

Care UK Community Partnerships Ltd

Scarlet House

Inspection report

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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? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service:

Scarlet House is a nursing care home for up to 86 older people and people living with dementia. At the time of our inspection 65 people were living at Scarlet House or were staying at the home for short term respite.

The service had a manager registered with the Care Quality Commission. On the 1 February 2019, the manager became registered with the CQC. 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

We previously inspected the service on 13 and 15 November 2017 and awarded a rating of Requires Improvement. (The last report was published 19 January 2018). The provider had taken the required improvement actions and our rating of the service improved at this inspection. The legal requirement regarding people's person-centred care had been met. However, the provider needed time to make some further improvements to ensure people always received person centred care, especially those living with dementia, to avoid breaching this legal requirement again in future and to improve the service.

Why we inspected:

We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Requires Improvement rating. We also follow up on progress against agreed action plans to address the breaches in regulation we found at our previous inspection in November 2017. Previous CQC ratings and the time since the last inspection were also taken into consideration.

People's experience of using this service:

- People were safe living at Scarlet House.
- People did not always receive fully person-centred care. People told us sometimes staff didn't always do the little things which would make them more comfortable. The manager and provider were aware of this and were taking action to improve staff skills, particularly in relation to training in supporting people living with dementia.
- People's care records were not always current or reflective of their needs. People's care plans were starting to become person centred, following improvement plans of the provider.
- People had access to a range of activities and events which they enjoyed, including music and movement and engagement from local community organisations.
- The manager and provider had clear plans to increase the stimulation and support people living with dementia received. This included refurbishment of the home's nursing dementia unit to promote people's independence and wellbeing.
- People's dignity and rights were protected. People were supported by caring and compassionate staff.

- People and their relatives felt the service had improved since we had last inspected in November 2017. They felt the manager was approachable and were hoping for continued stability in the day to day management of the home.
- Care and nursing staff spoke positively about the service and felt they were supported and had access to appropriate training. Staff discussed the training and support they were receiving with the aim of the service making sustained improvements.
- People's individual dietary needs and preferences were met.
- The provider and manager had a clear improvement plan for Scarlet House and had taken actions to ensure people's needs were being met and their wellbeing maintained. This included a screening of new clients to ensure staff had the skills they required to meet their needs.
- The provider had provided additional support for the service whilst the management team became settled.
- The manager had a clear vision for the service and spoke positively about the changes they had made.
- People's needs were met by sufficient numbers of staff who were available to ensure people's safety and well-being.
- Staff understood their responsibility to report concerns and poor practices.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 safe.

Details are in our Safe findings below.

Good ●

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 not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Scarlet House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 team consisted of two inspectors.

Service and service type:

Scarlet House provides accommodation for people who need personal or nursing care. Scarlet House can accommodate up to 86 people over four units. The service also provides dementia care. 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 took place on the 29 and 31 January 2019 and was unannounced. Meaning no notice was given regarding the date or time of the first day of our inspection

What we did:

Before the inspection:

We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections.

During the inspection:

We spoke with seven people and three people's relatives, seven members of care staff and two nurses. We also spoke with the deputy manager, registered manager and three representatives of the provider,

including a regional clinical lead, regional manager and regional director. We received feedback from a local authority commissioners and healthcare professionals who visited the service.

We reviewed eight people's care records, policies and procedures, records relating to the management of the service including audits and quality assurance reports, records of accidents, incidents and complaints, staff training and supervision records and the recruitment records of care workers.

Following the inspection:

We discussed our inspection with representatives of the care home support team regarding people's care records and the work they were carrying out with the home.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; assessing risk, safety monitoring and management

- Risks to people had been assessed and action taken to reduce these. People at risk of pressure ulcers were supported to change position to alleviate pressure on their skin and their diet was reviewed to ensure they received sufficient nutrition to keep their skin healthy.
- People's specific health related risks had been assessed and clear guidance was in place for staff. Where people had been assessed at risk of choking, healthcare professionals had provided guidance which was followed by care and nursing staff.
- Where people exhibited behaviours which challenged, staff understood the triggers to people's anxieties. Clear management plans were in place, which enabled staff to keep people calm and reassure them. Where needed, people had been prescribed medicines to be used 'when required' if their anxieties escalated. There were clear protocols in place in relation to when and how these medicines should be administered.
- The provider's safeguarding policies and procedures were in line with the local authority's multi-agency safeguarding protocols. Staff knew how to identify and report abuse and discrimination within their organisation and with relevant agencies and professionals to safeguard people.
- People could be assured the home was safe and equipment used to assist people with their mobility were fit for purpose. Maintenance and servicing arrangements ensured the building and equipment remained safe. There was some essential maintenance work being carried out at the time of the inspection. This work had been risk assessed and people were protected from the risk of harm.

