

# Oakdale Care Homes No. 1 Limited

## Kingfisher Court

### Inspection report

Kingfisher Way  
Off Coxmoor Road  
Sutton In Ashfield  
Nottinghamshire  
NG17 4BR

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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

Kingfisher Court is residential care home which provides accommodation for up to 66 people who require nursing or personal care. At the time of the inspection 38 people were living at the home.

### People's experience of using this service:

People were kept safe from harm. However, the records used to record how risks to people's safety were monitored were not always fully completed. People were cared for by enough staff to keep them safe. People's medicines were, overall, safely managed. The home was clean and tidy, and staff understood how to reduce the risk of the spread of infection. Processes were in place that ensured causes of accidents and incidents were investigated and measures put in place to reduce recurrence.

A new management team was in place and they had made efforts to improve the quality of the care people received. Whilst we saw some improvement since our last inspection, we were not yet assured that the quality assurance systems that were in place were fully effective. This meant we were not satisfied, at this moment, that the improvements were sustainable.

People, relatives and staff commented on the improved atmosphere at the home since the new management team was in place. They all found the new manager approachable and willing to listen to any concerns they had. The manager had a good understanding of the regulatory requirements of their role. People's needs were assessed to ensure their care was provided in a way that did not cause discrimination. Staff had completed training deemed mandatory by the provider, any gaps had been acted on and courses booked. People were supported to maintain a healthy and balanced diet. Where people received care from other agencies as well as this service, the two worked together to provide timely and consistent care. External healthcare professionals spoke positively about the care provided.

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

People received care from kind and caring staff. People liked the staff and felt able to make decisions about their care. People felt listened to and staff acted on their wishes. People received dignified and respectful care. People's privacy was respected.

People's personal choices and preferences were considered when care was provided. Care records provided guidance for staff to provide people with care in their preferred way. People were provided with opportunities to avoid social isolation by meeting others and to take part in activities. New staff had been recruited to further improve opportunities available to people. People felt able to make a complaint and were confident their complaint would be acted on. End of life care planning was in place.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 9 September 2019). The service's rating has now changed to requires improvement

This service has been in Special Measures since 6 September 2019. During this inspection the provider demonstrated that some improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 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** ●

# Kingfisher Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, an assistant 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

Kingfisher Court 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 manager registered with the Care Quality Commission. An application to become registered has been received by the CQC. We will monitor the progress of this application. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we have received about the service since the provider's last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. 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. We used this information to plan our inspection.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant during the inspection.

#### During the inspection

We spoke with six people who used the service and 14 relatives and asked them about the quality of the care they or their family member received. We also spoke with four members of care staff, the head housekeeper, lifestyle assistant, kitchen manager, head of care and compliance, the home manager, nominated individual and chief executive officer. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included all or parts of records relating to nine people who used the service. We also reviewed six staff files, training and supervision records and records relating to the safety and management of the service.

#### After the inspection

We asked the manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

# 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 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.

At our last inspection the provider had failed to protect people from the risks associated with their care, they had not ensured people were cared for in a clean and hygienic environment and they did not have the systems in place to learn from incidents that occurred. 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. However, further improvement was needed in some areas.

### Assessing risk, safety monitoring and management

- The risks to people's health and safety had been assessed and systems were in place to monitor those risks and to act where needed. Staff had a good understanding of what they needed to do to reduce the risks to people's health and safety.
- However, the records used to record the actions staff should take to reduce known risks were not always accurate or completed fully. For example, a person who was resistant to personal care had a care plan and risk assessment in place that guided staff on how to support them with personal care in the least restrictive way. However, the daily records used to record how staff had supported the person, did not always reflect the guidance provided. This meant the person was at risk of receiving personal care in a way that was not safe.
- We noted a person who was cared for in bed had cushions wedged down the side of their bed. A staff member said this was to stop them from falling down the side of the bed. The registered manager agreed this was not the safest option for this person and told us they would review this. We also noted some records used to record when people had been repositioned were not always fully completed. This could lead to people receiving inconsistent pressure relief care.
- Assessments of the environment, equipment and the building were carried out. Fire risk assessments were in place. Regular checks of fire prevention equipment were carried out. People had personal emergency evacuation plans in place to assist staff with supporting people to evacuate the building in an emergency. These were regularly reviewed and amended when people's needs changed.

### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- Improvements had been made to the way the home was cleaned and maintained. All areas of the home were now clean and free from obvious risks of the spread of infection. The home had a rating of 'Very Good' (the highest mark possible) with the Food Standards Agency, for safe and hygienic food storage and cleanliness procedures.

- Staff had access to personal protective equipment such as aprons and gloves. We observed staff using these when caring for people and when serving food.
- Staff had received training to help reduce the risk of the spread of infection.

#### Learning lessons when things go wrong

- Improvements had been made to the way accidents and incidents were investigated and acted on to reduce the risk of recurrence.
- All incident forms were reviewed by the manager and a 'governance report' was sent to the directors for review. Where needed, recommended actions were provided for the registered manager to implement. The effectiveness of those actions was then reviewed to ensure they had reduced the risk to the person's and other's safety.
- Analysis was completed to assist the manager with monitoring the frequency of incidents such as falls. If referrals were needed to specialist teams such as the Local Authority's 'Falls Team' these were completed quickly, and actions recorded to show progress.
- Where staff had made errors and lessons needed to be learned, these were discussed during supervisions and team meetings.

At our last inspection the provider had failed to protect people from the risk of abuse and neglect. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- People were protected from the risk of abuse. People felt safe living at the home. One person said, "Yes staff keep me safe. I have had no falls." Another person said, "I'm safe. I'm not steady on my feet. People [staff] check and ask if I need help. I use a walking frame and they ask me if I want help."
- Staff felt more confident that concerns they raised would be acted on by the manager. Effective systems and processes were in place that enabled staff to act to reduce the risk of people experiencing neglect or abuse.
- Records showed relevant authorities such as the Local Authority safeguarding team and the CQC were notified of concerns about people's safety where needed.

At our last inspection the provider had failed to ensure there were enough experienced staff in place to keep people safe. This was a breach of Regulation 18 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.

#### Staffing and recruitment

- There were enough suitably experienced and qualified staff in place to keep people safe.
- People told us staff responded quickly when they needed them, and staff were available in communal areas to support them with moving around the home, with their meals and with activities. We saw there were enough staff throughout all communal areas.
- Most people felt there were enough staff in place throughout the day and at night. One person said, "I've not been left alone for long periods." Another person said, "I don't have to wait long; not particularly. The staff are always around."



- We observed staff respond quickly to call bells. Analysis of call bell response times for the two weeks prior to the inspection, showed over 90% of calls were responded to within three minutes. Less than 1% of calls took longer than ten minutes to be responded to. The timely response to call bells helps to keep people safe.
- Robust recruitment procedures were in place to reduce the risk of people being cared for by inappropriate staff.

#### Using medicines safely

- People received their medicines safely. Most people told us they were happy with the way their medicines were managed.
- We observed staff administering people's medicines and they did so in accordance with recommended best practice guidelines.
- Medicines were, overall, stored safely and inside locked trollies or cupboards. However, we did note an occasion a staff member left their medicines trolley unlocked when they were supporting a person with their medicines. This could put people's safety at risk.
- Staff competency to administer medicines safely was regularly checked. This helped to ensure safe medicine practice.
- Records used to record when a person had taken or not taken their medicines were well completed and regularly reviewed to help identify any themes or trends that could affect a person's health. We did note that when people required 'as needed' medicines a small number of protocols were not in place. These protocols are important to ensure people received these types of medicines consistently. The manager told us they would address this immediately.

# 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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection there was a failure to ensure people's decision making was assessed and their rights upheld with the Mental Capacity Act 2005 (MCA). There was also a failure to ensure those people subjected to Deprivation of Liberty Safeguards (DoLS) were supported in a legal and appropriate way. This was a breach of Regulation 11 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 11.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and we found they applied these principles effectively.

