

Lily Care Ltd

Limefield Court Retirement Home

Inspection report

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Date of inspection visit:
20 August 2019
27 August 2019
03 September 2019

Date of publication:
16 October 2019

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

Limefield Court is a two-storey property that is situated off a main road on the outskirts of Bury town centre. The home is registered to provide accommodation and personal care for up to 32 people. At the time of our inspection there were 21 people living at the home.

People's experience of using this service and what we found

Breaches identified at our last inspections had been addressed. This included improvements in risk management, hygiene standards, opportunities to take part in activities, dignified person-centred care and good governance.

Systems providing better management and oversight of the service had been improved. However, the service has previously been rated requires improvement on three consecutive occasions. Therefore, to demonstrate effective management and consistent good practice over time these systems need embedding to demonstrate on-going improvements. We will check this at our next inspection.

People who used the service, their visitors and staff felt improvements had been made to the service. We were told that staff were kind and respectful and were able to demonstrate their knowledge of people's individual needs and wishes. People were nicely dressed and were seen to be supported in a dignified way.

Adequate numbers of staff that had been safely recruited were available to support people. A programme of induction, training and supervision provided staff with opportunities for personal development and support. There was good communication between the team, who were clear about their role and responsibilities.

Individual care plans reflected people's individual needs, wishes and preferences. Where able people had consented to their care and support. Records were kept under review to ensure people's current and changing needs were reflected.

People received their prescribed medicines in a safe way. Management systems were in place to help minimise the risks to people. Where concerns had been identified additional monitoring was in place to help respond to changing needs. People had access to a range of healthcare support to ensure their well-being was maintained. A health professional spoken with said staff responded to people's changing needs appropriately.

People said improvements had been made to the menu and meals provided. The kitchen was clean, organised and the dietary needs of people were understood by kitchen staff.

Relevant authorisations were in place where people were being deprived of their liberty. 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 supported this

practice.

On-going improvements were being made to enhance the standard of accommodation. Suitable aids and adaptations were available to aid people's mobility and promote their safety. Relevant maintenance and safety checks were undertaken to ensure the premises and equipment were kept safe.

Policies and procedures and staff training were provided to help safeguard people from abuse. Systems were in place for recording and responding to 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 September 2018). We also carried out a focused inspection (published February 2019) due to areas of concern that were raised with us. Breaches of the regulations were identified at each inspection. The provider completed an action plan after the last inspections 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

This inspection was carried out to follow up on actions we told the provider to take at the last inspection. However, during this inspection we received concerns about the care and treatment of people living at the home. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Limefield Court Retirement 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Limefield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first and third day of inspection; the second day was announced. Inspection activity started on the 22 August 2019 and ended on 3 September 2019.

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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No issues or concerns were raised with us.

We used the information the provider sent us in the provider information return (PIR). This is where the provider gives us some key information about the service, what they do well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and the relatives of two people about their experiences of the care provided. We also spoke with seven members of staff including the registered manager, deputy manager, cook, housekeeper and care staff.

We reviewed a range of records, including the medication administration records (MARs) for six people, the care records for four people, three staff personnel files, training records as well as information relating to health and safety and management and oversight of the service.

We also explored the specific area of concern raised with CQC and the local authority about the care and treatment of people living at Limefield Court.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our focused inspection published February 2019 the provider had failed to robustly assess and plan the risks relating to falls. 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.

- We found relevant care plans and risk assessments were in place. There was evidence of referrals having been made to the falls team and where necessary aids, such as sensors or pressure mats had been put in place.
- During this inspection concerns were raised about pressure care management. We reviewed information where someone was at risk. Guidance received from district nurses about safe care and treatment was clearly detailed in the person's care records as well as monitoring sheets to evidence pressure relief provided. The registered manager and deputy manager had also completed 'react to red' training. This is a pressure ulcer prevention campaign committed to educating people about the dangers of pressure ulcers and the simple steps that can be taken to avoid them.
- In addition, the registered manager monitored areas of potential risk to people. This included weight loss and falls. Where people had been identified as 'high risk' referrals had been made to relevant health teams seeking additional information and support.
- Suitable arrangements were in place in the event of an emergency arising. The service had an up to date contingency plan which informed staff about what they needed to do in the event of emergency such as, fire, damage to the premises, lack of availability of staff, loss of gas and severe weather. Individual Personal Emergency Evacuation Plans (PEEPS) were also available for each person and described the support they would need in the event of an evacuation.
- Up to date maintenance certificates were in place. Records also showed fire safety checks continued to be carried out as well as water temperature checks. We noted the fire risk assessment and legionella assessments needed to be updated as well as servicing of the call bell system. The registered manager confirmed with us during the inspection when these were to be completed. A copy of the reports were to be forwarded to CQC on completion.

Preventing and controlling infection

At our last comprehensive inspection published September 2018 we found Improvements were needed to the environment to improve hygiene standards within the home and minimise the risks of cross infection. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- During this inspection we found standards within the home had been improved. New washable furniture had been purchased, broken items had been disposed of, equipment had been cleaned as well as the appointment of two domestic staff.
- One person we spoke with said this had helped to improve standards within the home, adding, "They've been great, done a thorough job." Another person said, "It's a lot better than it was."
- Staff had access to relevant policies and procedures as well as staff training. Handwashing facilities were available in all areas where personal care was provided. Staff were seen to use personal protective equipment (PPE) such as gloves and aprons, this helped to minimise the spread of infection.
- Prior to this inspection we were informed the Health and Environmental Protection Team had undertaken an audit at the home in relation to infection control procedures. The service was assessed at 98% compliant.

