

Reason Care Limited

Elm Lodge 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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elm Lodge care home was providing personal care and accommodation over two floors in one adapted building, for up to for 20 older people living with dementia at the time of our inspection. The service can support up to 46 people. The home lies within reach of local community transport and provides single occupancy bedrooms and is designed to enable people to move around safely and independently.

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

Our previous inspections have identified the provider needed to make improvements within the service. Good care is the minimum that people receiving services should expect and deserve to receive. On this inspection we found the provider had made sufficient improvements to be removed out of special measures; however, improvements were still required.

Management systems to monitor and improve the quality, safety and effectiveness of people's care had now been developed. However, these systems and ongoing care improvements were not yet fully demonstrated or sustained by the provider. Aspects of people's dementia care needs were not always fully optimised against recognised national guidance and practice standards.

The provider's management team had begun to develop and embed formalised engagement and partnership working strategies; to help ensure informed, consistent care delivery in people's best interests. The provider was now meeting their legal obligations and also the conditions of their registration. The nominated individual and registered manager, who were appointed since our last inspection were visible at the service. Overall, staff, people using the service and others with an interest there were now more confident in the management and running of the service. The provider now needs to demonstrate ongoing and sustained governance and service improvement.

Improvements were made for people's safety and to monitor, act and ensure lessons learned when things went wrong at the service. Revised risk management, staffing, safeguarding and medicines systems and for environmental cleanliness and safety, were mostly sufficient to ensure people's safety. The provider now needs to demonstrate ongoing and sustained care and service improvement. We made one recommendation in relation to the environment, to further ensure people's safety and best practice.

Revised care systems and related staff training measures had improved the effectiveness of people's care. Staff were now more confident in the revised arrangements for their training and support. However, the provider's assured management plan for staff training and support was not yet fully completed, embedded or demonstrated as ongoing.

Staff now understood and followed people's care plans, which were now accurately recorded and reviewed when needed for people's care. Improved consultation with relevant external health professionals involved

in people's care was now established and demonstrated. This helped to ensure people received consistent, informed and timely care, to enable them to maintain or improve their health when needed. The provider now needs to demonstrate and ensure this in an ongoing and sustained manner.

People were mostly supported to have maximum choice and control of their lives and staff mostly supported people in the least restrictive way possible. However, related policy and systems did not always fully ensure this or support people's choice, control and inclusion.

Accessible information was not fully considered or ensured to meet people's communication needs; and to optimise their choice and understanding for their care and daily living arrangements at the service.

Work was in progress to support the planning of personalised care to meet people's, needs, preferences and interests. People were supported to engage in home life and with family and friends who were important to them. Social and recreational activities were regularly organised but the arrangements for this did not always optimise or ensure people's inclusion and choice. Therefore, related improvements were not always fully assured or embedded for people's care.

People were supported to eat and drink foods they usually enjoyed, and which met their dietary requirements. People's mealtime experience was not always organised to meet with their individual choices and best interests.

The home was designed and mostly equipped, to enable people to move around independently and safely. Work was in progress to redecorate and further adapt the environment to meet people's independence, orientation and recognition needs. Interim arrangements meant access to communal lounge and dining spaces was restricted.

People were treated with respect by staff who were kind, caring and mostly ensured their dignity. People were relaxed and comfortable with staff and the management team and felt staff took good care of them. People, staff and told us that they thought the management team were responsive and they now dealt with any concerns promptly.

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 (report published 20 February 2019). There were multiple breaches of regulation. This service has been in Special Measures since December 2018. The provider completed an action plan after the last inspection to show what they would do and by when to improve. 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 and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective, caring, responsive and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elm

Lodge Care Home on our website at www.cqc.org.uk.

We will continue to monitor the service and work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe

Details are in our safe findings below

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement 

Elm Lodge 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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an inspection manager, a pharmacist 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

Elm Lodge 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 who was registered with the Care Quality Commission following our inspection. The registered manager, as 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 on the 3 and 10 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information from local authority care commissioners who contract for people's care at the service. We also looked at written notifications the provider had sent to us when required, to tell us about any important events that happened at the service. We reviewed the Provider's Information Return (PIR), This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. This information helps

support our inspections. We used all of this information to plan our inspection.

