

Raveedha Care Limited

Eastcotts Care Home with Nursing

Inspection report

Eastcotts Farm Cottage
Calford Green, Kedington
Haverhill
Suffolk
CB9 7UN

Date of inspection visit:
30 October 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eastcotts Care Home with Nursing provides accommodation, nursing and personal care for up to 59 older people. There were 36 people living in the home when we visited on 30 October 2019. The home is situated in a rural area on the periphery of the village of Calford Green, Haverhill in Suffolk. We have referred to the home as Eastcotts Care Home within this report.

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

We had significant and multiple concerns at our last inspection and rated the home inadequate in all key questions and overall. However, at this inspection we found significant improvements. The home had clear leadership and there was a stability which was commented on by everyone we spoke with.

Immediately following our last inspection, the provider took action to begin making the necessary improvements. A care consultancy company was engaged to help address the significant concerns and to put in place a plan of action to make the necessary improvements. A registered manager was also recruited, and they had immediately begun to address the shortfalls. This involved making improvements to governance and oversight arrangements, implementation of systems and processes to safely assess and manage risks to people. Staffing levels were reviewed and immediately increased. Improved governance and oversight arrangements were in place.

Some improvements were needed to the safe recruitment of new staff, however immediate action was taken by the provider and registered manager to address this.

People were supported by staff who were available when they needed them and who had time to spend with them. People felt safe in the care of the staff.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns.

The environment was clean and well maintained. A number of aesthetically appealing improvements had been made.

Medicines were stored and managed safely. Policies and procedures supported the safe administration of medicines. People received their medicines when they needed them and staff who gave medicines were trained and had their competency to do so checked.

People's needs were assessed, and care and support had been planned proactively and in partnership with them. People were provided with a nutritious and varied diet and a choice of food to meet their preferences. Staff received training, support and supervision to care for people safely.

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

People were happy with how the service was managed and the significant improvements made. Staff felt very well supported by the registered manager. The registered manager and provider completed regular audits and checks, which ensured levels of quality and safety were maintained at the home. The registered manager understood and met their regulatory responsibilities.

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 (published 3 May 2019) for this service was inadequate and therefore the service was in placed in 'Special Measures' There were multiple breaches of the regulations at that time.

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 significant improvements had been made and the provider was no longer in breach of any regulations. This also means the service is no longer rated as inadequate overall or in any of the key question and is therefore no longer in 'Special Measures'.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastcotts Care Home with Nursing on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Eastcotts Care Home with Nursing

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

This inspection was carried out by an inspector, an assistant inspector, a specialist advisor who is a nurse with a background in nursing and dementia care 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

Eastcotts Care Home with Nursing 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 registered with the Care Quality Commission. This means that they and 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. Following our last inspection, we also asked the provider to send us monthly updates on action taken at the service, we received this as requested. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and 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 spoke with seven people who lived at the home and five relatives about their experience of the care provided. We spoke with 11 members of staff including five care staff, the registered manager, three nurses, the activities co-ordinator, laundry member of staff, the maintenance member of staff and the kitchen staff. We spoke with the provider who was also the nominated individual. The nominated individual is responsible for supervising the management of the service. We also spoke with a visiting healthcare professional

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received email feedback from a further two professionals who regularly visit the service.

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 and we found a breach of Regulation 12: safe care and treatment, Regulation 13: safeguarding and Regulation 18: staffing. This was because risks to people's health, safety and welfare were not managed effectively and appropriate safeguarding actions were not always taken which placed people at risk of harm. Staffing levels and the suitability of staff were not safe. At this inspection we found previous shortfalls had mostly been addressed and there were no breaches of the regulations. This key question has improved to requires improvement. This meant some aspects of the service were not always safe.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found people were not always protected from avoidable harm or abuse because some practice in the home by some staff was abusive. At this inspection improvements had been made.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and the action they needed to take if they suspected or witnessed abuse. The registered manager knew how to contact the local authority safeguarding team if necessary and had ensured that nursing staff also were confident to do the same.
- People told us they felt safe living at Eastcotts Care Home. One person said, "I need a lot of help with most things, but I always feel safe whether getting moved around or just in living here." A relative commented, "The staff are tolerant, kind and make sure [family member] is okay. I can go away on holiday knowing [family member] is safe."