Staffing levels

- There were enough staff deployed to ensure people's needs were met. The manager had reduced the use of agency staff prior to the inspection, and people experienced better continuity of care. Some agency staff were still being used to ensure there were enough staff deployed to meet people's needs whilst recruitment continued.
- Where agency staff were used, they received information they required to enable them to meet people's needs. The service arranged for the same members of agency staff to attend the home to aid continuity of care.
- The provider and manager had agreed for the home's occupancy to be reduced for a period of time to enable improvements to be embedded and sustained. The manager was screening new placements to ensure staff had the skills to meet people's daily needs.
- Staff recruitment records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a six-month probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.

Using medicines safely

- People's medicines were safely and effectively managed to ensure they were available when people required them.
- Actions had been taken to reduce medicine administration and recording errors. Nursing staff followed management procedures to ensure people received their medicines as prescribed and to follow up on any medicine errors.
- People were supported to take their medicines in a calm and patient manner. People were given time to take their medicines. Nurses ensured people received their medicines when required or if possible at a time suitable to their preferences.
- Specific protocols were in place for medicines which were prescribed to be administered 'when required'. This provided staff with information to know when and how to provide people's pain relief and medicines for distress and anxiety.

Preventing and controlling infection

- People lived in a pleasant and clean environment. Cleaning schedules were in place and the manager informed us a new head housekeeper had been recruited. People spoke positively about the cleanliness of the home.
- Care and nursing staff wore personal protective equipment when assisting people with their personal care. This was single use equipment, such as protective gloves aimed to stop the spread of infection.
- Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included following the national colour coding scheme for care home cleaning materials.

Learning lessons when things go wrong

- The registered manager was ensuring staff reflected on their practice and promoting an open and transparent culture. The manager and provider had identified that lessons learnt from incidents had not always been clearly documented or communicated. Action was being taken to ensure records would be available for staff to refer to.
- Staff told us the manager, deputy manager and representatives of the provider were all approachable if they had any concerns.
- Representatives of the provider ensured lessons learnt from incidents at other services they operated were shared to ensure people were protected from similar incidents.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: 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

- People's needs were assessed before they came to live or have a short stay at Scarlet House. People's needs, abilities and preferences were explored and were documented in people's care assessments.
- Two healthcare professionals spoke positively of the service. One told us, "No problems, staff follow things up and let us know how things are going." Two other healthcare professionals told us that people's paper care records were not always promptly updated with the guidance they had provided staff. Healthcare professionals only had access to paper care records. People's care plans were stored and updated electronically and periodically printed off by staff which meant paper records were not always the most current care record. We discussed this with the manager and a representative of the provider who were going to ensure healthcare professionals had access to current electronic care records to inform their decisions.
- When assessing people's needs current legislation was considered and followed. An example of this was seen with reference to the Mental Capacity Act 2005.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People received support from a range of healthcare professionals to remain healthy. This included involvement of speech and language therapists, community nurses and community mental health teams. People had access to dental and optical services, including chiropody.
- Community resources such as community nurses, mental health teams were involved in the service, such as reviewing people's prescribed anti-psychotic medicines. The home sought the support of continuing healthcare nurses.

Staff skills, knowledge and experience

- Staff had completed the provider's programme of training. This included induction training and ongoing mandatory training in subjects the provider considered necessary for staff to carry out their roles safely.
- The provider and management team had identified areas for staff development, including dementia training. A programme of dementia training had been rolled out for all staff to attend with the purpose of increasing staff knowledge and skills when assisting people with dementia. The provider and manager had a system to monitor staff training to ensure all staff completed training they required.
- Where staff administered medicines, their competency was assessed to ensure they were competent to administer people's medicines safely and effectively.
- Staff felt they had the training, skills and support they required to meet people's needs. Comments included, "I've still got some training to do. I've had all training offered to me, which is helpful"; "On the whole staff training is good, however there is a need for greater knowledge around dementia" and "We have

the skills we need and the opportunity to undertake qualifications."

- People spoke confidently about the skills and approach of staff. Comments included: "I'm okay here. I would say the staff know how to look after me"; "The staff are skilled up" and "The staff are a lot better now."
- Staff felt supported and the manager and provider had implemented formal support, including one to one meetings with their line managers to discuss their views and needs. Staff spoke positively about these processes. One member of staff said, "I feel supported. We get to discuss our needs."

