are two meals I don't like, they will oblige me and offer me something else."
- The provider regularly observed mealtimes and actions were put in place to improve the mealtime experience for people when needed. During the inspection, we observed a positive mealtime experience where people chose where they ate and were supported to eat with dignity.

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

- Relatives told us staff were proactive in seeking support from health professionals when needed. One relative told us, "They are proactive, any sign of any issue. [My relative] has chest and urinary tract infections and they have been really good at detecting it. They recognise when [my relative] is getting unwell and call paramedics."
- People's weights were regularly monitored, and action was taken to escalate any significant weight loss.
- Staff worked closely with other agencies including occupational therapists, SALT and dietitians to provide effective care to the people they supported.

Staff support: induction, training, skills and experience

- People were supported by staff who were up to date with their training and had the skills to meet their needs effectively.
- Relatives told us staff had the skills to provide effective support to people. One relative told us, "The staff they have now are absolutely wonderful and look after [my relative] so well."
- Where agency staff were recruited, they had the skills and competence to meet people's needs effectively.

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

- The home had undergone some redecoration and was homely. One relative told us, "They have done a lot to improve [the home]. It has been freshly painted. It smells pleasant when you go in. In mum's room they took the carpet up and replaced it with vinyl flooring."
- People were able to personalise their own bedrooms as they wished. People's bedrooms were unique to them. They had their own photographs, ornaments and decoration in their rooms.
- Pictorial signage had been put up to help people orientate around the home. Bathrooms and shower doors had pictures on them to aid people getting around the home.

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. 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, and whether any conditions relating to those authorisations were being met.

- People had decision specific mental capacity assessments in place when needed. For example, mental capacity assessments had been completed where people used bed rails and where bed sensors were in place.

- People were supported to make their own decisions where they had capacity to do so. One person told us, "The staff let me make my own decisions."
- Where people were being deprived of their liberty, DoLS applications had been submitted to the local authority for authorisation.

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, this key question was not rated so the rating of good from the previous inspection was maintained. The rating for this key question has remained 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 treated with kindness and respected by the staff who supported them. One person told us, "They care about me, they treat me well."
- Staff members showed warmth, patience and respect when interacting with people.
- Relatives told us staff cared for the people they supported and treated them well. One relative told us, "All the staff I have come across genuinely care about the people who they look after." Another relative told us, "When you hear staff talking to residents, they treat them like family. The staff they have got in since Christmas are brilliant."

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

- People felt listened to by staff. One person told us, "The staff are really caring and friendly. They are interested in you when they talk to you. There is a really friendly atmosphere."
- People were supported to express their views and made decisions regarding their own care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect. One person told us, "Staff always knock on the door and the night staff, they always tell me what they are going to do."
- Relatives told us staff were patient and they respected people.
- People were supported by staff who respected their privacy and dignity. We observed staff knock on bedroom doors before entering and address people by their preferred names at all times. One relative told us, "You never feel they are rushing you. They take their time with [my relative] to do what they need to do. They definitely treat them with dignity and respect."
- People were supported by staff who promoted their independence. One relative told us, "They definitely look after [my relative]. They are approachable and friendly. They encourage [my relative]."

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 inadequate. 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 the provider had failed to ensure people had access to personalised care and support in line with their needs and preferences. This was a breach of regulation 9(1) 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 9.

- At the last inspection, support delivered was not always personalised or in line with people's preferences. At this inspection, people had choice over how their needs were met. People told us they were able to choose where to eat and what activities to participate in.
- People were supported by staff who knew them well and understood how to meet their needs in their preferred way. One relative told us, "[My relative] is very alert and the staff all know their quirks and habits."
- People's needs were reviewed and relatives were involved in their reviews. One relative told us, "They regularly review [my relative's] fall risk and they also carried out a review of their care plan." However, some relatives told us communication with them could be improved.
- People's care was planned in a way that supported them to have their diverse needs met. One person told us, "One person from upstairs comes downstairs on a Sunday, we watch the Church service with them."

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

At our last inspection the provider had failed to ensure people had access to personalised care and support in line with their needs and preferences. This was a breach of regulation 9(1) 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 9.

- Improvements had been made to the activities programme since the last inspection. People told us there were sufficient activities for them to engage with. One person showed us their activity programme and told us, "There are activity things for us to do, we get it every week. I join in if it's a singer or bingo."
- Relatives provided mixed feedback regarding activities. One relative told us, "They seem to do something every afternoon even if it is small. They have a new activities person who seems encouraging and engaging."

One relative told us, "I know they do activities but a lot of the time the residents sit in the lounge watching TV. I don't think they get enough stimulation."

