

Bupa Care Homes (BNH) Limited

Ardenlea Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Ardenlea Court accommodates a maximum of 60 older people. At the time of our visit 49 people lived at the home. The ground floor provides both permanent residency and 10 intermediate care beds (ICU). The ICU provided beds are for people who are ready to leave hospital but required further assessment to determine their longer-term needs. People with dementia lived on the first floor. The home is located in Solihull, West Midlands.

People's experience of using this service:

People felt safe living at Ardenlea Court. The management of risk associated with people's care required further improvement. Staff were recruited safely and developed and refreshed their knowledge and skills through an initial induction. Overall, enough staff were available to meet people's needs but the deployment of staff required further improvement.

People enjoyed the food and had enough to eat and drink. People spoke positively about how staff administered their medicines. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed. Staff worked in partnership with healthcare professionals to ensure people had a comfortable and pain free death.

The service was compliant with the Mental Capacity Act (2005). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed before they moved into the home. However, not all people could recall being involved in the process. Care records required further improvement to help staff provide personalised care. People were encouraged to be independent and were supported to make daily choices. However, their right to privacy was not always respected and their dignity was not always maintained. Most people and relatives were complimentary about the level of care shown by staff. Staff were caring in their approach and knew most people well.

The environment met people's needs and improvements were planned to make improve the garden and the dementia unit of the home to benefit people. We received mixed feedback about the social activities available to occupy peoples time. Further action was being taken to improve social activities for people living with dementia.

Most people, relatives and staff felt the management of the service had improved and felt comfortable raising concerns with staff and managers at the home. Improvements made to monitor the quality and safety of the service were being embedded. The provider and their management team demonstrated commitment to learning lessons when things went wrong.

People had opportunities to share feedback about the service they received. Feedback had been used to

support improvement. People's friends and family were welcome to visit at any time.

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

Rating at last inspection: At the last comprehensive inspection the service was rated as 'Requires Improvement'. The last report for Ardenlea Court was published 1 June 2018. At that inspection we identified three breaches of the regulations. Whilst the provider is now compliant with the regulations this is the third consecutive time the service has been rated as Requires Improvement.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements.

More information is in the 'Detailed Findings' below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring
Details are in our Caring findings below.

Requires Improvement ●

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 not always well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

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

Inspection team: The inspection took place on 23 May 2019 and was carried out by two inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse who had expertise in supporting people living with dementia.

Service and service type: Ardenlea Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager who had registered with the Care Quality Commission in November 2018. 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 comprehensive inspection was unannounced.

What we did: Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. This included information the provider must notify us about, such as allegations of abuse. We also considered the Provider Information Return (PIR). This information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also gathered feedback from health professionals and commissioners who work to find appropriate care and support services for people and fund the care provided. They noted improvements in the care and support provided to people since our last inspection.

During our inspection, we spoke with seven people who lived at the home and nine people's relatives and

friends. We spoke with the registered manager, the regional director, the providers compliance and governance inspector, three nurses, four senior care assistants, four care assistants, an activity coordinator, the head chef and the maintenance person.

Due to their needs, some people could not provide us with information about the care they received, or quality of the service provided. Therefore, we used different methods to gather experiences of what it was like to live there. For example, we saw how staff supported people throughout the inspection to help us understand people's experiences of living at the home. As part of our observations we also used the Short Observational Framework for Inspection tool (SOFI) in a communal area. SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We reviewed a range of records. These included nine people's care records to ensure they were reflective of their needs, and other documents such as, medicines records. We reviewed the provider's quality assurance systems and records relating to the management of the service such as quality audits, staff training records, meeting minutes and complaints. We also reviewed three staff files to check staff had been recruited safely.

Following our inspection visit we received further information from various sources about people's experiences of the home. We shared the information with the regional director who provided a detailed response showing the actions they had taken to address the points raised.

Is the service safe?

Our findings

Requires Improvement: Some aspects of the service were not always safe. At our last two inspections this key question has been rated as 'Requires Improvement'. At both inspections we identified breaches of regulations 12 and 18. These breaches related to staffing and risk management including the management of people's medicines.

At this inspection sufficient action had been taken which demonstrated some improvement had been made. The provider is no longer in breach of the regulations, but further work is needed to ensure risk is consistently managed well.

