Care Quality Commission

Barton Place Limited

Barton Place Nursing Home

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Barton Place Nursing and Residential Home is registered to provide accommodation for up to 42 people who require nursing and personal care. The home specialises in caring for people living with dementia and mental illness. At the time of this inspection there were 31 people living there.

People's experience of using this service:
•A new manager had started working in the home a few days before this inspection took place. People, relatives and staff spoke positively about the new manager and told us they had already seen improvements, such as better staffing levels and management structure. . A relative told us "I've met the new manager and things seem to be changing for the better". A member of staff told us, "We feel absolutely supported by the new manager, [name] Honestly, I feel lucky she accepted this post, she supports us well".
•Quality monitoring and improvement systems had not been fully effective. In the interim period while the service was without a registered manager some areas such as staff training and supervision had not been carried out effectively. The provider and new manager had plans to implement new quality monitoring systems in the near future.
•People told us they felt safe. There were sufficient staff employed to meet people's needs safely. New staff had recently been employed and this meant the use of agency staff had reduced. Some gaps in staff training needs had been identified by the new manager and actions had been taken promptly to provide a good level of training to all staff. New systems had been established to ensure all staff receive the supervision and support they need.
•People's needs had been assessed before they moved in and care plans were in place to ensure staff had information on all aspects of people's medical, social and personal care needs. Risks to people's health and safety had been assessed and systems, care and equipment were in place to minimise the risks and ensure people were supported safely.
•People and relatives told us the staff were caring and treated people with respect. Staff were observed sitting and talking to people, and giving people the time they needed. All interactions between staff and people were gentle, kind and respectful.

Rating at last inspection: The service was inspected on 16 and 20 October 2017 when the service was rated as Good.

Why we inspected: Before the inspection we received information and notifications which indicated there may be some areas of concern at the home. These included allegations of missing personal belongings, poor skin care and high staff turnover. Issues relating to poor skin care were resolved quickly. The service had been without a registered manager for approximately three months so we decided to bring the inspection forward by a few months to provide re-assurance the home was being properly managed and providing people with safe care. During our inspection we found there was a new manager in post who had quickly identified areas where actions and improvements were needed and was in the process of taking action to address these. They were working closely with relevant agencies where necessary.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Care Quality Commission

Barton Place Nursing 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 team consisted of one inspector, one assistant inspector, one specialist advisor with expertise in nursing care, and one 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. Their area of expertise was dementia care.

Service and service type:
The home is registered to provide accommodation for up to 42 people who require nursing and personal care.

At the time of this inspection there was a manager in post who had not yet registered with the Care Quality Commission. We were assured their application would be submitted in the very near future. Registered managers and providers are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection we received information and notifications which indicated there may be some areas of concern at the home. These included suspected thefts of personal belongings, poor skin care and high staff turnover.

During the inspection we spoke with the new manager, the deputy manager, the providers, four people

living in the home, five relatives and friends, and four staff. We also had brief conversations with many further people living in the home. We observed people and staff interaction at lunchtime. We looked around the home. We looked at records relating to the care and services people received including

- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Health and safety records
- Staff rotas, training, supervision and recruitment records
- Medicine administration records.
- 14 care records

After the inspection we spoke with one relative on the telephone.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse
•□People told us they felt safe at the service. Comments included, "I feel looked after" and "Its ok." Relatives said the safety in the home had improved since the new manager began working there. They told us, "Much improved now' and "I'm happier now."
•□All staff undertook training in how to recognise and report abuse.
•□Staff had a good understanding of safeguarding and told us they felt comfortable raising any concerns with management.
•□Before the inspection we received reports from the home about suspected thefts. The concerns had been reported by the home to the appropriate authorities. The new manager was working with them to ensure all concerns were taken seriously, investigated, and actions taken where necessary to keep people safe. The outcome of these investigations had not been completed at the time of this inspection.
•□The new manager assured us new procedures had been put in place to monitor people's belongings. This will reduce the risk of belongings being stolen or lost, and will also ensure actions are taken promptly if any losses are suspected.

