Kairmoore Ltd

Osborne House

Inspection report

18 Compton Avenue
Luton
Bedfordshire
LU4 9AZ

Tel: 01582967899

Date of inspection visit:
16 November 2020
18 November 2020
19 November 2020
23 November 2020

Date of publication:
09 December 2020

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
Osborne House is a residential care home providing personal care to 8 people aged 65 and over at the time of the inspection. The service can support up to 16 people.

Osborne House is a two-storey building with communal dining, kitchen and lounge areas, a conservatory and large enclosed garden. There are wet rooms on each floor for showers that are shared. Some rooms have en-suite facilities. There is an office within the building at the front of the house and a separate laundry and staff room area.

People's experience of using this service and what we found
People and relatives told us they liked the changes to the environment and staff practices. There were still improvements to be made which the manager had plans in place to address.

People were supported by a staff team who had the appropriate training and skills to meet their needs and were dedicated to providing a person-centred approach to care. They had assessed people's needs and written care plans to support these, which were in the process of being further developed.

People told us they felt safe and were happy with the care being provided and the way staff treated them. The staff team had a good understanding of abuse awareness and how to safeguard people.

People said they had plenty to eat and drink and choices about menus and how they spent their time. We observed warm and kind interactions and staff who demonstrated patience and compassion.

People's medicines were being safely managed and they had access to a wide range of health professionals to ensure their needs were correctly assessed and supported.

There were better communication systems in place and people, relatives and staff felt able to raise any concerns with the manager who they said acted quickly to resolve any problems or to offer additional support. Relatives were happy with the changes that had taken place and the care being delivered.

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.

The new manager had implemented new quality assurance and auditing systems to better monitor the care provided and quickly identify any concerns. While there were still areas to improve upon, the service was now being managed well and the manager and staff team were keen to learn.

We have made a recommendation about further developing systems and care planning to ensure they are

fully person centred. We have also made a recommendation about the completion of outstanding environmental repairs and replacements.

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 04 May 2020) and there were multiple 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 04 May 2020. 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.

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 coronavirus and other infection outbreaks effectively.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Osborne House

Detailed findings

Background to this inspection

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

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
Two inspectors carried out this inspection.

Service and service type
Osborne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual was currently acting as manager for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection
We gave 10 minutes notice of the inspection. This was in order to confirm with the manager the procedures for ensuring safe practice and use of PPE due to the risks of COVID-19.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, team leader, senior care workers, care workers, housekeeping and catering staff. We spoke with four professionals who regularly visit the service.

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

Requires 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. Staff did not understand how to keep people safe or how to identify various types of abuse. People's mobility was not safely managed and the building was very cold. Medicines were not administered safely and good hygiene standards were not followed. Staff had not received any training in safeguarding, risk management, medicines or infection prevention and control. 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.

- People told us they felt safe at the service and were happy with the care they received.
- A relative said their family member felt safe because staff knew them well and were always helpful.
- Staff had received training and support in how to safeguard people and were able to demonstrate a good knowledge of abuse awareness. They were now confident to report abuse and any concerns and knew who to report to outside of the organisation if required.
- People's care needs were assessed and risks identified. Care plans were written to offer staff appropriate guidance. The manager regularly assessed staff competencies in these areas and developed plans for supporting staff where further training had been identified. The manager explained plans to further develop the guidance for managing risks in a more person-centred way.
- The manager had arranged for new assessments of people's mobility needs by a qualified occupational therapist (OT) as well as new equipment where required. Guidance from the OT was then incorporated into care plans and staff supported to ensure they implemented them.
- The building was now comfortably warm and no-one any longer complained of being cold. Temperatures were checked throughout the day by staff and recorded on a chart for monitoring purposes.
- Medicines were now safely managed. Staff had received training and on-going checks of their competency in this area. Records were complete and clear and high-risk medicines such as Warfarin monitored by the management team. Staff had a good understanding of the risks related to people's medicines.
- The service now had cleaning schedules in place and employed new housekeeping staff. The home was very clean. There were some areas where sealant on the flooring had come away, following the site visit the manager arranged for a flooring specialist to come and a date booked for replacing this to ensure good

infection prevention and control measures.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment
● There was enough staff to meet people's needs which meant people did not have to wait for support.
● Recruitment procedures were in place to ensure staff had the correct qualifications, experience and skills to fulfil the requirements of the role and safely support people. Staff had a Disclosure and Barring Service (DBS) check, references from previous employers had been sought and verified and records of interview completed. One staff file had a gap in employment history and evidence of discussion about this had not been recorded. We identified this to the manager who will take action to resolve this point and ensure gaps in employment history are checked in all future recruitment processes.

