

Island Care Limited

Cherry Blossom Care Home

Inspection report

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Date of inspection visit:
05 June 2019
07 June 2019

Date of publication:
02 July 2019

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

Cherry Blossom Care Home is registered to provide accommodation for up to 35 older people with personal care needs, including people living with a cognitive impairment. There were 34 people living at the home at the time of the inspection.

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

People were supported by staff who showed kindness and respect towards them. They told us they felt safe and listened to living at Cherry Blossom Care Home.

Recruitment practices remained safe and there were sufficient numbers of staff available to meet people's needs. People were protected from avoidable harm, received their medicines as prescribed and infection control risks were managed appropriately.

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.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People were supported to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided.

Staff were kind, patient and responsive to people's needs and people were treated with dignity and respect. Staff's knowledge of people's history, preferences and risks associated with their care and support needs was good.

The management team were open and transparent. They understood their regulatory responsibilities. People and their relatives felt the management team were open, approachable and supportive. Everyone was confident the provider would take the necessary actions to address any concerns promptly. Feedback about the management team demonstrated they listened and took any feedback as an opportunity to make improvements for people.

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 requires improvement (published June 2018) 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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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.

Cherry Blossom Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by one 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

Cherry Blossom Care Home 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

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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.

During the inspection

We spoke with 12 people who used the service and two relatives about their experience of the care provided.

We spoke with nine members of staff including the provider, registered manager, training manager, head of care, care staff, cook and cleaner. 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 five people's care records and multiple medication records. We looked at three 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 reviewed.

After the inspection

We received feedback from four health and social care professionals.

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection we identified that the provider had failed to fully prevent and control the risk of infection. This contributed to a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The home was clean, hygienic and well maintained. Staff were trained in infection control and understood the importance of maintaining a good standard of cleanliness.
- Since the last inspection the laundry room had been adapted and extended to allow a dirty to clean flow which helped to prevent cross contamination. The laundry room was clean and well organised.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons was available throughout all areas of the home. Staff were seen using these when appropriate. One person said, "They [staff] always wear gloves and aprons when they help me."
- Policies and procedures were in place to protect people from the risk of infection. Infection control audits were completed regularly by a member of the management team and we saw that action had been taken where required.

Using medicines safely

At our last inspection we identified that the provider had failed to safely manage prescribed topical creams. This contributed to a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were supported to take their medicines safely. People commented, "They are always regular with my pills" and "I always have my pills at the right time."
- Safe systems were in place for people who had been prescribed topical creams. These systems helped to ensure that creams were applied as prescribed and were only used within the safe to use by dates.
- Clear information was available to staff about how people preferred to receive their medicines.
- Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to

understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.

- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidance.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Full stock checks of medicines were completed monthly to help ensure they were always available to people.
- Medicines subject to additional controls by law were stored in accordance with legal requirements.

Assessing risk, safety monitoring and management

At our last inspection we identified that the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This contributed to a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed and staff had clear guidance to follow. All risk assessments identified possible risks to people, along with action staff needed to take to reduce the risks. For example, one person had a diabetes risk assessment in place. This included, a description of hazard; potential risk and steps for staff to take to limit risks. It also included information for staff about signs to look out for that may indicate the person's diabetes may be compromising their wellbeing and the normal blood glucose range for the person.
- Risk assessments were in place for people at risk of developing pressure injuries. Clear information for staff about how to support the person; with regular changes in body positioning was recorded. Additionally, where pressure relief equipment, such as specialist mattresses were in place, there was a robust system to help ensure the equipment remained at the correct setting.
- Other risk assessments in place included areas such as, medicines management, behaviours, mobility, use of equipment, nutrition and use of bed rails.
- Staff had a good knowledge of potential risks to people and how to mitigate these risks.
- Equipment such as hoists, bath seats and pressure relieving mattresses were serviced and checked regularly.
- Fire safety risks had been assessed. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.
- Health and safety audits identified when action was required, and the provider ensured that work was completed in a timely way.

Systems and processes to safeguard people from the risk of abuse

- All the people and relatives we spoke with told us they felt that the service was safe. Comments included, "Safe? Yes, very safe", "I feel very safe here", "Definitely safe" and "I feel extremely safe here." Written feedback for a relative stated, 'We know [the person] was happy at Cherry Blossom and knowing [the person] was safe and well cared for gave us piece of mind.'
- People were protected from the risk of abuse. All staff had received training in safeguarding, understood their responsibilities and told us they would report safeguarding concerns in line with the provider's safeguarding and whistleblowing procedures.
- There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe and to meet their personal care needs. There were good levels of staff on duty throughout the visit and we observed that call bells were responded to in a timely way. All the people and relatives we spoke with told us they felt there were sufficient staff. Comments included, "They [staff] are usually pretty quick when I need a hand. I just ring the bell and they come", "There always seems to be enough staff" and "As far as I know there are always enough staff."
- Staffing levels were determined by the number of people using the service and the level of care they required.
- The registered manager told us that they often worked alongside staff, observed care, spoke with staff and people and completed staffing level audits, which including reviewing call bell response times, to ensure that staffing levels remained appropriate. They also told us that staffing levels would be increased if required and were able to provide us with evidence where this was recently done.
- People were supported by consistent staff. Short term staff absences were covered by a member of the management team, existing staff members or staff members from a neighbouring home also run by the provider. This helped to ensure that people were provided with continuity of care.
- There were thorough recruitment processes in place.
- Recruitment checks were completed before staff were appointed. This helped ensure suitable staff were appointed to support people.

Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses. These were recorded, acted upon and analysed.
- Monthly audits for all incidents and accidents that had occurred were completed. This helped to ensure that any trends or themes identified could be acted upon to help mitigate risk and prevent reoccurrence.

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 Requires Improvement. At this inspection this key question has now improved to Good.

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

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

At our last inspection we identified that the provider had failed to ensure the service was working within the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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.

- Staff were knowledgeable about how to protect people's human rights in line with the MCA and received regular training on this topic.
- During the inspection, we observed staff seeking people's consent before assisting them with all aspects of their care.
- Where people were able to, consent forms had been signed and recorded in their care plans regarding the care and support they received.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. MCA assessments and best interest decisions were completed and recorded appropriately, where required. The policies and systems in the service supported this practice.
- People's right to decline care was respected.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

- Applications for DoLS had been submitted to the appropriate authorities by the management team, as

required.

- The registered manager and staff understood their role and responsibilities in relation to the MCA and DoLS.
- The registered manager had a system in place to ensure that all DoLS authorisations did not exceed their expiry date.

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

- People and their relatives felt that the care was effective.
- Comprehensive assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- Where appropriate, there was guidance for staff in people's files which reflected good practice guidance. An example of this was advice from speech and language therapists when people were at risk of choking.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's pain levels and risks of developing pressure injuries.

Staff support: induction, training, skills and experience

- People received effective care from staff that were skilled, competent and suitably trained. One relative said, "Staff seem well trained and it's generally the same staff here." A person told us, "They [staff] know what to do."
- New staff completed a comprehensive and structured induction programme which was relevant to their role. This included completing key training courses and shadowing more experienced care staff.
- Staff had completed a range of training to meet people's needs effectively. Training was delivered in a variety of ways such as practical classroom sessions and the completion of workbooks. The training was refreshed and updated regularly, and staff also completed regular competency checks. A staff member said, "We get lots of training and the [training manager] has a really good approach so training never feels stressful." Another staff member told us, "The training is really good, I think it's really well organised."
- Staff received regular sessions of supervision. Supervision sessions included, group supervisions during team meetings, observations and one to one meetings with a member of the management team. These supervision sessions gave staff an opportunity to discuss their progress and any concerns they had and were recorded in detail.
- Staff told us they felt supported in their roles by the registered manager. A staff member said, "[The registered manager] is really supportive and approachable."

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

- People were complementary about the food and told us they had enough to eat and drink. Comments from people and relatives included, "She has a choice of meal every day and staff know what she likes and dislikes. The food always looks very good and they encourage her to eat well", "Very nice food. Good choice and they always ask us what we want, and they lay the table nicely for every meal" and "We get a choice and the food is good."
- People were provided with a choice of two main meal options, however they could request alternatives if required.
- Where required, people were provided with specialist cutlery and plates to help them to eat their meal independently.
- Staff were observed to have a good understanding of people's dietary requirements and meals were

provided according to people's preferences.

- Where people required specific adaptations to the way their food or drink was prepared and served, this was clearly identified in their care plans and followed by staff.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved, where required, to support people and staff.
- Throughout the inspection we observed people being encouraged to drink plenty of fluids and drinks were frequently offered and always available.

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

- People and their relatives confirmed that all their health needs were met and that if they felt unwell staff would be immediately available to assist. Several people told us that if they ever felt unwell then a GP would be called without delay.
- People were supported by staff to attend medical appointments and this was confirmed by people and their relatives. A person said, "They [staff] take me to the hospital and stay with me." A relative told us "If there is a hospital appointment they let me know and I meet them there and they have everything organised."
- People were supported to access healthcare when needed and to participate in regular health checks. For example, people were supported to access dentists, chiropodists, doctors and hospital appointments.
- When people's needs changed, staff sought the support of healthcare professionals in a timely way to ensure the person got the right support. Changes to people's health needs and any visits from healthcare professionals were well documented in their care plans, with records of any follow up action taken. This ensured a consistent and joined-up approach to achieving people's needs.
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. People's care files contained an up to date 'hospital passport form' which was sent with them should they require a hospital stay. These forms contained all relevant information about the person which included, information about their needs, the level of support they required, medical information and current concerns. Additionally, receiving services would be provided with a verbal handover, either face to face or over the telephone.