Assessing risk, safety monitoring and management:

- Previously risk management plans were not always in place and others did not provide staff with enough information to help them to provide safe care. During this inspection risks associated with most people's care had been assessed and risk management plans informed staff how to care for people safely. Staff knew about most risks associated with people's care and the actions they needed to take to keep people safe.
- However, risk assessments and risk management plans had not been completed for one person living at the home in line with the providers own policy requirements. The registered manager took immediate action to address this.
- Equipment was not always used correctly to mitigate risk. For example, some air-filled mattresses were not set correctly. That meant the provider could not demonstrate the risk of people developing skin damage was effectively managed. We also observed some people's bedrail bumpers were incorrectly fitted which created the potential risk of people injuring themselves. Whilst the risks we identified had not caused harm to people the potential they created was a concern to us. Immediate action was taken in response to our findings.
- Following our inspection visit we received information of concern about risk management at the home. We shared the information with the regional director who provided a detailed response to the issues raised.
- The provider's emergency evacuation procedure was on display in communal areas. Staff received training in fire safety and knew what action to take in the event of a fire to keep people safe. One told us, "If the alarm sound one goes to the fire panel the rest stay on the dementia unit because the residents could be upset by the noise. We have a walkie talkie, so we can communicate and follow instructions."
- Regular checks of the building took place to make sure it was safe for people and staff to use.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Ardenlea Court. Comments included, "They (staff) do their rounds at night to check on you, which makes me feel safe," and, "I get in here, my room, shut the door, put the TV on and I'm safe."
- However, we received mixed feedback from people's relatives. One told us, "If I can't get there to visit them, I know they are safe." In contrast another felt their relative was not cared for safely. The registered manager addressed the issue during our visit.
- Systems were in place to protect people from harm and staff were trained in safeguarding which helped them to recognise abuse. Staff knew what to do and who to tell if they had concerns about the well-being of anyone living in the home.

- The registered manager had shared information, when required with the local authority and to us (CQC) to ensure allegations or suspected abuse were investigated.

Using medicines safely

- At our last two inspections the management of people's medicines required improvement. During this visit some improvement had been made but further work was needed to ensure staff consistently worked in line with the providers medicines procedures.
- People spoke positively about how staff administered their medicines.
- Medicine administration records demonstrated most people had received their medicines as prescribed.
- Registered nurses and trained senior care staff administered medicines. Their competency was checked by managers to ensure their understanding of safe procedures.
- Overall, staff followed good medicines practice, but some medicine records had not been completed in line with the requirements of the provider's procedure. For example, protocols for medicines prescribed 'as required' were not always in place and others lacked detail. Despite omissions in records staff knew when people needed those medicines.
- Records to confirm prescribed creams had been applied contained gaps. Nurses were confident these were recording errors and creams had been applied to people's skin.
- Staff were not recording the temperature of fridges that contained medicines. Therefore, we could not be sure medicines were stored within a suitable temperature range. We shared our findings with the registered manager who took immediate action in response to make improvements.

Staffing and recruitment

- At our two previous inspections low staffing levels and the high use of agency staff had impacted negatively on people's experiences. During this inspection the use of agency staff had reduced, and new staff had been recruited. However, the deployment of staff required further improvement. On occasions we saw highly dependent people were seated in communal areas for extended periods of time with no staff present. Action was being taken to address this.
- Despite our observations people told us there were enough staff to meet their needs in a timely way. However, some relatives felt staffing numbers at night time were too low. We shared this feedback with registered manager. The day after our visit staffing levels at night time were reviewed and had been increased.
- Overall, staff told us staffing at the home had improved. One staff member said, "I'm happy we have more permanent staff, especially nurses. It means when you are going off shift you know the resident are going to be looked after by staff who know them."
- Recruitment procedures minimised, as far as possible, the risks to people's safety. Staff had not started work at the service until the required checks had been completed to ensure they were suitable to work with people who used the service.

Preventing and controlling infection

- The home was clean and tidy during our visit. However, following our visit we were made aware some equipment such as, wheelchairs were not always clean. We brought this to the attention of the regional director for them to address.
- Staff had access to and used disposable gloves and aprons when required.
- Staff completed infection control training and understood their responsibilities in relation to this.

Learning lessons when things go wrong

- The provider and their management team demonstrated commitment to learning lessons when things went wrong.
- The registered manager and regional director were open and honest and gave examples of lessons learnt

to drive forward improvement since our last inspection. A staff member said, "All accidents are reported to the senior or manager. You write down what happened, and they look into it. If we need to change anything, like use a crash mat they (management) let us know."