Supporting people to eat and drink enough with choice in a balanced diet

- People enjoyed a range of meals, which were nutritional and varied to meet their individual dietary and health needs, including cultural and religious needs. Where people required texture modified food, such as soft or pureed diets, they received these and staff were aware of how to assist people to protect them from the risk of aspiration.
- People spoke positively about the amount and quality of food they received. Comments included: "The food is always very nice"; "I have all the food and drink I like" and "The food is truly very good here." People were supported to make a choice with their meals and had access to a range of condiments.
- Where people required support with their meals, staff supported them in a patient and caring manner. Nursing and care staff understood the importance of supporting people to enjoy a nutritional and balanced diet.
- People had access to a range of food and drinks in-between meals. If someone did not want a main meal, or they were asleep, snack plates were made available. People could enjoy visiting the home's bistro area (with support from staff or independently). People enjoyed this space and enjoyed spending there with their visitors.

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

- The provider and manager had a detailed plan of refurbishment for Scarlet House. Plans focussed of refurbishing Ocean Unit, which provided accommodation for people with advanced dementia. A lifestyle co-ordinator had developed a clear plan for the unit which included incorporating a shop and a train cabin. The aim was to provide a more stimulating environment for people living with dementia.
- People had the freedom to move around their home, or units (depending on their individual capacity). Where appropriate, people living on the ground floor could orientate themselves around the home and access facilities including a garden room, bistro and cinema room.
- There was appropriate signage for people to follow, and the provider and manager had plans to provide tailored signage to support people with dementia to orientate themselves to their rooms and to facilities.
- Each person's room contained en-suite facilities, meaning their care and support could be provided in their comfort of their own room.

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

- The 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The principles of the MCA were understood and the MCA Code of Practice followed. Deprivation of Liberty Safeguards had been appropriately applied for people whose liberties were being restricted.
- 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 following the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent from people before providing care and treatment. Where appropriate, nursing staff ensured people were happy and willing to have their prescribed medicines administered.
- Decisions made on behalf of people who lacked mental capacity were made in line with the MCA; in people's best interests. The GP, staff and healthcare professionals and family of one person had been involved in making decisions for one person regarding their care and support.
- Care and treatment was provided to people in the least restrictive way. People had assistive technology to assist staff to maintain their safety, reducing the need for constant supervision from care staff. This included the use of sensor mats to alert staff when people were mobilising.
- People's legal representatives were identified so that information about people's care and treatment was discussed with the appropriate representative.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness and compassion by care and nursing staff. People told us they felt cared for. Comments included: "I would say they're caring, they look after me very well"; "I am very happy here, the staff are lovely" and "They (staff) are nice kind people."
- We observed staff supporting people to be engaged in activities which were tailored to their needs. Staff took opportunities to engage with people and ensure they were comfortable. One member of staff was delivering people's meals, however made time to speak with and encourage one person to enjoy their lunch. The person benefitted from these conversations and was happy throughout.
- People's needs were known by staff who were positive about caring for them. One member of staff told us how one person did not like to eat alone. The person was asleep during lunch and was provided with a snack plate. The member of staff asked them to sit with them in a nursing station. The person was comfortable and happy eating their lunch in the company of the staff member.
- People were supported through a range of communication methods to maintain their relationships, including the use of computer based video calls.

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

- Where possible people were involved in reviewing their care, their views were sought and recorded in their care plans.
- People's relatives were involved in their loved one's care and were supported by staff to inform people's care assessments. One person's relatives had been given a copy of their care plan, which they had reviewed and added further details to enable care and nursing staff to assist their relative. One relative told us, "We are informed of anything, where previously we had to do a lot of chasing."
- Staff told us that they referred to the care plans so that they knew how people wanted to be supported. They said that they talked with people to see what they would like to do and gained consent before giving support.
- How people wanted and required information to be given to them had been assessed so that staff could support people with this in the most appropriate way.
- Independent advocacy had been sought where needed to help people express their views and to help them make independent decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected during delivery of their personal care. Staff knocked on people's room doors before entering and introduced themselves. Where staff were providing personal care, they ensured that there were no unnecessary interruptions.
- People's right to a private family life was respected and upheld. Relatives could visit when they wished or

when it suited people. People's relatives could sit with people in the bistro or areas of the home. One person enjoyed a daily beer with a family member which greatly promoted their well-being. We observed people sitting with their visitors in the home's lounges and in the bistro. We saw one person enjoying a cup of tea with their relatives in one of the home's communal lounges.