Assessing risk, safety monitoring and management
•□Risks to people's health and safety had been assessed, and staff had guidance on how to minimise the risk. Risk assessments covered areas such as skin damage, falls, choking, and weight loss.
•□Where people had been assessed as being at risk of pressure ulcers, measures had been taken to minimise the risks. This included provision of specialist mattresses to reduce pressure. However, we found the settings for the mattresses were incorrect, and did not reflect people's current weight. The new manager took immediate action to ensure all mattresses were correctly set. Procedures were put in place to check all mattresses twice a day. Training was also put in place for all nursing and care staff on prevention and treatment of pressure sores, which includes pressure mattress settings.
•□Staff liaised with community healthcare professionals to seek guidance and specialist advice and treatment. For example, speech and language therapists had been involved where people were identified as being at risk of choking. All staff, including catering staff, knew how food and drinks should be provided to minimise the risk of choking.
•□People who were at risk of falls had safety devices such as crash mats, pressure mats and movement sensors to reduce the risk of harm and to alert staff quickly if they had fallen.
•□Where people used equipment to help them move around, staff had received training and knew how to use the equipment safely. Where people required a hoist to help them move, each person had their own slings of the correct size. We noted the care plans did not specify the correct sling size, and recommended this information should be added to the care plans, including the colour of loops used. The manager took

action immediately after our inspection to address this.
- People lived in a safe environment. There were well established systems in place to maintain equipment, services and manage health and safety.
- Regular maintenance checks included water temperatures, fire alarm tests, emergency lighting and fire extinguishers. Risk assessments were in place to assess the risk posed to people by fire.
- Contracts were in place to maintain and service lifting equipment.
- A test for Legionella bacteria had been carried out in December 2018 and confirmed there was no bacteria found. Regular maintenance was carried out to minimise the risk of legionella.
- Risk assessments relating to the environment were in place and precautions taken to minimise the risk of falls on the staircase. Other potential risks had been considered, for example window restrictors were in place to support people's safety. Radiators were covered to protect people from harm.
- A lack of storage meant some equipment was left in corridors. This could pose a trip hazard to people or staff. The registered manager told us they were aware of this and planned to discuss ways of improving storage with the provider in the near future.

Staffing and recruitment
- There were enough staff available to support people according to their changing needs and individual preferences. During our inspection we saw sufficient numbers of staff were in all areas of the home. Where people required assistance from staff on a one-to-one basis the staff were attentive, and gave people the time they needed. A visitor told us "There always seems lots of staff around".
- In recent months there had been a high staff turnover which had resulted in vacancies being covered by agency staff. The new manager had taken prompt action to recruit new staff and at the time of this inspection we found the number of agency staff being used was beginning to drop. New staff had started, or were about to start. Induction and training of new staff was taking place.
- Staff had DBS checks in place prior to starting work and references were obtained.
- Conduct in previous health and social care positions was explored. However there was not always a record of staff members' previous employment history. Gaps in employment history were not always identified or explored. A recent audit had been undertaken to identify gaps in employment documentation and we saw action had been taken to ensure all documentation was obtained for any new staff recruited in future.

Using medicines safely
- Records of medicines received into the home, administered, and any unwanted medicines were accurately recorded.
- A relative told us, "I'm sure her medication is on time - I don't have any concerns about it".
- Where records had been transcribed and hand written by staff, most had been signed by two members of staff to demonstrate the information had been double checked and was correct. We were satisfied the entries were correct. The new manager confirmed all transcriptions will in future be checked and signed by a second member of staff.
- Records of oral medicines administered were well recorded, with no missed signatures. We noted some gaps in the records of topical medicines administered. The new manager agreed to review their procedures for monitoring the records of topical medicine administration and after the inspection we received confirmation this had been carried out. There were no concerns noted in the care of people's skin at the time of this inspection, and therefore we were assured that creams had been administered correctly. However, staff had sometimes failed to record when the creams had been administered. The new manager took prompt action following the inspection to improve the recording of topical medicine administration.
- There was a medicine policy in place. However, we noted some areas not covered in the policy, or where the policy required further information. The new manager took prompt action following our inspection to

amend the policy.
• Medicines were stored safely, including those which required additional security. The temperature of the medicines cupboard and fridge were monitored daily.
• There were medication audit systems in place to ensure medicines were ordered, stored and recorded in accordance with the home's medicines policy. This ensured any omissions or errors were identified and addressed promptly.
• Medicines administration records (MAR) contained the information staff needed to administer medicines safely. This included photographs of people so unfamiliar staff knew they were administering them to the correct person.
• Staff who administered medicines were well trained and their competency assessed regularly.

Preventing and controlling infection
• Personal protective equipment such as aprons and gloves were available around the home and staff were seen using protective equipment appropriately, for example when supporting people with personal care tasks. Staff had received training in infection control and food hygiene.
• A relative told us the home was "Always clean".
• There was a rigorous cleaning programme at the service, which was audited regularly to ensure its effectiveness. Staff rotas showed there were at least two housekeeping staff on duty each day. There were good supplies of cleaning equipment and cleaning fluids in place. Most areas were free from odours. We noted there was a mild odour in a few communal areas. We spoke with the provider who told us they intend to replace the carpets in these areas in the near future.
• A laundry assistant was employed five days per week and housekeeping staff covered this task on the days the laundry assistant was not working. The laundry room was large, well equipped and well organised to ensure safe procedures were followed at all times to prevent infection. Great care was taken with bedlinen and personal items of clothing to make sure all items were spotlessly clean, neatly ironed, and returned to the correct person.