- Where people were unable to make decisions for themselves detailed mental capacity assessments were in place. This included best interest documentation which ensured decisions were made with the appropriate people such as relatives and healthcare professionals.
- DoLS were implemented effectively. It was clear who had a DoLS in place and whether they had conditions attached which must be adhered to by staff. This ensured people's rights were protected.
- We did note one person's care records did not fully reflect the decision made in their mental capacity assessment and best interest documentation. This could result in the person's rights not being fully protected. The manager told us they would address this but assured us the person received their care in a way that did protect their rights.

At our last inspection there was a failure to ensure people received appropriate nutritional intake. This was a breach of Regulation 14 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

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

- People received support to eat and drink enough to receive a balanced diet and maintain good nutritional health.
- All the people we spoke with said they liked the food that was available to them. One person said, "Yes, I like the food and I like the cake and tea in the tea room." Another person said, "It's really very good. It's delicious and prepared in a very good way. They [staff] take notice of what you drink."
- We saw improvements had been made in the way people's food and fluid intake had been recorded. Records viewed showed people received enough to keep them healthy. Staff had a good understanding of people's dietary requirements and they followed people's care plans and risk assessments to reduce the risks to people's nutritional health.
- Kitchen staff prepared people's meals in accordance with their dietary requirements. This included low sugar meals for people with diabetes.

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

- People's physical and mental health and social needs were assessed prior to them starting with the service. People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- Care records contained reference to current best practice standards and guidance when care plans were developed. Best practice assessment tools were used to assess and record people's on-going health needs. This included nutritional and skin integrity assessments.

Staff support: induction, training, skills and experience.

- People were cared and supported by experienced and well-trained staff.
- People and relatives told us staff understood their or their family member's care needs and provided care accordingly. One person said, "They [staff] have got to know me, particularly in terms of getting me dressed. I choose what I want to wear. They get the clothes out of the cupboard for me." A relative said, "They [staff] know how [my family member] likes to be moved."
- Records showed most staff training was up to date with courses booked to address any gaps. Staff received regular supervision of their practice. Staff told us the new management had made them feel supported and gave them the confidence to carry out their role effectively.

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

- People were supported to receive effective and timely care with other agencies where needed.
- Visiting professionals, including a GP and community district nurse praised the care provided by staff. They felt people were well looked after, received consistent care and were supported to lead healthier lives.
- Professionals also told us, when they had made any recommendations about people's care, staff always provided care in accordance with these recommendations. Professionals felt staff were knowledgeable about people's needs and made timely referrals to healthcare specialists when needed. This ensured people continued to receive consistent and timely care across several different agencies.

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

- The home had been adapted to support people living with dementia and/or a physical disability.

Communal areas, bathrooms, bedrooms and hallways were accessible for all. A cinema and tea room were available for people to use to relax with others.

- Signage was in place to help people orientate themselves around the home, helping people to identify communal areas.
- The home was well-maintained and had a safe and accessible garden.

# 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 improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection people told us they were not always well treated, had limited interaction with staff and people's care was not provided in a personalised way. During this inspection we found improvements in all these areas.
- People were treated well by kind and caring staff. People told us they liked the staff. One person said, "I think they [staff] have confidence; even the young ones. They make this place feel like a family." A relative said, "I think the staff are very warm and not officious at all."
- We observed many positive interactions between staff, people and relatives. Staff took the time to sit and chat with people and ensured people were well looked after. When people showed signs of distress or agitation, staff acted quickly, offering reassurance and a smile. This contributed to a calm atmosphere at the home.
- People's diverse needs were discussed with them during their initial assessment to determine if they had any specific requirements of the way staff supported them. People were supported to visit their local church. Where people were unable, they were visited by representatives from a local church to offer spiritual guidance and religious services. We were told that this representative was in the process of forming a 'religious group' at the home, offering further opportunities for people to follow and practice their chosen religion.

