Restful Homes (Central) Ltd

Gainsborough Hall Care Home

Inspection report

Russell Street
Leamington Spa
Warwickshire
CV32 5QB

Tel: 01926310480
Website: www.restfulhomes.co.uk

Date of inspection visit:
12 September 2022
15 September 2022

Date of publication:
07 October 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Gainsborough Hall Care Home is a care home providing accommodation with personal and nursing care for up to 74 people. It is a new, purpose-built home in which care is provided across four floors. Residential care was being provided on the ground floor and dementia nursing care was being provided on the first floor. The second and third floor were unoccupied. At the time of our inspection visit there were 28 people living at the home.

People's experience of using this service and what we found
There were enough staff to keep people safe. However, the provider had experienced difficulties recruiting and retaining staff and as a result, staffing numbers were maintained by using temporary staff supplied through an agency. Whilst temporary staff understood people's support needs, they had little knowledge of their people's background and interests. Some people expressed distress through their behaviour. This was not always responded to promptly or consistently in line with their care plan. There were missed opportunities to engage people in meaningful activities within the home and people were not always supported to try new things or maintain or develop their skills. The provider was responsive to our feedback and had made some improvements by the second day of our inspection.

Following our last inspection, improvements had been made to the management of risks related to people's health and well-being. People's needs had been assessed and plans were in place to mitigate any risks posed to people's health. Environmental risks were also managed safely.

People told us they felt safe and relatives felt people were protected from the risk of abuse. Staff understood their safeguarding responsibilities and knew to report concerns to keep people safe. Records confirmed safeguarding referrals had been made as appropriate and required action had been taken to manage any risks to people's safety, health and wellbeing.

Improvements had also been made to the safe management of medicines. People now received their medicines as prescribed. Staff who administered medication were appropriately trained and their competency had been assessed.

People and relatives gave positive feedback about the care provided at home. Staff were friendly, and people were seen to be comfortable in the presence of staff who were supporting them. People were encouraged to make decisions about the way their care was delivered. These care preferences were recorded in peoples care plans. Staff were appropriately trained and felt able to speak up, if things went wrong. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice.

People's needs were assessed before they moved into the home so their care could be planned based on

their needs, wishes and choices. People had access to external healthcare professionals to ensure they remained well. People had a choice and were supported to eat and drink enough to maintain a balanced diet. Where people had been identified as losing weight, records showed timely action had been taken to mitigate the risk of further weight loss.

At our last inspection, systems and processes failed to assess and mitigate the concerns we related to diabetes management, catheter care and medicines management. Improvements had been made and quality assurance processes were effective. People, relatives and staff provided positive feedback about the leadership at the home and told us the new manager had already made improvements. Communication had improved and people, relatives and staff felt listened to. Improvements had been made to the management of complaints.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 22 February 2022) and there were breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
The inspection was prompted in part due to concerns received about safeguarding concerns, poor personal hygiene practices and record keeping. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gainsborough Hall Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our responsive findings below.

Gainsborough Hall Care Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors, a CQC communications and engagement officer, a specialist nurse advisor and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Gainsborough Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gainsborough Hall Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and other professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with five people and 10 relatives about their experience of the care provided and 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 spoke with 13 members of staff including the new manager, two nurses, a unit manager, a senior carer, three care assistants, a housekeeper and four temporary staff provided by an agency. We also spoke with two healthcare professionals, a director of the provider company and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medicine records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider had not ensured risks related to the health and safety of people using the service had been identified and assessed or done all that was reasonably practicable to mitigate such risks. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely

- At this inspection, the management of risks related to diabetes care had improved. Thorough risk assessments and emergency plans were now in place to direct staff on what action to take if any symptoms of hypoglycaemia (low blood sugar levels) or hyperglycaemia (high blood sugar levels) occurred, in order to prevent more serious complications.
- Other risks associated with people's health had been identified, assessed and managed well.
- Some people living at the home had complex conditions and at times, required staff intervention to keep them safe due to risk's posed by their responses at times of anxiety or distress. Where a physical intervention had been used, this had been recorded, and the manager analysed these to identify patterns and trends. For example, through their analysis they identified one person had most physical interventions at night which triggered a review of their night-time care.
- Some people needed one to one support to maintain their physical safety and emotional well-being. Our observations and records showed this was always in place.
- Environmental risks were identified and assessed. Regular checks had taken place to ensure the equipment and premises remained safe.
- Improvements had been made to the safe management of medicines and people now received their medicines as prescribed. Staff who administered medication were appropriately trained and their competency had been assessed.
- Medicines applied via a patch to the skin were administered in line with the manufacturer's instructions. However, daily checks were not completed to ensure patch medicines were still in situ and had not fallen off or been accidentally removed. The manager took immediate action to implement this daily check on the day of our visit.
- Some people needed medicines on an 'as required' (PRN) basis. There were detailed protocols for staff to follow to determine when these medicines should be considered.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "We have done alright coming here. They are good to us