Learning lessons when things go wrong
● Staff told us that they were supported to review incidents and concerns including the concerns raised at the previous CQC inspection. They said they used the reflection of practices to look at how they could work differently to provide better care in the future.
● The manager confirmed they shared lessons learnt with staff and people and relatives by use of staff and resident meetings, supervisions, telephone calls and emails.

Requires Improvement

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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure there were systems in place to demonstrate staff received appropriate training and development and the support to be able to carry out their roles effectively. This was a breach of regulation 18 (Staffing) 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.

- Staff told us they had received training in all areas of their roles. Staff were also able to demonstrate a good understanding of various topics such as safeguarding, oral health, moving and handling, COVID-19 infection control risks and dementia awareness. Relatives had noticed differences. One relative told us, "Staff appear to be confident in their roles and know what to do when working with people."
- The provider had arranged for all staff to be able to access both face to face training and on-line and video call training during the COVID-19 pandemic. The manager also told us about a further online system for free NHS training they had accessed for all staff to compliment and support their continued development.
- Staff told us they received regular supervision and had received an induction which included the opportunity to shadow more experienced staff members. Staff felt able to raise any concerns or support needs with the manager and when they had done so recently the manager had acted to resolve them.

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

At our last inspection we recommended the provider consider current guidance on the environmental needs of people living with dementia or mobility restrictions and take action to update their practice and the environment accordingly. The provider had made improvements.

- The provider had made many changes to the environment since the last inspection to better manage risks and consider the needs of people living with dementia. For example, they had resurfaced the flooring on the ground floor to ensure it was now smooth and hazard free which was safer for people with mobility needs to walk on.
- The provider had also introduced contrasting coloured toilets seats and shower chairs. People living with dementia can benefit from contrasting colours which might otherwise blur into each other, this can help

reduce the risk of falls.
● There was better signage and the manager told us how they had researched about good environments for people living with dementia, involving people where possible. This had resulted in the dining area being re-painted in a colour that can help to stimulate appetite and the lounge in a colour which helps people relax.
● All mobility equipment had been serviced or where required replaced and was serviced on a regular basis. People were able to choose the décor of their bedrooms and put up any personal items to make their bedroom feel more like home. The manager had taken into consideration how some wishes might increase self-isolation. Where this was the case, a care plan had been introduced to ensure people were still checked and given the opportunity to be involved in activities.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we recommended the provider consider current guidance around how to support people to make decisions about their care and preferences and take action to update their practice accordingly. The provider had made improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The manager had arranged for each person to have a mental capacity assessment completed to determine if they had the mental capacity to consent to their care and treatment. For people who were unable to consent, the manager had involved all relevant health and social care professionals and relatives to determine what was in the persons best interest. Where required, DoLS authorisations had been applied for and granted. All records were available to view.
● The manager needed to ensure each mental capacity assessment should be time and decision specific for other decisions. For example, they needed to consider who might need this support for further decisions about specific care needs such as flu and COVID-19 testing.
● Staff needed further support to fully understand the processes of the Mental Capacity Act and enabling systems to support people unable to consent for themselves. The manager said they would arrange this and had also designed an intranet with additional resources and pop quizzes to support staff's knowledge being up to date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The service had not had any new admissions since the last inspection.
● Systems in place for new admissions included a detailed assessment document which looked at all aspects of a person's physical, mental, social and spiritual well-being, interests, history, likes and dislikes and family contacts. Due to COVID-19 restrictions, the manager had created new ways to support meeting people during this process which included video calls and a video tour of the home should people wish it.

● Due to the lack of previous information about people at the last inspection, the staff team had worked hard to try and gain information about people in order to update their current care plans and review their assessed needs. Some of this work was ongoing to ensure the new digital recording system was fully completed and written in a person-centred way.

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

● People told us they had enough to eat and drink and had a varied selection of meals they enjoyed on the menu. One person said, "You can choose what you want to eat. You see the menu here but if you don't like it, they will provide something else."

● The catering staff were aware of people's individual needs in relation to specialist diets and told us they were in the process of developing a seasonal menu with people's input.

● The dining room had been redecorated and was lighter and brighter and a more relaxed atmosphere. People were able to choose where to sit and there were colour contrasting table cloths and napkins to aid people living with dementia or who had poor eyesight.

● People who required specialist input for their diets had been referred to the speech and language therapist (SALT) and the dieticians, in discussion with their GP. People's weight was monitored and a change of menu and catering staff had resulted in people gaining previously lost weight so they were now in a healthier weight range.

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

● One person told us how they had been having reviews with their doctor and had agreed a new medicine regime for pain management which they said was working well.