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

- People were supported to contribute to decisions about their care. People felt listened to and spoke positively about the way staff acted on their wishes. One person said, "I can get up and sleep when I want. They [staff] keep an eye on me."
- Staff felt more able to provide care in accordance with people's wishes. A staff member commented that they were encouraged to offer people a choice of when they wanted to get up, go to bed or when they wanted a bath or shower. All staff spoken with felt this had improved since the new management were in place following our last inspection.
- People and relatives were more involved with decisions about their or their family member's care. The head of care and compliance (HCC) told us they had recognised that formal opportunities to review people's care were not in place for all. They had rectified this by writing to all relatives offering them the opportunity to meet with them and the manager to discuss their family member's care. The HCC understood the importance of ensuring that relatives who contributed to decisions on behalf of family members must have the legal authority to do so. This ensured people's rights were protected.
- Staff had a good understanding of people's care needs. They used information about people's life history,

hobbies and interests to help build meaningful relationships.

- Information about how people could access an independent advocate to assist with making decisions was provided.

Respecting and promoting people's privacy, dignity and independence

- People were provided with dignified care, their privacy respected and their independence was encouraged.
- At the last inspection we had concerns in each of these three areas and we did not feel people received a 'caring' service. Things had improved since our last inspection.
- People told us staff treated them with dignity and our observations supported this. When people requested staff support with going to the toilet, staff responded quickly, ensuring they received dignified support from staff. People had a choice of male or female care staff, and they felt personal care was provided with dignity.
- People were no longer left for long periods of the day with little or no interaction. People spoke positively about the staff who cared for them.
- People's privacy was respected. Improvements had been made in the way people's records were handled and this ensured compliance with data protection legislation.
- Independence was widely encouraged. People were supported to do things for themselves wherever possible. One person said, "I can't do much at the moment. I can eat and drink. I can get to the bathroom and dress. Staff are very good at helping people." the service.

# 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 improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection there was a lack of personalised care at the service, this meant people's preferences and individual needs were not always responded to. There was also a lack of activities to promote wellbeing. This was a breach of Regulation 9 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.

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

- Improvements had been in the way people received their care from staff. Staff now provided people with person-centred care in accordance with their preferences and empowered them to make their own decisions and choices. People told us care was provided in a way that took their choices into account.
- Some people and relatives felt they had been involved with planning of care and had been consulted when changes to care had been recommended. Others did feel that they would like to be more involved. The manager told us the new review process that was being implemented would address this issue ensuring all who wanted to be involved could be.
- People's care records contained the information required for staff to provide care in accordance with their preferences and choices. A review of daily records showed care was, in most cases, provided in line with what was recorded in each care plan.
- Staff had a good understanding of people's preferences and could explain how they cared for and supported people in their preferred way.

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

- People told us they were able to see their friends and family when they wanted. One person said, "My [family members] come to visit and they can come whenever they like."
- People were encouraged to spend time with others to help to reduce the risk of social isolation. We observed staff supporting people in doing so.
- People felt the activities that were available to them had improved since the last inspection. Although some did comment that frequency of activities had reduced recently. The manager told us they had recently had a change of staff member who provided activities for people; new staff had been recruited and this would see further improvements in the activities provided for people.
- We noted that many of the activities provided were aimed at females; some males we spoke with told us they would welcome more male-focused activities. The manager told us they had addressed this by

introducing a 'gentleman's club' and ensuring the home's cinema was used for movies and sports that would appeal to men.

- There were links with the local community, during our inspection a local school came and sang to people. People enjoyed this and chatting with the children afterwards.

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.

- The provider was aware of the AIS. They told us they had the option to provide information for people in different formats should they require it. This included larger fonts on documents such as company policies and care plans.

At our last inspection the provider had failed to ensure that complaints were responded to appropriately. This was a breach of Regulation 16 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 16.

Improving care quality in response to complaints or concerns

- Complaints were handled in accordance with the provider's complaints policy.
- People and relatives felt able to raise a complaint and it would be acted on. A relative described a complaint they had made and told us this had been dealt with to their satisfaction. Other people and relatives gave similar responses. This meant the provider had made enough improvement to their complaints process.