During the inspection

We used a range of different methods to help us understand people's experiences. We spoke with four people who used the service and two visiting health care professionals about their experience of the care provided and the management of the service. We observed how staff interacted with and supported people. We spoke with the manager, deputy manager, three care staff including a senior; a cook and the nominated individual (NI). The NI is responsible or supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to people's care and the management of the service. This included parts of six people's care plans; staffing, complaints, safeguarding and medicines records. We also reviewed meeting minutes and records relating to the provider's checks of care quality, safety and ongoing service improvement.

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 inspection this key question was rated as inadequate. At this inspection this key question has now improved 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; Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to protect people against the risks from unsafe care and treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took urgent enforcement action to impose a condition on the provider's registration, to prevent the admission of any other persons to the service. This was implemented with immediate effect.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12. However, improvements made are not yet demonstrated as ongoing or sustained by the provider.

- Following our last inspection, people had not always been effectively protected from risks associated with unsafe care and treatment; or effectively safeguarded from the risk of harm or abuse at the service.
- However, revised risk management and safeguarding strategies, following the recent appointment of new management helped to ensure people's safety at the service. This included a thorough management review of recent safeguarding incidents and remedial action to help prevent any further reoccurrence and ensure lessons learned. However, improvements made were not yet demonstrated as ongoing or sustained.
- Overall, risks to people's safety associated with their health condition, environment and care equipment were now being effectively, assessed, managed and reviewed for people's safety at the service.
- Two people chose to lock their bedroom doors at night. The registered manager advised there was master key, which staff could use to gain access to their bedrooms in the event of an emergency, such as a person's sudden collapse or in the event of fire evacuation. We recommend the provider carries out a risk assessment and consults with the local fire authority, to ensure the correct type of lock for staff's timely access in the event of any emergency.
- Staff knew how to keep people safe when they provided people's care. This information was accurately recorded in people's care plans for staff to follow and regularly reviewed for people's safety.
- People were positive about their safety at the service. Their comments included, "I feel safe;" "Staff know what they are doing when they help me."
- People's medicines were safely managed, stored and given. We made two recommendations to further support best practice at the service in relation to people's medicines arrangements. These were actioned by the registered manager during our inspection.
- People were supported to take their medicines safely, by staff who had received additional training and a

competency assessment since our last inspection. Staff now understood and followed the provider's medicines policies.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff for people's care and safety. This was a breach of Regulation 18 (Safe Care and Treatment) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider's staffing arrangements now helped to ensure people's safety at the service.
- The provider now took account of people's care and related dependency needs, to help inform staffing levels and skill mix for people's care
- People and staff felt staffing was sufficient to provide people's care. One person said, "It's good to know they are there when I need help." Another person told us about when they used their call bell for staff to assist them and said, "They always come and answer it pretty quickly."
- Care staff said, "There's enough staff to, it's much safer," and "Staffing is sufficient now; but we will need more if we start to admit people and begin to work across two floors again."
- Throughout our inspection we saw staff were available and visible to people and acted promptly when people needed assistance.
- Required employment checks were carried out before any new staff provided people's care at the service, to make sure they were safe to do so.

Preventing and controlling infection

- Nationally recognised principles for cleanliness, infection prevention and control at the service were now being followed. The provider now needs to ensure this ongoing and sustained for people's safety.
- The home was clean and fresh. People were satisfied with cleanliness at the service.
- One person said, "I do believe it's clean. It's spotless when you go to bed. You can see where they have cleaned your room." Another person told us, "They are doing a good job of decorating the place and keeping it well maintained."

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider's arrangements, did not always ensure people received effective or accurately informed care, which met their needs and preferences.