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

- The environment and been adapted to promote people's safety, independence and social inclusion.
- People could move around the home freely and had access to an outdoor patio area which was safe and well maintained.
- All bedrooms were single occupancy, and some had en-suite facilities.
- Decoration throughout the home supported people living with dementia or poor vision, which included picture signs on toilet, bathroom and bedroom doors and hand rails of contrasting colours to the walls.
- Floors could be accessed by a passenger lift and stairwells and the flooring was suitable for people with mobility needs.
- People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions.
- Staff made appropriate use of technology to support people. For example, pressure mats were used to alert staff of the need to support people when they moved to unsafe positions. Special pressure relieving mattresses had been installed to support people at risk of pressure injuries and an electronic call bell system allowed people to call for assistance when needed.
- Wi-Fi had also been installed to allow people, visitors and family members to connect to the internet.

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 Good. At this inspection this key question remained the same. 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; equality and diversity

- People told us they liked living at Cherry Blossom and spoke positively about staff and the care provided. Comments from people and relatives included, "They are very kind, and they help me so much", "They are ok, all kind. I get on well with all the staff" and "They are absolutely wonderful with her. So patient and kind."
- The atmosphere in the home was calm and friendly and staff were observed talking to people in kind and genuinely affectionate ways. Throughout the inspection we heard staff checking with people frequently that they were alright and to see if they required anything.
- Staff spoke fondly of the people they cared for and positively about their job. Staff comments included, "We [staff] care, we really do. We are a good team and always put people first", "Everyone is like family", "I really enjoy coming to work" and "All the residents and staff are lovely."
- Some people required a mechanical aid to be used to support them to move between an armchair and wheelchair. During this transfer, staff were seen to be calm and relaxed, they explained to the person what they were doing and provided them with continual reassurance.
- Interactions between staff and people were natural and showed positive relationships had been developed. For example, staff took the time to sit and have conversations with people about subjects they had a particular interest in.
- People's cultural and diversity needs had been assessed and were detailed within their care plans. These included people's needs in relation to their culture, religion, sexuality and gender preferences for staff support.

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

- People were given the opportunity to express their views, both on a one to one basis with staff or the registered manager and during resident's meetings. Resident meeting minutes confirmed that discussions were held with people about the day to day running of the home and demonstrated that people were involved in making decisions about their care.
- People were involved in planning their care and the day to day support they received. Care plans contained detailed personal information, evidencing people and their relatives had been involved in the creation of their care plans. Records also showed people were involved in reviews of their care. A person said, "They always talk to my family and involve us in care planning."
- Relatives were kept up to date with any changes to their loved one's health needs.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised

way. A person said, "It's always the same faces (staff) and they are always good, and they listen to me." Another person told us, "They listen to me and I always feel respected; definitely treated with respect." A relative told us, "[The person's] choice is respected."

- Staff respected people's right to privacy in the delivery of personal care, such as washing and dressing. Staff were seen knocking on bedroom and bathroom doors before entering. One person's care plan stated, 'I have my top half washed first and like to be covered with a towel so that I don't get cold and to protect my dignity.'
- The provider ensured people's confidentiality was respected. People's care records were kept secure, staff had their own password logins to access electronic records.
- Staff understood people's abilities well and were able to describe how they supported people to remain independent and make choices about their care. For example, one staff member told us, "I might cut someone's food for them so that they can eat themselves or provide them with a beaker or straw as this might help them to continue to do things with just a little bit of help."
- People's care plans provided detailed information for staff about what people could do for themselves and where additional support may be required. For example, one care plan stated, 'I require a carer to prompt me to get dressed. I am able to dress myself, but I may get muddled so the carer is to hand me my clothes in order.' This information gave staff clear information about the person's abilities which would support them to remain independent.
- Where required, people had been given special plates and cutlery to make it easier for them to eat independently or provided with appropriate mobility aids to support them to walk independently.

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 Requires Improvement. At this inspection this key question has now improved to Good.

