North Corner Lewes Limited

North Corner Residential Care Home

Inspection report

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Lewes
East Sussex
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20 June 2017

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 and 20 June 2017. It was unannounced. North Corner is registered to provide care and accommodation for 16 people. There were 13 people living there when we inspected. People cared for were all older people. People were living with a range of care needs, including arthritis, diabetes and heart conditions. Some people were also living with dementia. Most people needed some support with their personal care, eating, drinking and mobility

North Corner is a large domestic-style house which has been extended. People's bedrooms were provided over two floors. There was a sitting and dining room on the ground floor.

This was North Corner's first inspection since its purchase by North Corner Lewes Limited. There was a registered manager in post, she had been appointed by the new provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The new provider purchased the business on 20 September 2016. People who had lived in the home while it was managed by the previous provider continued to live there. Many of the staff also continued working at the home under the new provider.

The provider had made a wide range of improvements to the environment since they purchased the home. This included key areas such as fire safety, improvements to the kitchen, heating and hot water systems. When they took over the business, the new provider continued to use the previous provider's documentation. The new provider had identified some areas of documentation needed improvement. This was because some risk assessments were not accurately completed, some matters relating to people's care were not documented and records were not consistently maintained of when action had been taken to address matters. The provider was trialling different records to ensure accuracy of record keeping.

The provider had reviewed systems for medicines. Staff supported people with taking their medicines in a safe way. Accurate records about medicines were maintained.

People and staff confirmed there were enough staff to ensure people's needs were met. New staff had been recruited in a safe way. All staff had a clear understanding of their responsibilities for protecting people from risk of abuse. They also knew what actions to take if they had concerns about people's safety.

The provider had reviewed training and support needs for staff and developed a training and supervision plan. Staff knew how to meet people's care needs, including when they had additional healthcare needs. Staff understood their responsibilities under the Mental Capacity Act (2005).

People said staff were caring and supported their independence and dignity. Staff were consistently polite

and helpful to people. Staff knew about people as individuals and provided care in a person-centred way.

The new registered manager had revised menus together with people, their relatives and staff. People received the support they needed to ensure they could eat and drink what they both wanted and needed, to maintain their well-being.

The new provider had made developments in the provision of recreational activities for people. People and their relatives spoke warmly about the changes made by the new provider, particularly in encouraging people to choose how they wanted to spend their days.

People and their relatives made positive comments about the management style of the providers. They said they could raise issues with the provider or registered manager and any concerns they had would be addressed. Staff spoke about the supportive and inclusive management style of the new provider and registered manager.

The provider had set up effective systems for audit of the quality of service. Since they purchased the business, they had developed an action plan to make improvements across a wide range of areas. The provider and registered manager were open to working with a range of professionals to ensure improvements in the provision of service to people.

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.

People's safety was ensured because the provider had identified areas which needed to be addressed and taken appropriate action.

People who could be at risk of abuse were protected by staff who were aware of their responsibilities.

People's medicines were managed in a safe way.

Appropriate staffing levels were maintained to meet people's needs. New staff were recruited in a safe way.

Is the service effective?

Good

The service was effective.

Training and supervision had been developed across a range of areas to ensure staff effectively supported people.

People were supported to eat and drink what they preferred, and needed.

The requirements of the Mental Capacity Act and Deprivation of Liberties Safeguards were followed.

People were referred to relevant external healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and showed a caring approach towards them.

People were involved in decisions about their care and were supported in making choices.

People were supported by staff who knew them well and their

individuality was respected.

Is the service responsive?

Good

The service was responsive.

People were involved in making assessments and care plans about their own needs. Staff knew how to respond to people's needs and followed people's care plans when caring for them.

Activities were provided to support people in engagement. People enjoyed the activities and could chose to be involved or not as they wished.

People's concerns and complaints were listened to and action taken to address any matters of concern.

Is the service well-led?

Requires Improvement

The service was not always well led.

The new provider and registered manager had identified a range of areas for action and were working through an action plan to embed service improvements. Some areas relating to accurate documentation required improvement to fully ensure people's safety and well-being.

People, their relatives and staff appreciated the open and inclusive management style of the provider and registered manager.

The provider and registered manager were open to working with others, including external professionals, to develop their service provision.

North Corner Residential Care Home

Detailed findings

Background to this 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 was planned to check 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.