- The activities co-ordinator engaged positively with people during the inspection and had a good rapport with people.
- Time was allocated to ensure people were supported with 1:1 activities in their bedrooms where they were not able to engage in group activities.

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.

- People were supported by staff who understood their communication needs. Where one person had a cognitive impairment, staff members understood this and communicated with them in a way that was dignified and helped them to understand.
- Staff understood how to communicate with people who had sensory impairments. One relative told us "My relative is deaf in their right ear and can partially hear in their left. The staff know and will go to their left side. They give [my relative] the list and they read it and tell them what they want."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and was followed.
- Where complaints and concerns were raised, an investigation was undertaken, and the complainant was provided with a written response.
- Relatives told us their concerns were addressed. One relative told us, "I have discussed when things need to change or be done. I am happy with the way they responded and sorted it out."

End of life care and support

- People had end of life care plans in place which included contact details for their funeral plans and how they wished to be treated at the end of their lives.
- People had RESPECT forms in place which were easily accessible in their care files which reflected their end of life wishes. RESPECT forms are Recommended Summary Plans for Care and Treatment.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, systems had not been established to assess, monitor and mitigate the quality of care and support at the home. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, significant improvements had been made to the governance of the service and the provider was no longer in breach of regulation 17. However, further improvements were required, and more time needed to ensure the improvements made have been embedded and can be sustained.

- Care plan reviews did not always identify inconsistencies in people's records. For example, 1 person's nutrition care plan had been updated following a SALT review but other care plans referring to their diet had not been updated. This meant the person's care plans were inconsistent. The registered manager immediately addressed this and amended the person's care records to ensure they were consistent.
- Systems in place to review daily records were not always effective in identifying concerns. For example, staff documented for over a month that a person's dentures had broken but checks had not picked this up so it had not been addressed. The checks had also not identified where staff had documented a person had not opened their bowels for 5 days. The provider took immediate action to address these concerns when raised during inspection and amendments were also made to documentation to reduce the risk of this happening again.
- Monthly audit checks had been implemented to check the quality of the service. Where actions were identified, these had been addressed although this was not always clear from the documentation as the documentation had not always been completed in full.
- The manager was new to her role and had only been employed for around six weeks at the time of inspection. However, relatives knew who they were and told us they had received a newsletter informing them of the management changes. One relative told us, "I am just getting to know this new manager and we get on fine. Nothing is too much trouble."
- The management team were clear about their role. Where any actions were identified during the inspection, they took immediate action to address this and reduce the risk of harm to people. One relative told us, "They are very approachable and genuinely care about the people they are looking after."
- The manager led daily flash meetings to enable staff to share updates and concerns regarding people they supported.

- Systems had been implemented to improve clinical oversight at the home. These systems were effective and ensured the management team had continuous oversight of people's needs and risks related to clinical needs such as skin integrity, choking risk and falls risk.
- The dependency tool in place to ensure the home had sufficient staff was being used more effectively than at the previous inspection which meant the home had sufficient staffing levels to meet people's needs safely.
- Systems in place to oversee accidents and incidents and monitor actions required at the home were effective. The provider had oversight of any outstanding actions via a shared computer database and these remained outstanding until action had been taken to address them.

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

- The morale at the home had improved since the last inspection.
- A positive culture was disseminated by the provider to staff. Changes had been made to staffing at the home and staff were positive and passionate about the care they provided to people.
- People and relatives told us there was a positive environment at the home. One relative told us, "It's more family orientated rather than an institution. The staff know individual residents."
- Relatives found the management team and staff to be open and approachable. One relative told us, "They are very approachable and genuinely care about the people they are looking after."

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

- The provider understood the duty of candour. Where things went wrong, contact was made with people's relatives to let them know what had happened. For example, where one person had a fall, relatives were contacted to inform them of the fall and the action taken to reduce risk of reoccurrence.
- The registered manager, regional manager and new manager in post were open and honest and engaged positively throughout the inspection.

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

- People were invited to residents meetings at the home which enabled them to put forward their suggestions regarding improvements that could be made. The provider took action where possible from feedback received.
- The provider held relatives' meetings to encourage relatives to provide feedback regarding the service. One relative told us, "Anything raised at the meeting is sorted and they do their very best." Relatives were also asked to complete questionnaires regarding the home. The feedback was analysed to identify where improvements could be made.
- Relatives were invited to events held at the home.

Working in partnership with others

- The provider worked positively alongside the local authority quality team to address actions and improve the service. The local authority team had noted a significant improvement at the home.
- The provider was proactive in improving links with the local community. For example, the local member of parliament had visited the home following an invite from the provider.