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

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

At our last inspection we identified that the provider had failed to ensure people had access to activities and stimulation that met their person-centred needs. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People had access to a range of activities. These included crafts, games, quizzes and music. An activities co-ordinator was employed, and plans were in place to recruit an additional activities co-ordinator so that activities to be provided at weekends and evenings. Other activities were provided by an external company who visited the home to provide music and reminiscence.
- On viewing the minutes from the recent 'resident and relatives meeting', we saw that discussions had taken place which involved people in making decisions about future activities.
- People received support from staff which was individual to them and met their needs. Staff knew the people they supported well and had a good understanding of their needs which enabled them to provide person centred care.
- Care plans were in place for all people which highlighted their specific needs. Care plans contained detailed and person-centred information about people. Information included, their life history, likes and dislikes, specific health and emotional needs, personal abilities and levels of support required.
- People were empowered to make their own decisions and choices and people confirmed they could make choices in relation to their day to day lives. For example, what time they liked to get up or go to bed, what they ate and where they spent their time in the home. This was observed throughout the inspection.
- Staff were responsive to people's changing physical and emotional needs. For example, during the inspection one person showed signs of anxiety and staff spent time with them providing them with reassurance. Additionally, the GP was contacted to discuss this person's change in behaviour and a behaviour chart was put in place to allow close monitoring and help identify any themes and trends.
- Staff received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed the handover on day two of the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.

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, recorded and highlighted in their care plans. This helped ensure that staff were aware of the best way to talk with people and present information.
- The registered manager was aware of the Accessible Information Standard (AIS). Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required. The registered manager advised that they had also supported a person to contact their bank to request bank information to be provided in a larger font due to their sight impairment.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy in place which was understood by staff.
- Three verbal complaints had been received since the previous inspection. The registered manager was able to demonstrate that these were taken seriously, investigated robustly and action had been taken in a timely way. For one of these complaints we saw correspondence the service had received from the person who raised the concern, thanking the registered manager for the action they had taken.
- Information on how to make a complaint was displayed throughout the home.
- People and relatives told us they knew how to make a complaint and were confident that any concerns raised would be dealt with effectively. A person told us, "I have no reason to complain but I think I could talk to any of the staff."

End of life care and support

- One person living at Cherry Blossom was receiving end of life care at the time of our inspection. The home was working closely with healthcare professionals to ensure this person received effective care.
- The registered manager told us they aimed to provide people with high quality end of life care, to help ensure they experienced a comfortable, dignified and pain free death. Furthermore, they told us they would work closely with relevant healthcare professionals, provide support to people's families and the other people living at the home.
- People's end of life wishes had been captured within their person-centred care plans. This information included if they wished to be buried or cremated and where they wished their body to be cared for following their death.
- Staff had received training in end of life care.

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we identified the provider's audits had not always identified the areas where improvements were needed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were robust quality assurance procedures in place to support continual improvement. These procedures included the completion of audits for care plans, cleaning records, medicine administration, environmental audits, training, infection control and staffing levels. Audits were completed to a high standard and where issues and concerns were highlighted action was taken in a timely way.
- There was a clear management structure in place, consisting of the provider, the registered manager, a head of care and a training manager; each of whom had clear roles and responsibilities.
- Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves to help ensure people's needs were met.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were also regularly shared with staff.
- The previous performance rating was prominently displayed in the main entrance of the home and on the providers website.
- The registered manager was well supported by the provider who visited the service regularly. The provider was fully involved in the running of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives spoke positively about the management of the service and told us they would recommend the home to others. One person said, "You would not find a better home or manager. The

manager works really hard and always makes time for me. You wouldn't find anyone who could run the home any better." A relative said, "This is a lovely, friendly, spotlessly clean home with lovely rooms I can't knock it!"

- There was an open and transparent culture within the home. People, relatives and staff were confident about raising any issues or concerns with the registered manager and said their door was always open. A relative said, "The manager here has an open-door approach, which is perfect."
- The registered manager told us they were committed to their values of promoting a person-centred care and putting people first. We saw that staff had a clear understanding of this by delivering high-quality care which met people's needs and reflected their preferences.
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment. The registered manager provided evidence that this had been followed as required.

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

- Staff felt listened to and spoke positively about the management. Staff comments included, "I think the home is well managed. The manager is approachable and will listen to suggestions", "I think things have really improved in the last 12 months; the manager has taken on-board everything that needed to be done and done it. I wouldn't want to work anywhere else" and "It's really well managed, I would recommend the home as a good place to work."
- Staff confirmed regular meetings took place and that they were actively encouraged to provide feedback and make suggestions which would improve things for people.
- The provider and registered manager consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and resident and relative meetings.
- Feedback surveys were given out annually to people, relatives and health and social care professionals. Following feedback action plans were developed and carried out.

Continuous learning and improving care

- There was an emphasis on continuous improvement.
- The registered manager monitored complaints, accidents, incidents and near misses and other occurrences on a monthly basis or more frequently if required. If a pattern emerged, action would be taken to prevent reoccurrence.
- Staff performance was closely monitored by the management team.
- All learning was shared with staff during staff meetings, handovers and supervision.
- There was a quality improvement plan in place which was updated and reviewed regularly. This was used to enhance service provision.

Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals.
- Further links had been developed with the community, including schools and charities.
- A health and social care professional told us, "I have always found the manager receptive to suggestions."