The inspection took place on 19 and 20 June 2017 and was unannounced. The inspection was undertaken by an 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.

Before our inspection we reviewed the information we held about the home. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. As part of the inspection, we reviewed the PIR. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and others, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with all 13 people who lived at the home and observed their care, including lunchtime meals, medicines administration and activities. We spoke with seven people's relatives and three visiting healthcare professionals. As some people had difficulties in verbal communication, 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 inspected the home, including the laundry, bathrooms and some people's bedrooms. We spoke with four of the care workers, the activities worker, the cook, a domestic worker, the deputy manager, the registered manager and the provider.

We 'pathway tracked' five of the people living at the home. This is when we looked at people's care

documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included seven staff recruitment, training and supervision records, all of the medicines records, risk assessments, accident and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us emphatically, "Oh yes, I feel very safe," another person said, "I feel safe here and I have been in other homes where I haven't felt safe." One person told us about an incident which had given them concerns for their safety. They told us, "It was well dealt with," and said the registered manager had taken full action to address the matter.

All of the staff we spoke with had a clear understanding of how to safeguard people from risk of abuse. One care worker told us they knew if they informed the owners about any matter, "They'd take action." Another care worker told us they had made a safeguarding alert to the local authority in a previous role. They said they would, "Not hesitate" to do this again if the need arose. The registered manager had experience of working within the local safeguarding procedures and had made referrals when relevant, working with the local safeguarding team to ensure the safety of people.

After they purchased the business, the new owners had identified a range of areas of risk to people from the building. They had taken relevant action to ensure people's safety. This included getting in a fire safety specialist to review fire safety systems, to re-write the fire risk assessment, and all the fire prevention policies and procedures. The provider had taken full action on areas of the building which had been identified unsafe, such as the fire exit from the kitchen. The provider had identified other areas of risk and had taken action, for example they had replaced old and torn carpets and put hazard warning strips on all non-level floors to reduce risks of trips and falls for people.

People had individual risk assessments. One frail person had five steps up to their room. The person told us they could walk up the steps independently, escorted by staff. This was confirmed by care workers. The person had a risk assessment about this, which was kept under regular review to ensure their continued safety. One person had a falls risk assessment which identified they were at risk of falling. Their care plan took the person's nervousness about uneven ground into account and their care plan included the support they needed from staff in different parts of the building and patio due to this.

Staff understood the importance of safety and reducing risk to people. One care worker noticed promptly that a person had walked out into the garden and was sitting in the hot sun. The care worker suggested to the person that they might want to move due to this, but accepted it when the person said they did not want to. The care worker supported the person by helping them to put on high factor sun-cream and collecting a hat for them to wear. People who sat outside were all left with access to a call bell so they could summon staff assistance when needed. One care worker appropriately supported a person in the sitting room to stand up from their armchair. They advised them how to do this safely and gave them praise throughout the time they were helping them.

People said they were given their medicines in a safe way. One person told us, "The medication is well dealt with" and another, "They look after my medicines strictly." One person told us, "They bring my pills on time," and another told us staff made sure they had their, "Painkillers when I need them." We observed a care worker supporting people to take their medicines. They did this in a safe way, checking each person's

medicines administration record (MAR) and the information on the pharmacist's label before locking the medicines trolley and taking the medicine to the person. The care worker always checked the person had taken their medicines before they signed the MAR. One person had been prescribed antibiotics, which need to be given on an empty stomach. The care worker made sure the person was supported in taking these tablets before their meal, explaining why they were having their medicines at that time.

Staff supported people to have their medicines in a safe way. One of the people wished to self-administer their own prescribed skin creams. The person had a clear risk assessment, which was regularly reviewed. One person was prescribed painkillers on an 'as required' (PRN) basis. They had clear information about this, including records of discussions with staff about how effective the painkiller was being in reducing their pain from arthritis. One person had removed a pain patch by mistake. There was a clear incident report about this and the person's care plan had been reviewed.

People said there were enough staff deployed. One person confirmed, "Yes there's enough staff," another said, "Staff are fine and there's enough of them." A person said they felt safe with staffing levels because, "I just ring the bell and they come," another person said, "If I wake up in the night there's always someone around." One visiting healthcare professional told us, "There's always someone around" about staff. Staff told us there were enough staff on duty to meet people's needs. They also said they felt confident that if they felt there were not enough staff at any time, the registered manager would take action and listen to their concerns. They said they appreciated the way the registered manager was always available to come and help if they became busy.