Assessing risk, safety monitoring and management

- At our last inspection we were concerned that people were at risk of harm as the provider and staff did not have up-to-date detailed assessments of potential risks to people. At this inspection improvements had been made.
- Assessment of risks associated with people's care had been accurately completed. These included risks to people's skin integrity and mobility needs. Risks related to nutrition had been reviewed and a plan of care put in place to ensure people's needs were safely met.
- Staff members safely supported people whilst using a variety of mobility aids such as hoists. Staff knew the risks associated with people's care and support and how to keep people safe.
- Equipment was subject to regular checks and maintenance to ensure it was safe for use. This included hoisting equipment, as well as fire, electric and water.

Using medicines safely

- Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills.
- Medicine administration charts were in place and were well maintained.
- Where people had as required (PRN) medicines in place, there were protocols to guide staff on when the

medicine should be administered.

- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration.
- Staff were patient and respectful when they supported people to take their medicines. They offered medicines to people in a discrete manner to promote their privacy and dignity.

Staffing and recruitment

- At our last inspection many people, their relatives and staff told us that staffing levels were not sufficient to provide the support that people needed. Both the staffing levels and the deployment of staff was insufficient. There were a high number of staff who did not speak English as a first language and did not have sufficient grasp of the English language to enable them to perform the job role effectively. At this inspection improvements had been made.
- Following the last inspection, the provider had taken immediate action to address the staffing concerns. A dependency tool was introduced to effectively assess staff numbers following which the provider took steps to increase the staffing levels.
- People received support from staff in a relaxed manner, care was not rushed, and staff had time to spend with people. One person told us, "I only have to press my bell and they come straight away, I've got no worries about that." Without exception, staff told us there were enough of them to meet people's needs in a timely manner and to enable them to engage and spend time with them.
- Throughout the inspection we observed there were sufficient staff to meet people's care and support needs. Call bells were responded to quickly and staff were present within communal areas throughout the day.
- As part of the recruitment of new staff and as an assessment of existing staff, the registered manager introduced an online interactive assessment of staff values and attitudes towards care. We were told, "It is an English language based question and answer session. This means that in order to complete the questions, a good knowledge of English is essential."
- People and staff commented on the improvements to the staffing with one person saying, "There's been a lot of changes, especially in the last six months. Some staff couldn't speak English which was not helpful. The manager has 'tightened things up' and has started giving all staff a language test, including the current staff."
- Minor improvements were needed to the processes in place for the safe recruitment of staff. In a couple of recruitment files we looked at, a full employment history was not available and photographic identification was not on file. We addressed this with the provider and registered manager during our visit who took immediate steps to address this.

Preventing and controlling infection

- All areas of the home were clean, tidy and odour-free. There were clear infection control and prevention processes in place. For example, new cloths were used for each bedroom being cleaned.
- Staff followed the infection control training they had received to reduce the likelihood of the spread of infections and the possibility of people experiencing poor health. This included using equipment such as disposable gloves and aprons when assisting people with personal care and when carrying out domestic tasks within the home.

Learning lessons when things go wrong

- Staff completed accident and incident records which were reviewed by the registered manager to look for any trends and to assess the risk of a reoccurrence. Any lessons learned were shared with the staff to improve the safety of the service.

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 and we found a breach of Regulation 11: consent. People's rights were not protected at that time because staff did not always act in accordance with the Mental Capacity Act 2005 (MCA). We also found at that inspection a breach of Regulation 18: staffing. The staff who cared for people at that time did not always have the skills, experience or training they needed to deliver effective care. There were also a number of staff who had insufficient English language skills to interact and communicate with people. At this inspection we found a number of improvements had been made by the provider and registered manager and the rating had improved to good. The provider was no longer in breach of the regulations. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection people's care was not provided in line with published guidance and best practice. At this inspection we found improvements had been made.
- The registered manager and a member of the nursing staff team carried out joint assessments of people's needs before they moved to the home. They used this information to develop plans of care to ensure staff met people's individual needs and preferences.
- Staff worked with external healthcare professionals where specific needs had been identified, to deliver care in line with recognised best practice. This included making appropriate referrals and acting on the advice provided.