- Accidents and incidents were recorded and monitored to identify any patterns or trends, so appropriate action could be taken to reduce reoccurrence. For example, one person had developed sore skin and a root cause analysis (RCA) had taken place to establish what had happened. Lessons learnt had been shared with staff.

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.

Good: People's outcomes were good, and people's feedback confirmed this. This rating has improved since our last inspection in April 2018. Legal requirements were met.

At our last two inspections this key question was rated, 'Requires Improvement.' In April 2018 outcomes for people were not always good. Some mental capacity assessments were not accurate, and some people did not receive sufficient amounts of food and fluid. At this inspection improvements had been made. Legal requirements were met.

Staff support: induction, training, skills and experience

- People and relatives felt staff were trained and skilled to meet their needs.
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.
- Since our last inspection staff had completed further training to improve the care they provided to people living with dementia. This assured us improvements were being made. One staff member said, "The dementia training was 'amazing'. You really got to feel what it's like living with dementia and learn about the importance of how you approach residents, your voice tone and level."
- Staff received regular one to one meetings with a manager to help guide them with their work.

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

- Previously, the system to monitor if people had consumed enough food or fluid to maintain their health was ineffective. During this inspection visit records reviewed confirmed improvement had been made.
- The monitoring of people's weights had also improved. When staff had recognised people might be at risk due to poor diet or not drinking enough they had raised their concerns with other healthcare professionals.
- People enjoyed the food. During our visit mealtime experiences were overall, positive for people. Where possible people chose what they ate and drank and people who needed support received this in a sensitive manner.
- We saw people were offered drinks and snacks including ice creams. Also, snacks including fresh fruit and cakes were available in communal lounges.
- Staff knew what people liked to eat and drink. Peoples dietary requirements were documented and catered for. For example, Halal meat and vegetarian options were available.

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

- People's needs were assessed before they moved into the home. Information gathered during assessments was used to develop care plans which helped staff to get to know people and understand their needs.
- Where possible people and their representatives had been involved in assessments. However, some people and their families could not recall being involved in the process. Action was being taken to address this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- The provider was compliant with the MCA.
- The registered manager had made referrals to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way.
- People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed. The outcomes of decisions made were clearly recorded.
- People who were able to share their views confirmed staff sought consent before providing assistance. One staff member said, "Never assume a resident does not have the ability to make decisions and never do anything until the resident says you can."

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

- Care plans documented people's medical and healthcare needs. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed.
- Care records confirmed people attended routine healthcare appointments to maintain their health and wellbeing.
- Relationships between staff at the home and other healthcare professionals to ensure people received safe consistent care had improved since our last inspection. This included developing relationships with hospital staff to ensure people's experiences of moving into the home from hospital were more positive.

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

- Ardenlea Court is a purpose-built care home. Corridors and doorways were wide to accommodate mobility equipment and walking aids. A passenger lift was available to enable people with mobility difficulties to access the first floor of the home.
- People were encouraged to personalise their bedrooms with personal belongings and photographs.
- There was a well-maintained accessible garden for people to enjoy. Plans were in place to make further improvements to the garden in response to people's feedback.
- Some improvements had been made to the dementia unit in the last 12 months to ensure it was suitable for people. However, further improvement was needed. The registered manager acknowledged this and explained action was being taken to address this. For example, new furniture had been ordered at the time of our visit.

Is the service caring?

Our findings

At our two previous inspections this key question was rated, 'Requires Improvement.' At our last inspection this was because people did not receive emotional support to maintain their wellbeing. At this inspection some improvements had been made and legal requirements were met. However, further improvement is required.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was not always respected. On three occasions staff members entered people's bedroom doors without knocking. On one occasion this happened whilst a person was being supported with their personal care. The registered manager took immediate action to address this.
- People's dignity in regard to their continence management was not always maintained. A staff member said, "Everyone has the same pad. I don't know why." We raised this with the registered manager who confirmed people's continence needs were individually assessed and the different products people needed were available. They took immediate action to address this.
- Following our visit, we received further information in relation to the areas of poor practice we identified. We shared the information with the regional director who investigated and provided a detailed response to the concerns raised.
- Despite our observations people felt their dignity was maintained. One person said, "My door is always knocked before anyone enters and my privacy is well respected. The way I am treated with dignity and respect makes me feel special."
- People were encouraged to be independent. A relative commented, "With encouragement from the care home my mother is now mobile and spends her time walking around the home all day."
- Staff understood the importance of promoting people's independence. One said, "Even if it something little, like holding a fork I help residents, so they can do it themselves." They added, "It makes them feel good." We saw this happened during our visit.