The new providers had recruited some new staff, but had retained many of the previous provider's staff. The new provider had reviewed all staff records to ensure they had been safely recruited by the previous provider. They had recruited new staff in a safe way, including obtaining a previous employment history, satisfactory reference from previous employers and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This ensured that only suitable people worked at the home. The new provider was introducing an interview assessment form for new employees so they could identify prospective staff's strengths and weaknesses.

Good

Is the service effective?

Our findings

People told us they were supported in an effective way. One person told us, "Staff know what they're doing here." Another person told us, "They can always tell if I'm ill and they do something about it." One person told us they had issues with their diet and said, "I'm very happy with the food."

The provider had reviewed staff training needs to ensure staff could support people in an effective way. All new staff now received an induction which complied with current care certificate guidelines. They also spent time shadowing more experienced staff to observe how care was provided to people, before they became a member of the staff team. The provider had a training plan. This ensured all staff received training in key areas such as fire safety, supporting people to move, and hygiene. Fire safety training was taking place on one of the days of the inspection. This was being led by an external fire safety trainer. Because staff had been appropriately trained, they knew how to support people effectively. For example all staff supported people with standing up, sitting down and moving in a safe way and in accordance with current guidelines.

The provider said they were developing training in key areas to ensure they could meet the needs of people. All staff had completed dementia training and staff we spoke with all understood the principals of how to support people who were living with dementia. Several people were living with diabetes, the provider was in the process ensuring all staff were trained in diabetes. All of the care workers we spoke with understood how to appropriately support people who were living with diabetes and the symptoms people might show. Staff said they felt encouraged by the provider to develop their skills. A care worker told us enthusiastically they had discussed undertaking a diploma in care with the registered manager and were pleased the registered manager had said they would support them. Staff said they found shift handover meetings a valuable opportunity to discuss issues about meeting people's care needs and said such meetings enabled them to all learn together.

The registered manager had set up systems for staff supervision. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. They emphasised the importance of supervision meetings being a two-way process, so staff felt able to bring matters up. One senior care worker said if they observed a more junior care worker who needed supervision when they worked with them, they would support them at the time and then make a report to the registered manager. They said they were confident the registered manager would take effective action to support any member of staff. Staff supervision records were individually completed. The provider was currently reviewing their supervision documentation with the aim of making further improvements.

People commented favourably on the meals. One person told us, "The food is fine and there's plenty to eat." People said the staff were aware of their individual preferences. One person told us, "I don't like chips and they always do me mashed potato." A person told us they were a vegetarian; they told us they appreciated the way the chef came to talk to them about what they preferred to eat.

The providers were developing the meals service so they could meet people's preferences and needs. They

were introducing revised menus, which included three meal choices at lunchtime. They were doing this together with people, their relatives and staff. Menus were also being made available in a variety of ways to suit different people. For example, one person was being given a weekly menu because that was what they wanted.

We observed two lunchtimes, the food was home cooked and well presented. The chef served the meals directly from a hot trolley. People's meals were plated up individually, with the chef taking people's individual differences for portion size into account. Where people needed to eat pureed meals, these were plated up with care, so different colours of food were visible. Staff were available to support people, both in the dining room and if people chose to eat in their own rooms. There was a choice of drinks offered by care workers to people throughout the day.

People had clear information about their dietary needs, including nutritional risk assessments. One person had a very low body weight, their nutritional risk assessment and care plan had been regularly reviewed to ensure they were appropriately supported. Their records showed they were now gradually gaining weight. One person's daily records showed staff had been concerned because they were not eating well and were having difficulties in swallowing. A referral had been made to the speech and language therapist (SALT). All of the staff we spoke with were aware of the specific advice given by the SALT about meeting this person's needs. People's care plans also documented their individual preferences. For example one person's care plan documented that they liked sweet foods but did not like sugar and used honey as a sweetener.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 were being met.