and I feel quite safe" and, "Oh yes, you won't see any anything like that (abuse) here."
● Relatives also confirmed people were protected from the risk of abuse. One relative told us, "[Person] is safe and well looked after. There are a few key members of staff there and I have gained my trust in them."
● Staff understood their safeguarding responsibilities and knew to report concerns to keep people safe. One staff member told us, "I have no concerns about reporting things and if I don't think they are being addressed, I would have no concerns about reporting it externally."
● Records confirmed safeguarding referrals had been made as appropriate and required action had been taken to manage any risks to people's safety, health and wellbeing.

Staffing and recruitment
● There were enough staff to keep people safe. However, the provider had experienced difficulties recruiting and retaining staff and as a result, staffing numbers were maintained by using temporary staff supplied through an agency. Familiar temporary staff were used whenever possible.
● The provider had introduced various initiatives to increase the number of permanent staff and six new staff members were due to commence employment a few days after our inspection. The provider had recognised the impact of using temporary staff and had limited any new admissions to the home until more permanent staff had started.
● The recruitment process continued to ensure staff were suitable for their roles by conducting relevant pre-employment checks. This included Disclosure and Barring Service (DBS) checks which provided information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Preventing and controlling infection
● We received mixed feedback about the cleanliness of the home. Additional members of housekeeping staff had now been recruited and overall, the home was clean, tidy and well-maintained.
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. On the first morning of our inspection we identified some clinical items had not been disposed of in line with good practice. The manager assured us they would address individual poor practice through supervision and meetings to ensure the provider's infection control policies were consistently adhered to.
● We were somewhat assured that the provider was using PPE effectively and safely. However, on various times throughout the inspection staff were seen wearing their facemasks under their nose or chin. We discussed this with the provider who assured us additional supervisions would be arranged with staff outlining the importance of wearing PPE correctly.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● Relatives and friends could visit whenever they wanted. A booking system was in place to manage the number of people in the building, but we did not receive any concerns that this prevented visits.

Learning lessons when things go wrong

● Accidents and incidents were recorded by staff and reported to the management team.
● The manager had oversight of accidents and incidents to ensure all required actions had been completed and referrals to other agencies or health care professionals had been completed if required.
● Analysis of accidents, incidents and safeguarding issues was completed to identify any trends or themes.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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 into the home so their care could be planned based on their needs, wishes and choices.
- The provider had made improvements to their pre-admission process to ensure they gathered all necessary information for a successful admission. The provider explained the relaxation in COVID-19 restrictions meant they were now able to carry out robust face to face assessments to ensure care could be provided in line with recognised standards and good practice guidance.
- The pre-admission assessment included consideration of the needs of those already living in the service and the potential impact on their well-being. The new manager explained, "We look at whether it is going to disrupt the other residents and the impact on the community we already have here."

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the home. The induction included working alongside experienced members of staff in order to learn people's individual routines.
- Staff had completed the provider's training programme. This included important topics such as safeguarding, end of life care and manual handling. Staff also completed additional training such as catheter awareness and nutrition and hydration, to support people's clinical care.
- Staff told us the quality of the training enabled them to provide high quality care. One staff member commented, "The training is brilliant. Even though I am an experienced carer, I have learned new things." They went on to tell us the provider was supporting them to start a level three diploma in Health and Social Care.
- To ensure temporary staff had the right skills to support people safely, additional training was provided to ensure they could meet the needs of the people living at the home. The provider had funded 'De-escalation Management and Intervention (DMI)' training to ensure they had the same level of skills as permanent staff. One temporary staff member told us about the benefits of this training and said, "It was really nice training because we got to know more about the de-escalation, so it is really helpful with the residents."

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

- People had a choice and were supported to eat and drink enough to maintain a balanced diet. One person told us, "The food is fine. There's plenty of it and we choose what we want."
- Where people had been identified as losing weight, this was closely monitored using best practice risk management tools. Records showed timely action had been taken to mitigate the risk of further weight loss. For example, food charts showed people were encouraged to eat enough a fortified diet, and referrals had been made to seek specialist support where needed.