Ensuring people are well treated and supported

- Most people and relatives were complimentary about the level of care shown by staff. Comments included, "The staff are kind welcoming," and, "Carers are accessible and kind."
- Staff knew people well and were caring in their approach. For example, we heard a staff member talking with person who had been previously a nurse. The staff member said, "Let us look after you as you did sterling work looking after so many people." The person replied, "How kind, thank you."
- However, our observations in the dementia unit confirmed further work was required to ensure people always received the emotional support they needed. For example, on one occasion when a person called out for help staff were not present to offer reassurance and comfort.
- During our visit staff told us they enjoyed their jobs. One told us, "I love my work here. It's really rewarding helping the residents."
- People's individuality and diversity was recognised. Staff completed equality and diversity training and through discussion demonstrated they ensured people's rights were upheld. One staff member said, "We all have different cultures, beliefs and values. What is important is knowing what is important to the resident and respecting that."

- The home was rated on a care comparison website as 9.6 out of 10. The review comprised of 43 reviews made up from people and relatives who used the service. Comments received since February 2019 included, 'I couldn't fault the care and support they give to anyone who comes to Ardenlea Court. The staff are dedicated and polite and always ready to help. They are always smiling and happy. I would recommend the place to anyone. I couldn't thank them enough for the care they give.'
- People were supported to maintain relationships with those that mattered to them. People's friends and family were welcome to visit at any time.
- The provider followed data protection law. Information about people was kept securely.

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

- People were supported to make daily choices. One person explained staff helped them choose what to wear by showing them different items of clothing. They said, "I like to choose."
- People's care records had been reviewed monthly, but it was not always clearly reflected how or if they had been involved. Action was being taken to address this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Requires Improvement: People's needs were not always met. At our last two inspections this key question was rated, 'Requires Improvement.' At both inspections we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Person centred care. During this inspection actions taken had resulted in some improvements being made. The provider is no longer in breach of the regulation. However, further work is required to ensure people consistently receive personalised care.

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

- Care records reviewed at this visit detailed people's backgrounds, religious preferences, likes and dislikes to help staff provide personalised care.
- However, a care plan for one person who had moved into the home the day before our visit was not in place. When we asked a staff member about the person's needs they said, "I don't really know I have read the records yet." Therefore, we could not be sure the person had received the care they needed in line with their preferences. The registered manager took immediate action to address this.
- Following our last inspection, the provider confirmed they would ensure 'resident of the day' was fully implemented to ensure people's needs were being met and their care records reviewed and updated. During this visit whilst staff told us the system worked well further work was required to ensure it was embedded. Action was being taken to address this.
- Following our visit, information we received informed us peoples care records were not always reflective of their needs. We shared this with the regional director who assured us this issue would be addressed.
- Overall, staff responded to people's requests for assistance in a timely way during our visit. For example, when a person asked a staff member to help them change their clothing this was done quickly.
- People confirmed staff understood their preferences which included how much sugar they liked in their tea and what type biscuits they enjoyed eating.
- Staff knew people well. One said, "[Person] likes music. When I put it on if she smiles I know she likes it. If she squints I know she doesn't."
- People's personal beliefs and backgrounds were respected by staff. We saw people who practiced religion, were supported to do so. People's cultural choices were discussed with them, so that staff knew how to support them.
- We received mixed feedback about the social activities available to occupy peoples time. One person said, "Activities are okay, singers come in." A relative told us, "There are some activities, but they could be better." We saw people who lived on the ground floor of the home spent time playing dominoes, reading newspapers and enjoying afternoon tea. In contrast activities for people living within the dementia unit were limited. People spent some time watching television, but the positioning of chairs meant not everyone in the room could see the television screen.
- People living with dementia had access to some tactile stimulation through a range of objects, pictures and books. Tactile stimulation is known to assist in improving general mood, socialisation and can reduce anxiety for people living with dementia. Further action was being taken to improve social activities for those people at the time of our visit. For example, a 'Court Express' had been created which gave people the

opportunity to experience a virtual train journey. A 'pub' area was also being developed for people to enjoy.

- Communication care plans were in place that provided information about how people preferred to communicate. Most people received information in a way they could understand. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given. However, staff told us pictorial prompts or picture cards that could be used to aid communication with people dementia were not available.