The provider was working within the principals of the MCA. People were supported in consenting to care. We observed staff always asked people if they could support them and discussed the ways they wanted to be supported, for example where the person would like to spend their day. Care workers told us about the importance of seeking consent when providing care. People had mental capacity assessments which had been drawn up by the previous provider. The registered manager was gradually introducing a new mental capacity assessment, which followed the principals of the MCA. They were aware of all people who were subject to a Deprivation of Liberty Safeguard (DoLS); all relevant documentation was retained on file. Staff were aware of what was outlined in people's DoLS authorisations. Care workers showed a good understanding of DoLS and how it affected people. For example, one care worker emphasised to us that where a person had a DoLS, it didn't mean you don't offer choice to them. They said they still needed to explain about the support they were giving to the person.

People said their health care needs were met in an effective way. One person told us, "Staff know how to help me if I'm poorly." One person's relative told us they had informed the registered manager that the person had told them about a sore foot. They said the registered manager had looked into the matter at once and taken appropriate action. One person's relative told us they had been concerned because the person was becoming more sleepy. They said staff had made a GP referral for the person at once and their condition was reviewed. Staff were fully aware of meeting people's healthcare needs. One care worker told us about a person who could experience urine infections and how they supported them to reduce this

healthcare need. All of the care workers we spoke with knew how to support people who were living with diabetes to ensure they were still offered choice, while maintaining a healthy diet. External healthcare professionals commented on improvements in healthcare provision with the new provider and the effective working relationships between them and staff.

Good

Is the service caring?

Our findings

People said staff were caring. One person smiled and told us, "The staff are heroes, they're wonderful." Another person told us, "We joke and laugh about everything." One person told us they appreciated the way staff noticed small details, for instance they had they hung up a bird feeder so they could see it from their window. An external healthcare professional told us staff, "Know people as individuals." People's relatives told us they appreciated the way staff were caring towards them. One person's relative told us, "They make us so welcome when we come." Staff showed a caring approach to people. One person was asleep in their chair before lunch. The care worker gently woke them up, smiling at them and helped them to orientate to where they were and what was going to happen, before starting to assist them. We saw a person joking with a domestic worker, there was a happy, relaxed atmosphere with lots laughter and lively chat on both sides.

People said they appreciated the way they were supported in choosing how they spent their days. One person told us, "I am allowed to make decisions regarding my care." Another person told us, "I choose the time I go to bed – I often go at eleven," another "I can go to bed when I'm ready," and another, "You get up when you want to here." One person said they liked the way, "My visitors can come whenever they want." A person's relative told us their relative liked watching the television and they were pleased they could now watch it when they wanted to. Many people's rooms were highly personal in appearance, reflecting their likes and preferences. One person told us they were pleased they had been able to bring in their own television, computer and other personal items.

Staff supported people in remaining independent. A frail person was walking independently in the entrance area, their walking pace was very slow and they were rather hesitant in their movements. The care worker with them observed what the person was doing from a distance, to make sure the person was safe, but did not take over. This meant the person continued to remain independent, as that was what they wanted to be. One care worker asked a person during the late morning if they would like to get up and have a bath. The person said they did not want to yet. The care worker smiled and said warmly, "Well that's fine," to them. The care worker said they would come back and "Do it when you want to." The registered manager discussed with a person that the way they wanted to eat could have put them at risk. The registered manager gave the person a clear explanation of what the risks were to them, but made sure the person made up their own mind about how they ate.

People's privacy and dignity were respected. One person told us, "My dignity is well looked after." Another person told us, "They are very good at providing dignity in bathing." One person's relative told us, "All the staff are so polite." One person said they were pleased they could, "Choose the gender of an assistant for bathing," they said this made them feel, "More at home."

Staff were polite to people and respected their privacy. The domestic worker always knocked on people's bedroom doors and awaited a reply, before they went in to the person's room. One care worker was with a person in their room. The person asked for a tissue, the care worker was very polite to the person, asked them if they needed one or two tissues and if they wanted help with anything else. One person who needed support was very confused. The care worker who came to support them was of a different gender to the

person. The care worker was very respectful to the person and asked the person's permission to support them because they were of a different gender. The care worker was very gentle and kindly to the person, giving them time to respond to them, and listening to what they said.

Staff told us about the importance of engagement with people they were caring for. All of the staff we spoke with had a good knowledge of different people, their needs and preferences. For example one care worker told us about one person who loved dogs and how they supported them in this, this included showing them pictures of dogs and talking with them about the breeds of dog they liked. Two people who were not related shared a room. Staff told us these people had wanted to share a room because they got on well and shared similar interests, this included preferences for the same television programmes. They said they regularly checked with both people, and their relatives, that they were happy to continue to share the room.