At this inspection we found enough improvement had been made to rectify the breaches. However, improvements needed were not yet fully demonstrated by the provider, including ongoing and sustained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Staff support: induction, training, skills and experience

- Revised care systems now helped to ensure people received effective, accurately informed care that met with their needs and preferences.
- Revised management arrangements were in progress with timescales for achievement, to ensure staff received timely and ongoing staff training and support. This included relevant staff training updates and access to nationally recognised vocational care qualifications where needed.
- Staff were pleased about the training and support arrangements and although they felt it was 'early days', all we spoke with, were positive this may now be sustained. Full comments from staff included, "It's much better now, the new management have sorted regular staff supervision and revised ongoing arrangements for training and updates," and "We now have proper competency assessments; management are taking an active interest in people's care and what we are doing."
- People's health and nutritional needs were being holistically assessed, reviewed and acted on in a timely manner.
- People's care plans were revised and detailed their health and related care needs. Management arrangements were introduced to closely monitor these, to ensure they were being kept up to date by staff responsible.
- Staff demonstrated they now understood and followed people's care requirements, in accordance with their assessed needs and written care plans.
- Staff were working in consultation with relevant external health professionals and followed their related care instructions, when needed for people's care. Joint liaison work was also in progress, to introduce a revised care approach for people's oral healthcare, to meet with nationally recognised practice standards.
- People we spoke with, were happy with the arrangements for their health care. One person said, "Staff get the doctor when needed."

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

- People were often supported to eat and drink foods they enjoyed, which met their dietary requirements. However, people's mealtime experience was not always organised to meet with their individual choices and best interests.
- Lunchtime was not promoted as a social occasion for people, or flexibly organised to fully meet their individual needs and choices. Food menus were not always visible to people. Choice of food at lunchtime was limited and where people ate their meal was restricted for many, in a cramped lounge environment.
- Lunchtime was a lighter meal, which was served to most people who were sitting in comfortable chairs in one of two lounge areas; where they had been seated throughout the morning. People were not always supervised by staff during this time. We saw this impacted on two people's dignity and their potential enjoyment of their meal. We observed the main dining room to the ground floor was kept locked, preventing people's access.
- The evening meal was the main meal of the day, which for most people was served in the main dining room. We saw one person who struggled to load food onto their spoon who did not eat all of the meal. We did not see any adapted crockery or cutlery offered, to help people who may benefit, to eat their food in a timely and independent manner.
- People's comments were variable regarding mealtime arrangements. They included, "I like to go into the dining room; well I did when it was hot food at lunchtime; it's in the lounge now, they do the hot meal in the evening." "The manager chose to change the meals around because they felt people weren't eating their hot meal at lunchtime because it was too soon after breakfast; I don't know why they didn't just move the time to 1pm." "The food is very good. The cook is very good." "I have to have a low fibre diet; They look after me here; I'm not eating mine just yet though [midday] because they gave me had a large cookie at 11:30 am."
- People were provided with the correct consistency of food and drink when needed. For example, soft or pureed food, where people had chewing or swallowing difficulties because of their health condition.
- Where people were identified as being at risk of malnutrition, their weights were regularly monitored and referrals were made to their GP or dietician for their nutrition. Information was available for the cook to prepare the correct foods for people, which also included people's individual likes and dislikes.

The registered provider responded immediately after our inspection. The registered manager advised us they had revised the lunchtime meal arrangements, to promote people's choice to access to the dining room.

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

- We found there was a programme of environmental redecoration and refurbishment in progress at the service. This also aimed to ensure a dementia friendly environment, through the use of appropriate adaptations and signage.
- The home was designed so that people could move around easily and safely, providing wide corridors with handrails and a choice of lounge and dining rooms on each of the two floors of the home, alongside people's bedrooms and communal bathing facilities.
- Due to redecoration in progress, some people's access to their first floor accommodation was restricted throughout the day. During this time people were mainly supported in one of two small ground floor lounges. This included to eat their lunchtime meal. We observed people were very cramped for space during this time.
- The registered manager advised they had recently acted in consultation with relevant external health professionals, to ensure the right equipment was provided for people's individually assessed care needs.
- Staff we spoke with confirmed they now had the correct care equipment needed for people's care. However, we found one of the two moveable hoists provided to enable people to move safely when needed, was out of service.
- People had level access to a pleasant garden area, recently redesigned with planting and seating. We saw

some people sitting in the garden enjoying the sunshine during our inspection.

Since our inspection the provider has provided us with written assurance of the completed servicing of the movable hoist we identified to ensure it is safe to use when needed.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked and found the service was now working within the principles of the MCA. Any restrictions on people's liberty were either formally authorised with related conditions being met, or applications had been made for their authorisation to the relevant authority.
- Where people no longer had capacity to make certain decisions, assessments had been completed which recorded where people lacked capacity and how decisions about their care had been reached.
- Decisions were made in people's best interests where they lacked capacity. For example, to ensure people received their medicines when they should.