End of life care and support

- Since our last inspection staff had received further training to support people as they neared the end of their lives.
- People's end of life choices were recorded in their care plan if they had chosen to share this information.
- Staff worked in partnership with healthcare professionals to ensure people had a comfortable and pain free death.

Improving care quality in response to complaints or concerns

- During our visit people and relatives told us they felt comfortable raising concerns with staff and managers at the home. However, following our visit we were made aware complaints had not always been resolved. We shared this with the provider who gave assurance this would be addressed.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

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.

Requires Improvement: Leaders and the culture they created had started to support the delivery of good care. At our two previous inspections this key question was rated as 'Requires Improvement'. We found a breach of Regulation 17 of the Health and Social Care Act 2008. This was because the providers systems did not sufficiently mitigate risks and they had not identified or taken sufficient action to improve outcomes for people. At this inspection visit some improvements had been made. The provider was no longer in breach of the regulation. Legal requirements were met.

Continuous learning and improving care: Working in partnership with others:

- At our two previous inspections the provider had failed to meet regulatory requirements. An overall rating of 'Good' has not been obtained since our inspection in March 2015.
- The registered manager was open and honest about the challenges the service had faced since in the last 12 months. Whilst we acknowledged some action had been taken further improvement was needed. Once achieved the improvements made then need to be sustained over time to demonstrate good governance.
- Following our inspection visit the registered manager contacted us to tell us what they immediate action they had taken in response to our inspection visit feedback. This included increasing the level of nursing staff on duty at night time.
- We received an improvement action plan which detailed how further improvement would be achieved.
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.
- The management team worked in partnership with other organisations to improve outcomes for people. For example, the local authority and CCG (Clinical Commissioning group).
- The service had received 15 compliments since March 2019. Comments included, 'Thank you for everything,' and 'Entertainment is wonderful.' This demonstrated outcomes for people were improving.

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

- The provider had an audit schedule and the registered manager knew what audits needed to be completed, and who was responsible for completing checks. Audit findings and completed actions were shared with the provider who checked required actions had been taken.
- Whilst some audits we reviewed had been effective to drive forward improvement others had failed to identify the issues we found. For example, equipment was not always used correctly to manage risk.
- The home had a registered manager who had been in post for 12 months at the time of our visit. They told us "From my point of view I am striving to achieve my goal of outstanding. I am a hard task master on myself and staff. I am hoping we are in a good place. I've made lots of changes to the environment and to the culture."
- Staff confirmed they understood their roles and were aware of what the provider expected of them.
- The provider's staff recognition scheme identified good care and encouraged staff to develop their skills to

improve the service.

- The registered manager understood their regulatory responsibility and had informed us about significant events that happened at the service.
- The provider had met the legal requirements to display the services latest CQC rating in the home and on their website.

Planning and promoting person-centred, high-quality care and support;

- Most people and relatives felt the management of the service had improved in the few months prior to or visit. Comments included, "The home manager is a breath of fresh air and inspires the others," and, "It has improved a lot over the last few months the manager is really trying, and we are starting to see things get better."
- During our visit staff spoke highly of the registered manager. Comments included, "You can't fault [registered manager], she will sort things out there and then with no hesitation. She is very approachable and open," and, "What I like is the manager values all of our contributions. You can speak out and get heard."
- The registered manager felt listened to and supported by the provider's senior leadership team. They provided examples of ideas they had shared that had been implemented at the service to drive forward improvement.
- The regional director told us they were committed to ensuring people received safe, quality care.

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

- People had opportunities to share feedback through meetings and quality questionnaires. Feedback had been used to support improvement. For example, people had requested more special events be held at the home. In response monthly 'fine dining' experiences had been arranged for people and their families.
- The activities co-ordinator led monthly family and residents' meetings. They said, "It's a really good way of introducing new relatives and residents and enabling everyone to have a chat and share experiences." One person explained attending the meetings helped them to understand what was happening in their home.
- People had some opportunities to maintain positive links with their community and people's families and friends had been invited to events such as, fetes and coffee mornings.
- Overall, staff felt communication was good. They received a handover of information when they arrived for their shift, so they had up to date information about people.
- Staff were supported through regular individual and team meetings. One staff member told us they had received a copy of the minutes of a staff meeting they were unable to attend. They said, "That was really good because I did not miss any information."
- Feedback from staff was gathered and analysed by an independent company on behalf of the provider. Feedback analysed in May 2019 showed the 29 staff members who had responded felt supported.