People's records showed the home's caring approach. Where people were living with needs relating to confusion, their care plans and records used objective language and judgemental wording was not used. One person had needs relating to management of their continence. Their care plan set out in a clear, precise way what the issues were, what actions staff were to take to support the person and how staff interventions were to be evaluated.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care and staff responded to their individual needs and preferences. People's relatives echoed this. One person's relative commented particularly on the way the registered manager informed them about changes in their relative's condition saying, "If she's ill, they always phone directly." Staff told us about the importance of responding to people's individual needs. One care worker told us one of the important changes was that the new providers were, "Making sure residents have the routine they want," describing a person who chose to remain in their room all the morning, until lunchtime. A different care worker told us, "Residents have improved with the new owners."

The registered manager had re-assessed people's needs and was in the process of developing people's care plans with them. For example one person had needs relating to maintaining their mobility. Their care plan clearly documented how staff were to support the person. Care workers told us about the importance of making sure they explained the support they were giving to this person and reassuring them when they had difficulties. Staff told us about one person who could experience anxiety. They said this could affect their safety and well-being. We saw staff following the person's care plan, responding to the person in a kindly, empathetic way; this reduced their anxiety levels. The registered manager had assessed that due to a person's changed needs, the home was no longer an appropriate environment to meet their needs. The registered manager had involved the person, their relatives and relevant external professionals in identifying a placement which would appropriately meet their current needs. The registered manager said although it was sad for someone to have to move from their home, it was important to ensure they responded effectively to their changed needs.

People told us the home provided a range of activities which they could be involved with. One person told us, "There are plenty of activities and I have done the painting and taken part in a sing song which I really enjoyed," another person told us enthusiastically, "I like to take part in the activities when I can – there is a good variety of things to do." People's relatives were enthusiastic about the range and type of activities which were now offered. They told us there had been meetings where they were able to suggest activities. One person told us, "The owners are always turning up with new games and equipment. "

There was an activities programme, which people had access to, so they could choose what to be involved with. Activities included arts and crafts, singing sessions, armchair exercises and pet visits. Several people went out regularly with friends and relatives, outings had also been organised to enable people to get out of the home. The activities organiser said they attended a forum where they could find out about different and new ideas for activities. Both the activities worker and care workers were genuinely enthusiastic about activities provision and their importance for people. They said they welcomed the approach of the new owners, who were equally supportive of activities for people. We observed an activities session, there was lots of laughter and involvement between everyone who attended. Some people told us they did not wish to attend activities and preferred to remain in their own room or sitting in the garden. This choice was respected by staff.

People said they could raise issues of concern. One person told us, "I know [the provider and registered

manager's first names] will deal with any concerns, and another, "I'd go straight to the owners and they'd listen and do something I'm sure." People said they were able to raise concerns because of the provider and registered manager's approachability. One person told us "I see the managers every day," and another described them as, "Most approachable." When we asked people if the provider and registered manager responded to any issues they raised, one person told us emphatically, "I should think so" and another said, "Yes, they'd do something." During the inspection, one person's relative brought up an issue of concern with the registered manager. The registered manager listened to what the person's relative told them. They took appropriate action to address the matter as soon as it was reported to them. We looked at the record of an issue which had been raised by one person with the registered manager. The registered manager had clearly taken the matter seriously and taken action to address the matter, this included involving a relevant external agency.

Requires Improvement

Is the service well-led?

Our findings

North Corner has been a care home for an extended period of time, the current providers purchased the business in the autumn of 2016. They also appointed a new registered manager at that time. People commented positively on both the new provider and registered manager. One person told us, "The managers run the home exceedingly well," another, "The new owners are working hard to make improvements." One person described the provider as "absolutely superb" and another told us, "The manager is a charming lady." People who had been admitted to North Corner after the new providers purchased the business were equally positive in their comments. One person told us, "It's the best home I've ever been in and I've been in three different homes," and another, "They're wonderful here and I've been to a few." An external healthcare professional was positive about the changes made by the new provider and registered manager.

One of the providers was the registered manager, the other was responsible for administration, health and safety and developments in the home environment. The registered manager was supported by a deputy manager and senior care workers, as well as by care workers and ancillary workers, including domestic workers.