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 the last inspection this key question was rated as requires improvement. At this inspection key question remains requires improvement. This meant opportunities to maximise people's choices in relation to aspects of their daily living arrangements, were not fully ensured.

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

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

- Further improvements were needed to fully ensure people's daily choices in relation to their mealtime arrangements, and where and how to spend their time.
- People were supported by staff who were respectful, kind and compassionate. Staff took time with people and their interactions were personalised and sociable.
- People liked the staff and the staff knew people well and what was important to them for their care.
- People's comments about staff and the care they received were positive and included , "Staff are kind and caring, not just carers to be honest, they are like friends." "Staff help me to have a bath when I want one, they are respectful." "Staff would do anything for me but I like to do as much for myself as I can; like to tidy my room and bed as I want it."
- We saw that staff supported people's individual preferences with their dress and appearance.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld.
- Arrangements were now in place to support people to access independent advocacy services, if they needed someone to speak up on their behalf. One person had been recently signposted and was actively using an independent mental health advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted when people received care and often their independence.
- Staff spoke discreetly with people and personal care was delivered behind closed doors to ensure privacy.
- The staff respected people's private space and knocked on their bedroom or toilet doors before entering.
- People's mobility aids were kept close to them, so they could move around the home independently if they chose to do so.
- People were supported to stay in touch with family and friends, who were able to visit at any time to suit the person.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not fully met.

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

At our last inspection the provider had failed to plan and deliver services in ways that met people's individual needs. This was a repeated breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made or were in progress and the provider was no longer in breach of Regulation 9. However, improvements made were not always fully completed, embedded or assured ongoing for people's care.

- People received timely care. However, the providers arrangements to support people's inclusion and engagement in personalised social, spiritual, recreational and occupational activities; were not fully considered or optimised against nationally recognised guidance concerned with dementia care.
- The registered manager had begun to introduce a more personalised approach to assessing and planning people's care. This included a nationally recognised document entitled, 'This is Me,' which staff were responsible for completing with people and their families. This helped to inform people's daily living arrangements and lifestyle preferences, based on their known personal, familial, occupational and social history. However, this was not yet fully completed or embedded in practice.
- A weekly programme of daily social and recreational activities was organised and facilitated by care staff for people. This was mainly done through general daily activity group sessions, such as quizzes, music or gentle exercise type activity sessions; with a few individual opportunities for people's engagement. A regular Church of England service was also regularly organised, for people's continued access as they wished.
- People's comments included, "There's not much activity at the moment; we are waiting for someone new." "We've not had entertainers for quite some time now." "I pray myself every day, I've only seen a priest once while I've been here." "I love old films; but the staff will choose which one's we watch."
- The registered manager advised that an experienced full time activities co-ordinator was recently appointed and due to commence at the service; to help develop opportunities for people's occupation and engagement.

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.

- Staff often knew how to communicate with people in the way they understood. However, The accessible

information standard was not fully considered or met for people's individual needs.

- For example, food menus were not always provided in a format such as picture menus, to help people to understand and choose their meals when needed. Printed word menus displayed in the dining room, did not match the main meal provided on the day of our inspection.

Improving care quality in response to complaints or concerns

- At our last inspection, concerns and complaints were not effectively accounted for or used to inform or make any service improvements when needed for people's care. We found improvements had been made in this area.
- The registered manager had completed a full review of any complaints received since our last inspection. Related records showed the resulting action, either taken or in progress for people's care.
- One person said, "You get treated very well and if it's not right I tell them. If I've complained, they've listened to me." Another person told us about a concern they had raised, which had been resolved and said, "The manager apologised; so I am hopeful it doesn't happen again."

End of life care and support

- At our last inspection, nationally recognised standards concerned with people's end of life care were not formally sought or considered, to ensure related best practice when needed.
- At this inspection sufficient improvement was made to help ensure people's dignity, comfort and choice for their end of life care when needed.
- There was no one receiving end of life care at the time of our inspection. Overall, staff understood recognised care principles concerned with people's dignity, comfort and choice at their end of life. This included ensuring people's access to relevant lead external health professionals, any equipment needed for their comfort and for their spiritual support.
- Revised care plan documentation, showed when people were living with a life limiting health condition; any decisions made with them or in their best interests for their related care and treatment, including care of their body after death.
- Staff advised anticipatory medicines could be organised and stored at the service, for relevant external health professionals to give, if needed for people's comfort outside of normal working hours to alleviate their pain or distress. This helped to ensure people's timely care and treatment when needed and avoid any unnecessary hospital admission.