● The manager told us how they met weekly with other health professionals such as the doctor, district nurses, the rapid response team and dieticians to review each person's health and look at ways of better meeting their health needs or encouraging self-care.

● People were supported to access health and social care professionals as required. Appointments and outcomes were recorded within their digital recording system which allowed for follow up tasks and new information to be highlighted on the system until it had been actioned or staff had reviewed it.

● Health and social care professionals all gave positive feedback about the changes and improvements at the service since the last inspection. One professional told us, "In my opinion I found all the staff to be very caring and professional in manner and they have best interest in the all the residents. I found the manager and senior staff to be very caring and knowledgeable about their residents and are very eager to learn new skills and increase their knowledge. In addition to this they appear to be working very hard on the up keep of the home and in keeping COVID-19 out of the home."

Requires Improvement

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
● Care plans and some records had not always been reviewed by the planned review date and did not evidence the involvement of people and their relatives. We discussed this with the manager who explained that due to staffing changes they had missed the last review but intended to catch up in the next month and would also seek and record people and their relative's involvement.

We recommend the provider consider current guidance on best practice around inclusion in care planning and how best to record people's decisions about their care. Also, to ensure this is used to further develop person-centred care, engagement and take action to update their practice accordingly.

● We observed people being offered choices by staff, being asked for consent before care tasks were carried out and staff explaining what was happening as they supported them. This meant people were more aware of what was happening and had the opportunity to control what care they received. Staff were patient and observant for signs that people were unhappy by way of various communication methods such as body language and gestures.

Ensuring people are well treated and supported; respecting equality and diversity
● People told us staff were very caring and treated them well. One person told us, "The [staff] are very good. They have been doing really well." A relative said, "Staff respond to needs and there do not appear to be times when people are in pain. Staff are sensitive in their actions when providing support."
● We observed other interactions where staff showed a great deal of patience and kindness. For example, to support one person to accept their medicines in their own time. We also observed how people who required staff support to walk or move chairs were supported to do so in a way that encouraged their independence.

Respecting and promoting people's privacy, dignity and independence
● Staff demonstrated a knowledge of how they would support people to retain their independence such as ways to encourage self-care where they could. We observed how people who required staff support to walk or move chairs were supported to do so in a way that encouraged their independence. One relative told us, "'My [family member] has always been very house-proud and is encouraged to clean their bedroom and included in washing up if they wish."
● Staff also ensured people's personal care needs were met to maintain their dignity. This had been noticed by one relative who told us, "People look well-presented and clean. My [family member] has always been a proud person and being clean and presentable would be important. The staff take time to provide personal

care such as painting nails."

● Staff supported people to have privacy and spoke to them quietly when offering to go elsewhere to provide personal care support. Staff understood the need to keep people's information private and storage of records were secure.

Requires Improvement

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 always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 systems were in place to demonstrate care delivery was in line with people's preferences. People were not supported to follow interests or have choice and control over their care needs. This placed people at risk of psychological harm. This was a breach of regulation 9 (Person-centred care) 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 told us they could choose how to spend their day. One person said, "I am so tired today but that is what [the staff] are good at. They don't push you to do it, they understand when you are slower."
● During the inspection one person who was confused due to their condition had requested to open the front door so they could go 'home'. The manager supported the person to go for a walk outside and returned to the home when the person said they were ready. This demonstrated people were supported to have control over their care and staff respected their wishes.
● The manager had implemented a full week of activities for people to access if they wanted to. We observed some people choosing to participate and others opting to do other things such as read a book or chat. Following one session of mindful meditation and breathing exercises one person said, "My lungs now feel so full of air you will have to hold me down before I fly away."
● Work was required to further develop this to be reflective of all individuals interests and hobbies.
● Staff had received training around person-centred approaches and were able to demonstrate a good knowledge of people's likes and dislikes, history, interests and personality traits.
● One relative told us about how staff had made the effort to get to know people, build relationships and consulted with them to see if they knew whether their family member could knit and what hobbies and interests they had.
● Staff had a better understanding of people's medical conditions such as dementia and how this impacted their lives, however digital records were not fully completed or utilised so that information was easily accessible for new staff.
● While there have been restrictions on visitors since the last inspection, due to the COVID-19 pandemic, the manager had been able to safely support some face to face visits in the garden which relatives told us was reassuring. The manager told us they had plans to make changes to the conservatory to support winter visits

while adhering to government guidelines such as implementing screens and changing furniture in the visiting room. They had also enabled the use of video and audio calls for people to speak to and see their relatives. One person said, "My [relative] usually contacts me on a Friday with video call, it is very clever, the staff help me set it up and zoom there they are."

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.
● People's communication needs had been assessed and this was recorded within their care plans. This required further work to ensure clarity about what signs and symbols and pictures were used and what people's typical gestures and sounds might mean.