The provider was aware systems for documentation required improvement to ensure people's safety and well-being. The provider told us when they purchased the business, they had used the previous provider's records at first. They were now updating and improving records, to make them more fit for purpose. Some records were not up-to-date or accurate. These included one person's risk assessment for pressure damage, which did not include all risk factors, so they were assessed as being at a lower risk than they actually were. This meant the person's care plan did not fully reflect their level of risk. Some matters were not documented to ensure all staff would be aware of how to appropriately support the person. Staff told us one person's dementia care needs could vary from day to day and about how they adapted the ways they met the person's care needs, depending on how they were. This was not documented. Actions were reported to have been taken about some records, but these were not documented. For example, some records of hot water temperatures showed they were raised to the extent where people could be placed at risk of scalding. The provider was clear about actions taken about this, but it had not been documented to ensure this was clearly demonstrated. The registered manager and provider were aware there were a range of areas relating to documentation which needed to be addressed. They said they had concentrated first on making the building safe and ensuring staff met people's needs. They would next be developing their approach to documentation, so all relevant matters were accurately documented and to enable review over time.

The provider had an action plan about making improvements across a wide range of other areas, which they had been working through since they purchased the business. A person's relative told us, "They've got things done if they needed to be done," another person's relative told us about the "huge turnarounds" in both the home environment and people's care. The provider's action plan for improvements to the building was based on priority. They had identified the kitchen as being a high priority for improvement when they took over the business. They had requested an environmental health officer's (EHO) inspection soon after they purchased the building. Necessary improvements had been agreed with the EHO and they were liaising with

them regularly, as improvements were made. The provider had also identified and taken action to improve the boilers to ensure heating and hot water was readily available. The provider was making improvements to the bathrooms. At the time of the inspection some new bathroom equipment had been installed and other items were awaiting delivery.

The provider had introduced regular audits of a range of areas, including infection control and medicines. Such audits had led to a range of improvements, including the premises now being clean throughout and improved storage for medicines. The registered manager had introduced an audit of accidents and incidents. They were next planning to include matters like times of day and where accidents and incidents had occurred in the home in their audit. Records of accidents/incidents to people were clear. One persons' accident record showed they had fallen and sustained a bruise. Records showed an accurate measurement of the bruising, including a body map. The progress of the persons' bruising had been reviewed regularly and recorded.

The providers had introduced systems to receive feedback from people and staff. The minutes of the residents and relatives' meeting of 9 May 2017 showed issues had been raised about the meals service. The chef had attended and discussed with people how they wanted to plan improvements. Minutes of a staff meeting of 10 May 2017 showed discussions had taken place about how to improve shift handover meetings to make them more structured. Staff told us they could raise issues with the providers. One member of staff told us, "If something's not right we go to the owners," another told us if they saw matters in the home which they felt needed addressing, "I've got the confidence to go to them." The providers and registered manager also wrote to staff to ensure key areas were improved. For example, there was a recent memo to all staff about always ensuring the boiler room door was locked. We noted it was consistently secured throughout both days of inspection. A member of staff was enthusiastic about the changes made in the management of the home, they told us because of this, "It's a different place completely."

The provider had worked to establish links with the local community and external professionals since they purchased the business. This was confirmed by the healthcare professionals we met with. We observed there was a professional working relationship between the registered manager and healthcare professionals. The provider had also worked with the local authority in relation to a range of current and historical issues, to ensure good outcomes for people.

People told us the philosophy of care was now much more centred on what people wanted and needed. One person's relative told us, "The new owners are much more relaxed and the residents now have more freedom." Relatives also said staff were more supported in their roles. One person's relative told us, "Because the staff are happier, the residents are happier" and another said they liked the way "The manager works alongside the staff." The registered manager said they had held a staff meeting soon after they purchased the business. In this meeting they had set out how they wanted things to be and that they wanted all staff to work together on making improvements. Staff were positive about the changed philosophy of care. One member of staff told us, "We work as a team now," and another, "We all help each other." One member of staff told us because of the changed philosophy, "It's more friendly" and another, "It's got a family feel now." Staff said care for people had improved because the focus was now on the care of people. One member of staff told us the provider's philosophy of involvement meant they were enabled to discuss how to support people with the people themselves, their relatives and also between themselves. This approach meant they could achieve an outcome which the person wanted and was in their best interests.