Staff support: induction, training, skills and experience

- During our last inspection we could not be confident staff always put their learning into practice. For example, staff did not follow good practice in supporting people to move safely and there were a number of staff who had insufficient English language skills to interact and communicate with people.
- Following that inspection, the provider took immediate action to address the concerns raised. An assessment was undertaken to ensure all staff working at the home were able to communicate effectively to enable them to work there. Where staff did not have sufficient communication skills they were no longer permitted to work with people providing their care.
- The provider and registered manager had widened the variety of training on offer to staff and ensured they received regular training to maintain and update their knowledge.
- The registered manager had introduced assessments of staff competency. Care staff had their performance assessed and this included observations of their work and reflective discussions of their practice.
- People were supported by staff who received guidance through one to one supervision and an annual appraisal of their performance.

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

- At our last inspection we found most people remained sitting in their armchairs in lounges for lunch as they were not offered the opportunity to sit at a table in one of the dining rooms. At this inspection we found improvements had been made.
- People were positive about the food provided and choice available. One person told us, "The portions are dead on perfect. I love bacon and egg in my room for breakfast. They always come around and talk about the menu in the morning." Another person commented, "I'm a fussy eater but they are responsive to get what I want."
- The lunchtime meal was a relaxed and sociable occasion. People were offered the opportunity to sit at a dining table for their meal. Tables were nicely presented, choice was offered, and a variety of drinks were provided.
- Staff were present throughout meal times to support people and where people needed additional support to eat, this was provided at a pace to suit them.
- Care plans were in place in relation to people's nutritional needs and appropriate assessments such as the MUST (malnutrition universal screening tool) were used to determine if people were at risk nutritionally. For those people who required it, regular checks were undertaken of any weight loss.

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

- At our last inspection improvements to the design and decoration were needed throughout the service to support people living with dementia. At this inspection we found improvements had been made.
- Increased signage had been put in place throughout the home along with additional features such as replica coloured front doors to support people's orientation and their ability to mobilise around the home independently.
- Previously worn and damaged hallway carpets had been replaced and some areas of the home had been recently redecorated. Overall the environment was comfortable and homely.

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

- Staff supported people to maintain good health and well-being. Where necessary, they made prompt referrals to other health professionals and followed any recommendations made.
- The home had good working relationships with other agencies and health care professionals. One visiting healthcare professional told us, "It's hard for many families to know their loved one is living in a care home but here they can know they will be well cared for as staff really do care. The new manager has made a lot of changes. Care and nursing staff are all so good. People get very good care here."

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. 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.

- At our last inspection we found the provider did not always ensure consent to care and treatment was in line with legislation and good practice. People's rights were not protected because staff did not always act in accordance with the MCA. At this inspection we found improvements had been made.
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas. They consistently asked for people's consent before providing any care or support.
- DoLS applications were made when people were subject to restrictions and the registered manager had a system to ensure oversight of these applications.
- Where people were unable to make a decision for themselves their care records included a mental capacity assessment and best interests' decision. This included the person as much as possible and considered ways in which the information was presented to support the person to understand the decision.
- Staff involved people in making day to day decisions about their care, for example when supporting people to decide whether they wished to take part in an activity or where they wanted to sit in their lounge.

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 and we found a breach of Regulation 10: dignity and respect. People were not always treated with dignity and their privacy and confidentiality were not respected. At this inspection we found the shortfalls had been addressed and this key question has improved to good. There were no breaches of the regulations at this inspection. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection we were concerned people were not always well-supported, cared for or treated with dignity and respect. At that inspection we observed occasions when some staff spoke with or treated people, in an abrupt or disrespectful way. At this inspection we found many improvements had been made.
- Each person we spoke with told us staff were kind and caring. One person said, "They're really kind and gentle, very aware." Another person commented, "Oh the staff are lovely, so kind to me."
- The atmosphere in the home was calm and inclusive. We saw warm and meaningful exchanges throughout the day between staff and people which were kind, considerate and respectful. People's body language and facial expressions showed they were fond of the staff members.
- Staff spoke positively about providing high standards of care. They supported people as individuals and respected their choices and preferences.
- Staff knew people well and since the changes introduced by the provider and registered manager, had increased opportunities to spend quality time with people to hear about their lives.