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 inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. The service was now more effectively managed for people's care and safety but the consistent delivery of high quality, person-centred care was not yet fully demonstrated or sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on their duty of candour responsibility; and Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not operate effective systems for the governance and oversight of the service. The quality and safety of people's care was not consistently ensured and we found continuous, significant shortfalls across all areas of the service. This was a repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took urgent enforcement action to impose a condition on the provider's registration, to prevent the admission of any other persons the service. This was implemented with immediate effect.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, the improvements made by the provider were not yet fully demonstrated as embedded, ongoing or sustained.

- Since our last inspection, the provider had recently appointed a new nominated individual and registered manager for the service. They had subsequently introduced a more effective, systematic oversight of the service, to ensure the quality, safety and effectiveness of people's care. We found significant service improvements had been made. However, this was not yet demonstrated as ongoing and sustained and to fully optimise people's care experience against nationally recognised guidance and practice standards.
- Following our last inspection, the registered manager had sent us their service improvement plan when we asked them to. The registered manager had also provided their updated plan at regular intervals, to show us their progress. This recorded developments in the home, including how care was reviewed and the training and support provided for staff.
 - A programme of regular audits had commenced, which covered most aspects of the service in relation to the provider's care, staffing, safety and record keeping systems. Complaints, safeguarding and health incidents were being effectively monitored, analysed and used to help inform improvements needed.
 - The provider was now meeting their legal obligations and conditions of their registration. This included their Duty of Candour, which sets out how a provider must be open and honest when things go wrong at the

service.

- The provider was also now sending us written notifications when required, to tell us about any important event when they happened at the service. They had also continued to display their most recent inspection rating, as required by law.
- The provider's nominated individual and registered manager were visible at the service. Staff told us they were more confident in the management and running of the service and the related arrangements for communication and support.

Working in partnership with others; Continuous learning and improving care

- At our last inspection the provider had not consistently sought or followed support and guidance from relevant partner organisations, such as the local authority, external health and educational partners. So as to help make improvements for people's care and safety at the service when needed. Related communication and accurate record keeping for people's care was also not consistently ensured or maintained.
- Improvements had been made in this area. The provider had now started to engage with relevant partners and stakeholders, including us, in a manner to help drive service improvement.
- Staff were now working in consultation with relevant health professionals when needed for people's care. Related record keeping was improved to help ensure timely, informed and effective care. However, we found some senior staff approaches to the handover of important care information at staff shift changes, was variable. This meant there was a risk to the safety and effectiveness of people's care from any related omissions in communication. We discussed our findings with the registered manager and nominated individual for the provider, who agreed to take the management action required, to mitigate any risk to people from this.
- Revised support was arranged to provide staff with further knowledge and skills relating to people's care and to help develop the service.
- Additional support was needed to enable some of the improvements still required to optimise people's dementia care experience, as identified in this report. We will therefore review the partnership working at our next inspection.

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

- There were opportunities for people and family members to share their views about the quality of the service provided. A range of regular meetings had now commenced with staff, people using the service and relatives; to seek their views about the quality and safety of people's care, including daily living arrangements and any improvements needed.
- However, key service information and any feedback shared with people from their views about the service, was not always provided in an accessible format, for people to understand what they could expect from their care.
- People we spoke with were mostly satisfied with their care and the running of the home. We saw compliments from people and relatives, which the provider shared with staff. One person said, "When one of the staff had to leave the building for an urgent personal matter, the registered manager came and got stuck in."
- Staff felt the management team was approachable and visible. Staff confirmed overall they were more confident their views were being sought, listened to and acted on when needed, to help improve people's care. Although this was often with an added expressed reserve of judgement such as, 'But it's early days yet.' Staff also felt they would be now more likely to recommend the service to family and friends and were happier with the service as a place to work and the support they now received.