End of life care and support

- End of life care plans were in place and were reviewed. These contained information about people's family relationships, in some cases the person's wishes about treatment at the end of their life. We did note that for some people their care plans stated 'speaking with relatives'. The manager told us they planned to review all end of life care plans to ensure enough relevant, person-centred information was in place for all.



# 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.

At the last inspection there was a lack of effective governance at the service. This was a breach of Regulation 17 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. However, further improvement and assurances about sustainability was needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection we had concerns that there had been a deterioration in the effectiveness of the management of the home, staff performance and the quality of the care people received.
- We were not assured that the provider had enough oversight of the management of the home, had not acted quickly enough to deal with the decrease in care standards and staff performance and this had led to people receiving poor outcomes.
- At this inspection we saw some improvements had been made. The new management team had been recruited and had addressed many of the issues highlighted at the last inspection. They had implemented new quality assurance processes to help them to keep improving. Many of these processes had been introduced in the last month or two prior to this inspection. Whilst we were able to see some of the improvements that had been made, we were not yet assured that these improvements were sustainable. This was because the management team were new to their roles and the systems in place had not yet been able to evidence sustained improvement in all areas of care.
- As shown throughout this report, many aspects of care had improved, although some required further work to ensure all people received good outcomes. The issues highlighted in the 'Safe' section of this report show there are still areas of care that do not yet meet the minimum standard of 'Good'. The manager and the nominated individual assured us they would continue to make the improvements required and felt the new quality assurance systems would help them to do so.

We recommend the provider develops a system to review care records and quality assurance processes to ensure they are accurately completed and used effectively to provide care in accordance with people's assessed care needs

- Our observations throughout this inspection found people were well cared for, well presented and were cared for by knowledgeable staff.

- People and relatives praised the approach of the new manager. All were positive about the impact they had made since they had come to the home. One person said, "We have a new manager. He came to my bedroom and asked how I was. They [management team] have come and made themselves known." A relative described the new management team as, "Very nice and pleasant".
  - Staff also welcomed the new management team and they felt they had made a positive impact on the home. They were described as "approachable", "good leaders", "showed a good understanding of staff's personal issues" and "kind and always willing to listen". This had contributed to an improved atmosphere at the home.
  - Our observations throughout the inspection showed there was a positive, calm and friendly atmosphere. People, relatives, staff and management all got on well together and this led to a more open and inclusive environment to live, visit and to work in.
- At the last inspection the provider had failed to notify the Care Quality Commission about incidents that occurred at the home. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Records showed all incidents that required a notification to be sent to the CQC had been made. This helped to ensure people were safe and displayed an open and honest reporting process.

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

- The provider had made efforts to provide people, relatives and staff with suitable forums to give their views about the quality of the care and areas for improvement and development.
- A 'relatives' meeting was regularly held and run by a nominated representative of the relatives at the home. This forum was designed to provide feedback to the manager about relative's views of the home.
- Some relatives we spoke with felt this was not a suitable forum for them to be able to discuss their family member's care needs. Whilst the manager did attend this meeting, due to the meeting being chaired by another relative, they often felt unable to give their views. The manager was aware of this issue and had made changes to the meeting process to ensure people would feel more able to contribute and their views would be welcomed and listened to. The manager felt this would help to provide further opportunities for relatives to be more involved with decisions about their family member's care.
- People living at the home were given opportunities to attend a meeting with the manager to discuss any issues they may have. Records showed a 'resident' meeting had recently been held and people were given the opportunity to give their views on the food, activities and other matters that may affect them and others. Action plans were in place to act on people's feedback.
- Staff felt able to raise any issues they had with the manager and were confident they would be acted on.

Continuous learning and improving care

- Systems were now in place to assist the provider with ensuring there was a culture of continuous learning with the focus on continually improving care.
- The performance of the staff was regularly reviewed to ensure standards of care and treatment remained high. The nominated individual assured us the performance of the manager would also be assessed and any concerns acted on quickly before they affected people's quality of care. We will assess the impact of this at our next inspection.
- Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates.

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

- The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all. Professionals spoken with throughout this inspection praised the quality of care provided.