● Staff were aware of those people who were easily distracted during their meal. We saw staff gently re-directed people back to their meals to eat more.
● People were provided with adapted cutlery and plates to assist them to eat and drink where this had been assessed as required. This helped people to maintain some independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare services. A doctor visited weekly to discuss people's general health. Where accidents had occurred, emergency medical assistance was sought.
● The new manager had recognised an area of improvement for the home was the on-going monitoring of clinical conditions and had arranged regular clinical governance meetings to continually review people's nursing needs. Plans were also in place to introduce a digital health care monitoring system to help staff detect and respond to any deterioration in health.
● Overall, people experienced positive health and wellbeing outcomes. A healthcare professional told us, "My client's family say [person] has come on in leaps and bounds while they have been here. [Person] used to get quite tearful and the staff are helping [person] to lift their mood. [Person] has put on some weight and is going in the right direction now."
● Each person had a 'hospital pack' which could be printed off and sent with them if they were admitted to hospital. This informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing.

Adapting service, design, decoration to meet people's needs
● At the time of our visit, people were living on the ground and first floor. The second and third floor were unoccupied. People could move easily around each floor due to the spacious corridors and communal areas of the home.
● People benefitted from large bedrooms with an en-suite and small kitchenette where people could make drinks and snacks for themselves where able.
● Where agreed, acoustic technology was used to monitor people at night. This meant people were not disturbed by physical safety checks.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● People and where appropriate, their relatives, were involved in decisions about their care.
● The provider worked within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions on DoLS authorisations had been incorporated into their care plans.

● Where a person's capacity to make decisions was questioned, a mental capacity assessment had been completed and where necessary, decisions had been made in people's best interests. For example, the decision to give a person their medicines covertly.

● However, some assessments lacked detail to show what steps had been taken to empower people to make their own decisions and not all capacity assessments were decision specific. The new manager had already identified this, and a plan was in place to ensure records supported staff practice.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives gave positive feedback about the care provided at home. Comments included, "Staff are kind to me. They try and look after you the best they can", "The staff genuinely care" and, "The staff are worth their weight in gold. They are so patient. It takes a certain type of person to do this job."
- Staff were friendly, and people were seen to be comfortable in the presence of staff who were supporting them. Staff supported people at their own pace and in a gentle manner.
- We observed caring and thoughtful interactions between people and staff. One person indicated to a staff member they wanted to them to sit down. As they did, the person laid their head on the staff member's shoulder and the staff member rubbed their head to comfort them.
- Staff ensured they were speaking to people at their level when sitting and lowered their tones to suit people's moods and responses.
- The provider understood people as individuals and promoted equality and diversity within their working practices.

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

- People were encouraged to make decisions about the way their care was delivered. These care preferences were recorded in peoples care plans. The new manager had introduced a 'resident of the day' check where care plans for a person were reviewed with the person and their relatives.
- Staff were able to identify forms of nonverbal communication to understand people's wishes. One person expressed a dislike to a particular care intervention. Staff respected the person's wishes whilst carefully balancing the risks posed by not delivering the care intervention. The staff member sensitively tried again a short while later when the intervention was accepted.
- Where people needed support to make importance decisions, family members were involved where appropriate and there was information about advocacy services within the home.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. Staff knocked on people's bedroom doors before entering and where people requested time on their own, staff respected this.
- Staff understood the benefit of supporting people to do as much for themselves as possible. A staff member was sitting with one person as they ate. By prompting the person, they enabled them to eat their meal independently.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met because people did not always receive person centred care.

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

- Records contained information about what was important to people such as their likes, dislikes and personal preferences.
- Overall, staff cared for people in line with their individual preferences. However, on the first day of our inspection, one person's expressed personal care preferences had not been met. The new manager took action to address this during our visit.
- Whilst temporary staff understood people's support needs, they had little knowledge of people's background and interests. This meant people were defined by the support they needed, rather than who they were.
- The provider recognised temporary staff did not know people as well as permanent staff. By the second day of our inspection, some easily accessible 'person-centred' boxes had been introduced which contained information about people's specific interests and backgrounds to enable staff to generate meaningful conversations with people.
- Some people expressed distress through their behaviour. This was not always responded to promptly and consistently in line with their care plan. For example, one person was in their bedroom regularly calling out. There were limited responses from staff to identify and respond to the cause of their distress. Items that might have engaged the person had been placed out of reach, and the television had been left on a high volume even though the person disliked noise.
- By the second day of our inspection, the provider had responded to our concerns and had implemented various strategies to support this person's emotional well-being. For example, a therapy dog had been introduced which clearly had a positive impact on the person's mood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- In communal areas on the first floor, there was limited resources for sensory stimulation to promote engagement of people with dementia care needs. This meant there was a risk people could become distressed or agitated through boredom, making others in the area uncomfortable and anxious. By the second day of our inspection, some improvements had been made and some small items of interest had been put in place, but further improvements were required.
- We saw, and records showed, there were missed opportunities to engage people in meaningful activities within the home. One person told us, "There are no activities at all; I just read my paper and do my word search." Another person commented, "There aren't any activities at all now, so I stay in my room a lot and come out at mealtimes."