Learning lessons when things go wrong
• Policies and procedures were in place for managing accidents and incidents. The new manager could demonstrate actions they had taken when issues had arisen. For example, they had implemented further training for staff on tissue viability when concerns about pressure wound care had arisen.
• Accidents and incidents were reviewed regularly to determine what worked well, lessons learnt and improvements needed to minimise the risk of recurrence.

Good

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

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 moved in. This ensured the home was right for them and their needs and choices could be met.
•□ From the initial assessments a care plan was drawn up and agreed for each person. The home used a computer based care planning system. Care plans contained sufficient detail to ensure staff had good understanding of people's needs and preferences.
•□Staff knew people well and supported them effectively.

Staff support: induction, training, skills and experience
•□Staff had completed training in the areas the provider had identified as essential. However, the new manager had identified that some training records were incomplete and this meant they were unsure if some staff had missed updates. Most training had previously been provided by on-line training courses. The new manager was uncertain about the quality of the on-line training, or if it had met all staff's learning needs. They had booked classroom based training courses for the near future to ensure all staff will be up-to-date with training on all essential topics, and to ensure they all receive training that meets their learning needs.
•□Staff told us they were pleased about the recent improvements to the training programme. A member of staff told us, "The training has just started to get better". The staff we spoke with had a good understanding of their roles and we were satisfied they had the skills needed to meet people's needs effectively.
•□An in-house induction was completed by new staff, and a personal development plan completed at the end of their induction period.
•□Some staff had started working towards the Care Certificate (a nationally recognised qualification for staff new to the care industry). However, this had not followed through to completion in the timescales identified during induction. The new Manager had plans to support staff new to health and social care to complete the Care Certificate.
•□The in-house induction included task observations where new staff were observed preparing for and carrying out tasks before being signed off as competent to work alone. These assessments included monitoring how staff were gaining consent, protecting people's dignity, and enabling people to remain as independent as possible.
•□Over the last year staff had not received supervision on a regular basis. The new manager told us they were introducing a supervision and appraisal system for staff and regular supervision sessions had been resumed.

Supporting people to eat and drink enough to maintain a balanced diet
•□People were supported to eat a nutritious diet and were encouraged to drink enough to keep them

hydrated. Where people were at risk of dehydration or weight loss their fluid and food intakes were monitored, and staff knew the actions they must take to support people to drink and eat sufficient amounts to maintain good health.
•People were offered a choice of meals. If they did not like the main meals offered they could choose an alternative. For example, a person chose cheese on toast for their midday meal on the day of this inspection.

•The main meals were supplied by a company who specialised in providing meals for care homes and domiciliary care services. The frozen meals were re-heated by kitchen staff. People were observed at lunch time and appeared to be enjoying their meals. A person told us, "It's lovely food". Staff told us that there was not always much choice for people on softer diets, and that sometimes the evening choice was the same as at lunchtime. The new manager told us the kitchen staff were able to cook individual meals from fresh ingredients if requested, including soft or pureed meals.
•Staff were attentive at meal times, offering people support and encouragement with their meals as necessary. Some people needed support to help them eat their meal, and we saw staff gave them individual attention until their meal was finished.
•Meal times had recently been changed to ensure people received meals at regular intervals throughout the day. Some people who preferred to get up later in the mornings, lunch time had previously been too soon for them at 12 noon. Lunchtime had gradually been moved to 1 o'clock to enable people to get used to the new routines. If people wished to have their meals at different times this was accommodated.

Adapting service, design, decoration to meet people's needs
•Some adaptations had been made to make it easier for people to orientate themselves. For example, a bedroom door had a mural of books on it, reflecting the love of books the person had and making it easier for them to identify their room.
•During the inspection we saw the provider had purchased and was installing signage to help people with dementia orientate around the home.
•Bedrooms were attractively decorated and furnished. Bedrooms were of a good size to accommodate any equipment such as hoists, as required.

Supporting people to live healthier lives, access healthcare services and support
•Care records showed that people's health needs were monitored. Where people required support from external healthcare services this was arranged and staff followed guidance provided by those professionals.
•The service had worked effectively with relevant healthcare specialists. People were supported to receive treatment and support from healthcare professionals such as GP', therapists and specialist nursing services.