Improving care quality in response to complaints or concerns
● People told us they knew how to complain to the manager and were happy to do so as they felt comfortable to raise concerns with the new management.
● People said they found the staff team and manager very approachable and would feel comfortable taking any concerns forward. One relative told us they had mentioned to the new manager clothes often went missing, and people were not wearing their own clothes. The new manager had addressed this and put processes in place to ensure people had their own clothes. This meant that people felt valued and listened to.
● There had been no formal complaints made at the time of the inspection. The manager advised us they did not have a separate complaints log, should a complaint be made it would be stored within people's electronic files. They explained these could be collated by the computer into one document.

End of life care and support
● The service was supporting people on end of life care and worked closely with the palliative care team to ensure the right measures were in place. People had an end of life care plan and there was evidence this had been discussed with people's relatives as they were unable to express their own wishes.
● We discussed with the manager about ensuring that information is signposted in records to where it can be found as this was not always clear. The manager also told us how Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) agreements not made in the home were being reviewed to ensure the decisions were still in line with people's wishes.
● Staff told us they had received training on end of life care at previous work places. The provider had sourced additional end of life training for staff to complete which would further enhance their knowledge and understanding of provision of end of life care.

Requires Improvement

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. 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; 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 had failed to ensure systems were in place or robust enough to demonstrate the home was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) 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 17.

● The service did not have a registered manager in post at the time of this inspection. The nominated individual was acting as manager, however, not having a registered manager in post means that well-led cannot be rated above requires improvement. The manager had ensured that people's needs were being safely met and all actions in their improvement plan had been completed.
● There were now systems in place to ensure that care could be safely delivered and monitored. There were some remaining areas of further development in relation to records and engagement as identified in this report which the manager was working towards.
● The manager planned to create various champions of specific topics such as dementia and report writing to empower members of the staff team to support and develop colleagues.
● People, their relatives and health professionals told us they had seen a lot of improvement in the care delivered, the documentation and the communication. One professional said, "On recent visits residents seem well cared for and seem happy with staff, there is now a weekly check in and monthly Multi-Disciplinary Team (MDT) with aligned practice and other members of the primary care team. Currently things are improving and there is good engagement with staff who on meetings seem to have a good awareness of residents and their concerns." A relative told us, "The new staff team appear better trained and confident in what is expected of them."
● Quality assurance systems and audits were now in place and being carried out. The findings from these were used to make further improvements where they had been identified.
● The manager was very open and transparent with all areas for development, incidents and safeguarding concerns. They had ensured everything had been recorded and reported to the appropriate authorities and

shared with people, their relatives and staff.
● The manager was very open to suggestions and told us they now intended to implement a plan to ensure they sustained and continued to build on the improvements that had been made. Professionals told us the management and staff team had taken on board and implemented all advice given to them to promote good levels of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The manager promoted a positive approach to learning and empowerment and strived to ensure people received person-centred care. While there were still some areas for further development the manager had worked hard to make the differences already in place. The manager told us they hoped this would, in the next year, be fully embedded into the practices of all of the staff team.
● Staff told us they felt very valued by the manager and could ask for help and guidance at any time and the manager would always find time to support them.
● We were able to observe positive outcomes for people due to the new management style and staff practices such as better access to healthcare, improvements in people's health, better communication, more choice and a more pleasant, better equipped environment.
● People told us they could speak up about anything and staff and the manager listened and adapted their way of working to suit how the person was feeling at that moment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
● Records showed people's involvement in meetings about improvements in the service and ideas for menus and activities. The records also showed the manager had updated people on the latest developments from the action plan for the concerns raised at the last CQC inspection.
● The manager told us they had sent out surveys to relatives to seek their views about the care being delivered but were waiting for these to be returned.
● The manager evidenced regular communication by telephone and email with relatives to discuss any specific concerns and feedback. Some feedback received was positive about the changes and new management. Feedback received was used to guide changes in care delivery. One relative said, "Communication has improved recently and the new manager is very approachable."
● Staff told us they had regular meetings where they could contribute to the agenda and have constructive discussions as well as reflecting on learning to make improvements. Staff also received regular individual support with a senior member of the team or the manager to enable specific coaching, support and reflection on performance.

Working in partnership with others
● The manager worked very closely with the local council quality teams and a variety of health professionals to assess risks and needs and support staff to understand how to safely meet people's needs.
● The manager networked with other providers of care and was signed up to the CQC newsletter and other websites such as Skills for Care to learn about best practices and how they could implement them for the benefit of people and the staff team.
● Professionals spoke highly of the changes and the new management and how well they are working together for the same aim.