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

- At our last inspection we discovered people were not encouraged to make their own day to day decisions about their care, we also found concerns relating to consent and decision making where people lacked capacity. At this inspection we found improvements had been made.
- Staff supported and involved people in making decisions each day such as what they wanted to wear and how they wanted to spend their time. One person told us, "Staff always ask my opinion of things, they never assume."

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we found staff did not consistently respect people's right to confidentiality. At that inspection people's personal information, such as their care records, were not always stored securely. At this inspection we found improvements had been made.
- All records containing people's confidential information were being stored securely.
- Staff treated people with dignity and respect. One person commented, "The staff are very helpful and respectful. It's not easy to accept that someone else has to do so much for you but they do recognise my concern to retain my dignity." Another person said, "I can't do very much for myself these days, but I do cooperate with care tasks and feel I'm involved, it helps me to retain some element of dignity."

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 and we found a breach of Regulation 9: person centred care. People's needs were not always appropriately assessed or planned for and their care plans contained contradictory information. We also received mixed feedback at that time about the opportunities for activities and for people to follow their interests and hobbies. At this inspection we found the shortfalls had been addressed and this key question has improved to good. There were no breaches of the regulations. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we were concerned that people's needs were not always appropriately assessed or planned for and this risked impacting on their health and wellbeing. At that time some people's care plans contained contradictory information, had not been updated and lacked detail. We also found there were missed opportunities by care staff to engage with people. At this inspection we found improvements had been made.
- A lot of work had taken place since we last inspected to make the necessary improvements to people's care plans. The revised plans gave sufficient detail for staff on how to deliver care and support to people in accordance to their wishes. The new care plans were reviewed and updated regularly or when the need arose.
- Any changes in people's needs were recorded and discussed during staff handovers and during daily 'heads of department' meetings. This helped to ensure staff had up to date information about the people who used the service.

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 were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with them effectively.
- The registered manager told us how communication was adapted for one person and for another an alternative way of accessing reading material was being sourced.
- Information could be produced in different languages and formats to accommodate communication needs if required.

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

- An activities coordinator was employed full time at the home and in addition other staff such as the maintenance person also took an active role in supporting people with activities and interests.

- There was a planned programme of regular activities, but the activities team also worked with people individually to ensure they had the opportunity to do activities that were meaningful and enjoyable to them.
- We saw feedback from one relative which said, "It is lovely to see all the stimulating items you have purchased to entertain [people] prior to [registered manager employment]. [Family member] was so very bored, [person] had little stimulation... now however you have bought so many things that all of the residents are entertained."
- After our last inspection the provider had recognised further staff engagement with people was needed and so after recommendation from a healthcare professional a 'magic table' was purchased. This technology consists of interactive games that can help stimulate both physical and cognitive activity and encourage social interaction. We saw this was used throughout the home including with people who were cared for in bed. During our visit one person asked the activities co-ordinator to bring the 'magic table' to their room following which we saw much engagement, laughter and fun taking place.

Improving care quality in response to complaints or concerns

- The registered manager had a commitment to listening to people's views and making changes in the home in accordance with people's comments and suggestions. There was a log of compliments and praise for the manager and changes at the home. No formal complaints had been received.
- People and their relatives told us knew how to make a complaint and felt comfortable to do so. They described how the registered manager and staff team were receptive to feedback.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

End of life care and support

- People's preferences relating to their end of life were sensitively considered and recorded. This included funeral arrangements and preferences relating to support.
- At times relatives also sought the input of staff and their knowledge of their family member when it came to funeral arrangements. One relative told us, "I've come to meet with the team that looked after [family member] to get some ideas for [person's] funeral. Staff were always talking to [family member] and I'm sure will have some lovely memories to share."
- Staff worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and community nurses. This helped to ensure people received consistent and coordinated support. One healthcare professional told us, "The staff are amazing at end of life care here. They keep families up to date, they ensure people have the medication they need and are comfortable."