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). Nine DolS applications had been granted.

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.

- Care plans contained evidence of assessments carried out to determine people's capacity to make decisions. The records also showed where authorisations such as Enduring Power of Attorney were in place, or where authorisations had been granted where people's liberty was restricted.
- Staff had a good understanding of the MCA. We observed staff giving people choices and asking people to consent to their care and treatment, and ensuring they had the information they needed to make decisions.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity
•People told us, and we observed, staff treating people with kindness, patience and respect. We saw staff sitting and chatting with people, making sure people could see their faces clearly. People were smiling and responding to the staff.
•Staff offered care to people by using a gentle, collaborative approach. They encouraged people to accept support but did not insist if people refused. A person told us, "They're not bossy - just friendly". Another person said, "They help me".
•Staff had received training on equality and diversity. People were treated as equals, regardless of their backgrounds, beliefs or disabilities. The staff team were from a wide diversity of backgrounds, gender and sexuality. We saw they showed understanding and compassion to the people who lived there, regardless of people's disabilities or backgrounds. Discussion had taken place in team meetings around respecting all people as equals. The new manager told us, "Everyone is important".
•The staff we spoke with were passionate about making life as good as it could be for people living in the home. A member of staff told us, "We put the residents first – it's their home".
•We saw letters of thanks from relatives who expressed praise for the care provided by the staff. One relative said in their letter, "I couldn't wish for better care than that which (person) is receiving at Barton Place. I see improvements every time I visit". They went on to say, "I honestly can't remember the last time I saw her so happy. She is obviously very happy and contented and has settled in well. Her room is lovely and the staff are all so genuinely kind and caring, treating [person] with loving kindness and also taking the time to get to know her.

Supporting people to express their views and be involved in making decisions about their care
•People and their relatives were encouraged to be involved in their care and support. A person told us they were "Always included".
•Relatives told us they were able to visit whenever they wanted. Comments from relatives included, "I'm always made welcome", and "I can ring anytime to see how things are if I can't pop in".
•A relative said in their thank you letter to the home, "I am also made to feel very welcome and given proper updates and info on [person]'s progress".

Respecting and promoting people's privacy, dignity and independence
•People were supported by staff with their personal care needs in a respectful, discreet and dignified manner. For example, staff gently persuaded a person who needed assistance to change their clothes. The person was initially reluctant, but staff gave gentle encouragement and eventually the person agreed and the staff supported the person to return to their room where they were given support in private.
•Staff were observed to be respectful towards residents and knocked on residents' doors prior to entry.

- Staff took great care to ensure people were smartly and comfortably dressed. Great care was taken to ensure clothing was neatly laundered and ironed. People's hair was attractively styled. A visitor told us, "I come to see my friend and he is always happy and smart".

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- A computer based care plan was in place for each person. The care plans gave detailed information on people's health and personal care needs.
- Staff had access to the care plans using hand-held devices which they carried with them. This meant they could access care plans quickly and easily to check care needs, and to record the care they had provided.
- Staff we spoke with had a very good understanding of each person's needs and preferences. They were able to explain clearly the support each person received.
- Although the care plans had been regularly reviewed and updated, we noted some areas where the details could be improved, or where information in one part of the care plan had not always been transferred to other relevant sections. For example, a care plan contained some detailed information on how Parkinson's disease had affected a person, including 'freezing' and slurred speech. The information could be further improved to include information on how the illness may affect the person's continence at night times.
- The new manager told us they had recently introduced a 'resident of the day' scheme to enable all staff to focus on one person each day. The aim was to make sure each care plan was up-to-date and correct, and to review all areas of the person's health and personal care needs. This meant each person's needs and care plan would be reviewed every month.
- Where people experienced communication problems, this was explained in their care plans. We saw staff speaking clearly to people, observing and understanding facial responses. The new manager assured us that information would be provided to people in a suitable format and/or explained to them if they were unable to read documents.
- Since the last inspection there had been some changes in the staff team who supported people with their social needs. New activities staff had been recruited and there was a programme of weekly activities in place. The activities programme showed people were offered group and one-to-one activities seven days a week, mornings and afternoons. Regular activities included singing, musical entertainment, reminiscence, arts and crafts and one-to-one activities.
- During the inspection we saw a visiting musician playing to people in communal areas. They also visited those people who remained in their bedrooms and provided musical entertainment on an individual basis. However, we also observed some people sitting during the day without meaningful activity.
- We also noted that people were not regularly supported by staff to go out for walks, outings, or attend local clubs and events. The registered manager told us they were aware the activities needed to be improved and hoped to achieve this very soon.