- People were supported to maintain their independence and their right and ability to choose how they wished to present themselves, what they wanted to eat or drink. People's preferred names and titles were known by staff. People were supported to maintain their independence even if this was challenging. Some people required encouragement and prompting with their meals. Staff assisted these people, by prompting people, and supporting them to hold their cutlery.
- Staff told us that they promoted independence by encouraging them do as much as they could for themselves and only stepping in when they need assistance. They said that this gave people confidence.
- People could personalise their rooms, including furniture and mementos which were important to them. One person had pictures of their family which they enjoyed looking at.
- Staff respected people's views and belongings. One person liked to have a therapy doll and enjoyed watching children's television. Staff respected the doll as if it was a real baby. The doll gave the person great comfort and a sense of being.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Requires Improvement - People's needs were not always met.

We followed up the concerns found during our previous inspection when we inspected this key question. At the last inspection on 13 and 15 November 2017, we asked the provider to take action to make improvements to ensure people would receive personalised care and their consent to care would always be documented. At this inspection we found improvements had been made and the service met legal requirements. Care and nursing staff responded to people's needs to ensure they received effective care and treatment. However, some further improvements were required to ensure people always received care and support that reflected their individual preferences and wishes.

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

- Comments varied from people and their relatives about how people's personal support needs were met. These included: "Staff assist me how I like to be assisted"; "We are much happier, the care is getting better all the time"; "I think the care is safe, however it's not always tailored" and "Care hasn't always been personalised, the little things are often missed."
- The manager and provider were taking action to ensure everyone received personalised care, however at the time of our inspection, people did not always consistently receive their care how they wanted it. One member of staff told us that staff members' approach to people living with dementia was not always personalised and had not always focused on reassuring them and promoting their independence and emotional wellbeing. For example, when people exhibited behaviours which challenged, staff did not always follow a consistent approach. One member of staff told us, "Sometimes we struggle, we've got better support now, however I feel we don't always know people's needs." A nurse who was becoming a unit lead in the home had identified three people who they were focusing on as a priority to promote person centred support, including identifying what was important to people's sense of wellbeing.
- One person felt that staff were good, however due to changes in staff and some inconsistency in management, they did not always receive fully personalised care. They said, "It's sometimes the small things, like closing curtains in the evening that they don't get." People's care plans were stored electronically. Care and nursing staff were responsible for updating records to ensure they were up to date and reflective of people's current needs. We identified, that staff had not always maintained a current record of people's needs, including the outcome of healthcare appointments, such as dentists. This meant current information on how to support people with their care may be missed.
- The provider's service improvement plan had identified these recording shortfalls and that people's lifestyle care plans required further information on people's histories and interests to plan how people's specific needs were to be met. Some people's assessments had not been updated and did not always provide clear personalised information on how people's needs were being met. Action was being taken and monitored by the provider to ensure people's records were up to date.
- Staff were in the process of engaging with people and their families to ensure people's care plans contained detailed personalised information.

- However, other people did receive care which was tailored to their individual needs and preferences. One person's support in relation to their wellbeing had clearly been documented and staff demonstrated how they assisted this person. The manager and staff were aware that all people required a high level of person-centred care.
- People's changing needs were responded to quickly. Care and nursing staff had the skills and training they required to identify changes.
- People felt the staff responded to their changing needs. People's relatives told us they were informed and involved in any changes. One person said, "If I need something, or if I call, the staff help me quickly." One person's relative told us, "We feel like we're listened to and involved."
- People's social needs were met. People benefitted from a range of activities and events which were being tailored to their individual needs. Where people required support to attend and engage in activities this was provided by lifestyle co-ordinators and care staff.
- People enjoyed their social life. One person said, "There is always plenty to do, I never feel bored." Another person told us, "I enjoy my life here."
- The lead lifestyle co-ordinator for Scarlet House had a clear plan to provide person centred engagement for people. They had a relative that had lived at the service and they wanted to promote the people's individual wellbeing.
- The lifestyle team had fostered relationships with community organisations, including local play groups, schools and the local MP to promote people's engagement with the local community.
- People received a newsletter which provided them with clear information of what was happening in the home and to enable them to enjoy the activities on offer.

Improving care quality in response to complaints or concerns

- There were clear arrangements in place for people and their representatives to raise a concern or a complaint. Any complaints were acknowledged, responded to and resolved. The manager informed us they wished to understand and resolve any concerns. Two relatives raised concerns in relation to communication, however felt the provider was taking effective action to address these concerns.
- During the inspection one person's representative was supported to raise a concern regarding the service. The service planned to meet with the representative to discuss their views and find a positive resolution. People and their relatives felt the manager was approachable and responsive to their concerns.
- People's complaints were dealt with in accordance with the provider's policies and procedures.