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 and we found a breach of Regulation 17: good governance. This was because governance systems and quality monitoring of the home was not robust. This was evidenced by the poor standards of care we found at that time. At this inspection this key question has improved to good and the home was no longer in breach of the regulations. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection people's health, safety and wellbeing was being compromised and there were multiple breaches of regulation in respect to safe care and treatment, staffing, need for consent, dignity, person centred care and good governance. There was ineffective governance and poor oversight at manager and provider level which put people at risk of significant harm.
- Following that inspection, the provider took immediate action to bring about the necessary improvements. Immediately following our visit, the provider took a voluntary suspension on admitting new people into the home. A care consultancy company were also employed by the provider to oversee the home and support in the commencement of an action plan to begin implementing the necessary changes. The provider also took action to recruit an experienced registered manager.
- Without exception, people, their relatives and staff acknowledged the improvements made since our last inspection. One person said, "The [registered] manager calls in every day for a few words. It's better since she arrived." A relative told us, "I've no hesitation in recommending this place, they've been outstanding for [family member]. The new manager has really taken the bull by the horns and dragged it forward."
- At this inspection there were no breaches of regulations and we were encouraged by the significant progress made by the registered manager and provider to make the necessary improvements in the time since we last inspected. We found the registered manager had been instrumental in bringing about positive changes and much needed stability in the home. There was a notable change in the atmosphere in the home. The people and staff we spoke with told us the arrival of the registered manager had resulted in a marked change in the culture at the home.
- Healthcare professionals spoke very highly of the improvements to the team practice, culture and environment as a result of changes the registered manager had implemented. One said, "I have been visiting Eastcotts [frequently] since the new [registered manager] has been appointed and have found both the provider and [registered manager] very positive and willing to work collaboratively to improve the services offered at the home." Another healthcare professional said, "I can see a big difference, even in the procedural areas. The new [registered] manager is brilliant and the staff have more support."
- During the inspection visit we fed back some inconsistencies we had found relating to medicines

management and in the recruitment of care staff. The registered manager and provider took immediate action to address these issues during our visit.

- The registered manager complied with legal requirements for duty of candour; they displayed the previous inspection rating clearly in the home. They had also notified us about various incidents such as safeguarding incidents when they had occurred and provided any information we asked for.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had introduced systems for monitoring and auditing the quality of care including audits of any falls people had, pressure ulcer care and of any weight loss or gain. These were up-to-date and showed actions had been taken when issues were identified.
- Systems had been put in place for monitoring and auditing the quality of care including 'spot checks' of staff practice in areas such as treating people with dignity, infection control and moving and repositioning techniques. These were all areas where we had concerns last time we inspected. This showed the registered manager was putting in systems to drive improvements.

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

- There was a positive culture amongst staff in the home that was, open and inclusive. Staff told us they felt very supported by the registered manager, and they were comfortable raising any concerns.
- Feedback was also obtained from people, relatives, staff and community professionals via meetings. This feedback was used to make improvements to the home.

Continuous learning and improving care; Working in partnership with others

- Following our last inspection, the provider had commenced a monthly audit visit of the home which enabled him to maintain an overview of the home and ensure the improvements were being embedded into practice.
- The consultancy company initially employed by the provider to commence the immediate improvements needed after our last inspection continued to be employed to undertake their own checks on the quality of the care provided and to make sure necessary improvements were being made.
- The service worked in partnership with people, relatives and healthcare professionals to ensure that people received support in a timely way.
- The registered manager and staff were working proactively and in partnership with other organisations, such as the local authority social services and healthcare team and had taken on board advice and training and put this into practice.
- The provider carried out daily 'flash' meetings with heads of department at the home as well as regular staff meetings to ask staff for their views and opinions about matters related to the home. Staff told us they found meetings useful, that they felt informed about the changes in the service, and felt their views were considered.
- The registered manager was looking to further develop links to other resources in the community to support people's needs and preferences. The very rural location of the home presented some challenge, but initiatives had been sought. A group of Scouts was coming to sing to people, school students undertaking an award scheme were coming in to talk to people and also work experience being undertaken at the home.
- Several well attended social events had been held at the home such as a BBQ and a dog show.