Improving care quality in response to complaints or concerns

- People were given information on how to raise a complaint. The complaints policy and procedure was clearly displayed in every bedroom. A record of complaints and actions taken had been maintained.

• A relative told us, "I have no complaints but would be comfortable to say something".

End of life care and support

• Thank you letters from relatives showed people had received kindness and compassion from staff at the end of their lives. Comments included, "I would like to thank you all for the love and care you gave my dad. Each and every one of you who came into his room showed him love and respect".

• Care plans contained some information about people's needs and preferences for care at the end of their lives. However, the care plans would benefit from further detail to ensure staff have a full understanding of how each person wanted to be cared for at the end of their lives. The new manager said they planned to improve this area of the care plans in the near future.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• The providers had visited the home regularly in recent months and had a good knowledge and understanding of the daily routines in the home and any issues. However, formal systems to check the quality of the service and consider ways of improving the service had lapsed since the last inspection. They had not ensured that training had been completed by staff or that staff received supervision.

• There had been a period of instability in the home in the three months between the previous registered manager giving up their post, and the new manager being appointed. This had been addressed since the new manager had started. New staff had been appointed and there was good morale within the staff team. Staff spoke positively about the changes and improvements brought about by the new manager.

• Care plans and records were generally good and people were receiving good care. However, where care plans lacked detail around specific health needs, these issues had not been identified through regular monitoring systems. We also noted some gaps in the records of topical medicines administered. Systems to monitor care plans and daily records have been reviewed and improved following the inspection.

• There were no people with pressure ulcers at the time of this inspection, although we found pressure relieving mattresses were not set correctly. This had not been identified through regular monitoring checks. After the inspection the new manager provided evidence to show they had taken immediate action to ensure all settings will be regularly checked to ensure they are correct in future.

• Weaknesses in the quality monitoring systems by the provider meant there was a risk that, in the absence of a registered manager, the provider may not have adequate systems in place to ensure the home is running smoothly or safely. We have therefore rated the management and leadership of the service as 'requires improvement' as new quality monitoring systems had not yet been fully established and proven to be effective.

• The provider showed us questionnaires they hoped to send out to people living in the home and their relatives and representatives in the future, although this had not yet been carried out. Failure to seek people's views meant there was a risk the provider may not be fully aware of people's views on the service, and some concerns may not have been identified or addressed.

• The new manager had quickly identified areas where improvements were needed. Actions had been agreed with the provider and either addressed immediately, or planned to be addressed in the near future. They planned to draw up a service improvement plan to ensure there will be an ongoing system of monitoring and improving the service.

• The new manager had notified the CQC of all incidents and matters of concern. There was an open culture within the service and a determination to admit mistakes, learn where things had gone wrong, and make improvements. All of which demonstrated the requirements of the Duty of Candour (DoC), to be open,

honest and transparent.

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

- A relative told us "I've met the new manager and things seem to be changing for the better".
- Staff told us the new manager had made positive changes in a short space of time, and that they had great faith in their ability to improve the service. A member of staff told us, "We feel absolutely supported by the new manager. Honestly, I feel lucky she accepted this post, she supports us well".
- The new manager had recruited some new senior staff who were experienced and passionate about their jobs.
- 'Heads of department' meetings were held each morning, to communicate and share important information. Staff told us they found these very useful and that they had improved communication within the staff team.
- Staff told us they were "excited about the changes" the new manager had bought and said, "We want to be on board with that".

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

- The new manager had met with people living in the home and their relatives soon after they began working in the home to introduce themselves and to find out people's views on the service and how it could be improved. They had plans to implement further meetings in the future.
- Staff had received training in equality and diversity issues, and further training on the topic was planned for the near future. People and staff were valued and respected as individuals regardless of their beliefs, background or gender.

Continuous learning and improving care

- The new manager had recognised some staff had not received training on essential topics, and had taken prompt action to put in place a programme of training for all staff. They had found the quality of the training may not have met all staff learning needs and therefore they planned a series of classroom based training for the coming weeks to ensure all staff had a good basic understanding of their roles. The new manager told us there will be an ongoing programme of training and continuous learning in future.

Working in partnership with others

- The provider and new manager had recently re-established links with the local authority quality improvement team. Meetings had been arranged to seek advice and co-operation with the local authority team to help them review management systems in the home and ensure robust quality monitoring and improvement systems are in place.
- There were good working relationships with external health and social care professionals, including the local mental health team and community nurses.