End of life care and support

- People were supported at the end of their life by care and nursing staff. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available.
- People's end of life wishes had been explored with people and their representatives. These included end of life care and specific religious or cultural preferences.
- One member of staff spoke positively about their relatives end of life care at Scarlet House. They told us, "End of life care is good, we couldn't fault it." They explained the care they relative received encouraged them to work at Scarlet House.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- □ The home had a new management team which included a manager who was registered with CQC shortly after our inspection on the 1 February 2019. This team included a deputy manager, clinical lead, a head housekeeper, lead lifestyle co-ordinator and unit leaders for each of the home's four units. All members of the management team had been recruited within the last six months.
- □ The management team were supported by operational support from the provider, which included a regional clinical lead, operational support manager, regional director as well as training support. The provider had allocated this support to aid the implementation of the new management team and implement sustainable improvements.
- □ The new manager had worked in other local care homes and had established working links with the care home support team and other agencies which provide support to care homes.
- □ The registered manager, management team and representatives of the provider all had a clear vision for Scarlet House, which focused on high quality personalised care and support. The management team were open and honest with the improvements which were required to ensure people received the high level of care they deserved.
- □ The registered manager was aware of the concerns people, their relatives and staff had about the service, including issues around consistency of the management team and communication. The registered manager was transparent in accepting that they now 'owned' these concerns and was working with people and their representatives to drive improvements and ensure views were listened to.
- □ Staff felt the management team were approachable and spoke positively about the culture the manager was implementing into the home. Staff felt the management team promoted an open and transparent culture which enabled concerns to be raised and actions taken to improve the care people received.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- □ The provider had implemented a clear service improvement plan and was providing support to allow the manager to implement and sustain improvements. This support included supporting the home to run at a reduced capacity and to support the manager in selectively accommodating new people.
- □ The provider had a robust action plan which had already identified issues in relation to people's person-centred care, staff skills and documentation of people's care and support prior to our inspection. Improvements were being made and the provider monitored progress made against their action plans to ensure this work will be completed. Further work was required to ensure these improvements had been embedded to enable the service to demonstrate that people always received personalised care responsive

to their preferences and wishes.

- The management team and representatives carried out a range of audits to monitor performance and support the service to meet the regulations. These included audits in relation to people's care records and the environment. All audits were carried out on a system set by the provider. Where shortfalls or concerns had been identified, clear actions were allocated to relevant staff members and documented in the service improvement plan. The service improvement plan was stored electronically and progress was monitored by representatives of the provider to aid continuous improvement.
- Representatives of the provider carried out quality assurance visits which reflected the CQC inspection programme. Any issues identified informed the home's service improvement plan. Recent visits had identified improvements within the service and had been reflected in the internal ratings the provider had given Scarlet House.

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

- People and their representatives told us they now felt listened to, following a period of instability with the management of Scarlet House. Everyone we spoke with spoke positively about the changes being made to the service, however wished for continued improvements and stability.
- The provider sought and acted on the views of people and their representatives through regular quality assurance surveys. Surveys had identified in 2018 that the views of people and their representatives. These views had informed the home's service improvement plan.
- Since being in post the manager had made significant effort to seek out the views of people and their representatives, as well as being approachable to listen to their views. The manager explained their door was always open to listen to any views to help improve the quality of service people received.
- Links had been made with local schools and a 'Toddler' group who visited people in the home on a regular basis. This supported a better awareness and understanding of intergenerational equality.
- Staff meetings were held on a regular basis so that staff feedback and ideas could be explored. Staff felt valued and able to contribute to decisions made about the running of the home. The registered manager had planned for team meetings to be held on a home unit level to help improve communication on units.
- The manager carried out daily heads of department meetings. These meetings allowed information to be shared amongst the different departments of the home to promote open and transparent communication and provide immediate changes.

Working in partnership with others

- The service welcomed the support of healthcare professionals and were reflecting on how best to improve communication and engage with professionals. Staff discussed how they engaged with healthcare professionals to ensure people's continuing needs were maintained.
- The manager carried out clinical review meetings which discussed people's healthcare needs and where support may be required from healthcare professionals, such as dieticians, diabetes nurses and tissue viability nurses. This enabled the management team to be aware of referrals which had been made on people's behalf or where additional support was required.