● Staff did not always have time to support people to pursue their interests. This meant some people were left with limited therapeutic engagement to improve their social and emotional well-being.
● The provider had already identified this as an area for improvement and was actively recruiting a new staff member to support the provision of activities in the home. In response to our feedback, the regional activities co-ordinator had been asked to base themselves at the home for three days per week to improve the activity offer at the home.
● Relatives commented the biggest area for improvement at the home was the offer of activities. They expressed confidence the new manager was working hard to make the required improvements in this area.
● On the second day of our inspection we saw the positive impact planned activities had on people's wellbeing. People enjoyed singing and dancing to an external singer who visited the home each week.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● People's communication and sensory needs were recorded in their care plan so staff understood what support people needed to help them communicate effectively.
● Some people's first language was not English. A phrase card was used to support staff to communicate with one person and another person used electronic aids to assist their communication.

Improving care quality in response to complaints or concerns

At our last inspection, the provider had not ensured there was an effective system for identifying, receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

● There had been eight formal complaints since our last inspection. These had been acknowledged, investigated and responded to appropriately. Where complaints were substantiated, the provider apologised and learned lessons to improve the care delivery. For example, following one complaint, procedures had been changed for people returning to the home from hospital to ensure the home could continue to meet their needs.

End of life care and support
● There was information in people's care plans about where they wanted to be cared for as their health deteriorated.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last two inspections, the provider had failed to ensure effective governance systems were in place to ensure people were provided with safe and effective care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● At our last inspection, systems and processes failed to assess and mitigate the concerns we related to diabetes management, catheter care and medicines management. Improvements had been made and quality assurance processes were now effective. For example, a new audit ensured all risks related to catheter care had been checked.
● At our last inspection, staff did not always feel supported or valued by the provider. At this inspection staff spoke positively about working for the provider. One staff member told us, "[The owner] is in every week. They speak to the staff and asks us if we are okay. I don't have anything bad to say about them at all. I find them approachable. They acknowledge all the staff including the agency staff and will help out if they see we are struggling. They know people well."
● The new manager told us they wanted to ensure staff felt valued and how initiatives to demonstrate this could improve morale. A recent recipient of the 'employee of the month' award told us of the pleasure they felt in having their work in the home recognised.
● The new manager was motivated to provide high quality care and told us they felt supported by the provider's senior management team. They were aware of the key challenges for the home and the provider's expectations.
● The new manager prioritised the completion of internal quality audits where areas for improvement formed the homes internal action plan which was being worked through at the time of our inspection.
● New systems had been introduced to continuously review people's clinical care. This included nutrition, falls, behaviours, skin integrity infection control and any lessons learned when things had gone wrong. We were yet to see the effectiveness of these meetings as they had only just commenced.
● The new manager completed daily walks around the home where issues of poor practice were identified and discussed. In response to our feedback about the improvements required to ensure people received person centred care, they updated their daily walk around checks to include questions to both permanent

and temporary staff about people's individual backgrounds and interests to ensure staff knew people well.
● An additional training course to increase staff understanding of how to support a person with dementia had also been booked. This training used visual simulators to enable staff to experience first hand what it might feel like to live with dementia.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There had been some instability of management at the home and since our last inspection in December 2021, there had been a further change of manager. The current manager had submitted their application to become registered with us, CQC.
● Despite only commencing their employment five weeks prior to our inspection, we received positive feedback from people and relatives about the impact they had already made on the home. One relative commented, "I think there is a lot of potential with this manager. They are full of enthusiasm."
● Staff spoke of the impact the new manager had on the home in the short time they had been there. One staff member told us, "Since [name of manager] has been here, it has been a lot more organised, before that everything was up in the air. They are starting to put in place strategies for us to work by whereas before we didn't have any and there was no structure."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The new manager had prioritised meetings with people, relatives and staff to promote and open and honest culture. Feedback confirmed this was appreciated by all.One relative told us, "The new manager is very good, and they had a welcome meeting with relatives. I listened and was very impressed."
● People and relatives valued the new managers open approach. One person told us, "I think the new manager is good; the way she talked to the residents and to relatives was really good. She sincerely wants it to work, but she does need the right staff to make that happen."
● The new manager started to involve others in the running of the home. A 'residents ambassador' was in the process of being selected to speak on behalf of residents and a new 'buddy role' had been introduced where experienced staff were allocated new staff to mentor.
● A daily 'heads of department' meeting had also been introduced to ensure each departments voice was heard to better improve the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● People and relatives felt comfortable to raise concerns and were confident these concerns would be investigated thoroughly. Where things had gone wrong, the provider apologised and learned lessons to improve the quality of care provided.

Working in partnership with others
● The provider had been supported by the local clinical commissioning group to make improvements to the home. This support had been welcomed and positive outcomes had been achieved since out last inspection.