Systems and processes to safeguard people from the risk of abuse

- During this inspection we received information of concern about the safe care and treatment of people, pressure management, access to healthcare in a timely manner, routines and the use of nutritional supplements and weight management. We found suitable arrangements were in place. Where areas of concern had been identified to people's health and well-being appropriate action had been taken. The local authority adult services team and quality improvement team were also aware of the issues. If necessary, the local authority may undertake individual reviews of people's care and support.
- People and their relatives felt they were cared for in a safe way. People's relatives said, "No concerns about them looking after [relative]" and "Yes I feel [relative] is safe"
- Staff had access to policies and procedures on safeguarding people from abuse and whistle blowing (reporting poor practice). Staff confirmed and records showed training had been provided. Staff spoken with were clear about their responsibilities and knew who they could speak with if they had any concerns.

Staffing and recruitment

- Effective recruitment processes remained in place prior to new staff commencing their employment. We reviewed the recruitment records for three staff employed since the last inspection.
- From our observations and discussion with people and staff we found enough staff were available to support people. Staff told us, "There's some good and bad days, depends what's going on but overall, I think there's enough", Yes, no concerns" and "Staff seem busy. When people ask for help they get it."
- However, on review of the rotas we did note that some staff worked excessive hours with few days off. We discussed this with the registered manager who said this would be alleviated following the appointment of further care staff to fill current vacancies. The registered manager acknowledged that staffing levels would need to be kept under review when considering the needs and number of people living at Limefield.

Using medicines safely

- The management and administration of people's prescribed medicines remained safe. A review of records showed medication administration records (MARs) were completed in full, PRN protocols (when required medicines) were provided to guide staff, particularly for those people not able to express their needs, cream charts with body maps identified where this was to be applied and fridge and trolley temperatures were recorded to ensure items were stored within safe limits.
- We were told only senior members of staff administered medication. A discussion with staff and review of records showed that medication training had been completed. In addition, the registered manager checked

staff practice to make sure they were competent in carrying out the role. Night staff had also completed training so they were able to administer PRN medicines should these be needed.

Learning lessons when things go wrong

- The registered manager spoke about monitoring systems which had been introduced following issues previously raised about the service. These included infection control management, weight loss and accidents and incidents. Information seen showed hygiene standards had improved, weight management was stable and there had been a reduction in the number of falls. The registered manager said these systems enabled her to have better oversight of the service and respond quickly to any concerns identified.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last comprehensive inspection published September 2018 we found staff had not received all necessary training and support needed to carry out their role so that people using the service received safe and consistent care and support. This was a breach of regulation 18 (Staffing) 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 18.

- At this inspection we spoke with the registered manager, staff and reviewed staff training records. We found a comprehensive programme of training and support was in place to support and develop the team.
- New staff spoken with and records seen showed that all new staff completed the Skills for Care induction. This included an opportunity to shadow experienced staff as well as complete values-based learning and additional training around core skills. One new staff member we spoke with said, "The manager keeps me safe so I can keep people safe, there's lots of training planned."
- Staff were seen to receive on-going training and support. This was both face to face and through e-learning. Staff spoken with said, "Yes we have frequent training both internal and external. Managers are supportive", "Yes training has been good" and "Yes, I feel valued and I get good support."
- A review of training records showed courses included areas of health and safety as well as specific care needs, such as, dignity in care, dysphagia, diabetes awareness, end of life; oral care, capacity and human rights and dementia care. In addition, the registered manager completed a range of competency assessments to check staff knowledge and understanding of specific tasks, such as, use of hoists and equipment and thickening fluids. These assessments helped to check practice was safe.

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

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Pre-admission assessments were completed to make sure people's needs could be met at Limefield Court. Assessments contained information about people's medical, physical and emotional needs, including levels of support required and any known risks. Individual support plans were kept under review so that information reflected people's current and changing needs.
- The registered manager continued to monitor the application and renewal of all DoLS applications to ensure guidance was complied with.
- People's records showed their consent had been sought with regards to information sharing, medication and care and support. Where able people had signed their agreement. One person we spoke with said the registered manager and "gone through all the paperwork" following their admission to the home. regarding their care, medication support and management of personal information. Where people were not able to make decisions for themselves this was done with relevant parties through the 'best interest' process so that people's rights were protected.
- Information and training were provided for staff to guide them in the MCA and DoLS procedures. Those staff we spoke with were able to demonstrate how they sought consent from people. Staff told us, "We ask and where they can't tell us verbally we look for body language" and "Yes we have training. DoLS are in place and some people try and leave to go home. We encourage people in all areas to ensure their needs are met where they lack capacity."

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

- During this inspection allegations were made about supplements being disposed of and not given to those who had it prescribed. We saw enough stocks were available and stored safely. Staff spoken with were able to explain how these were managed. Administration records were completed when given to people. Records showed where people had chosen not to take supplements. One person had addressed this directly with their GP.
- Where people had been assessed at risk of weight loss, additional weight monitoring was completed. Records were also completed of people's food and fluid intake. Where concerns were identified, a referral was made to the people's GP or dietician for advice and support. One staff member we spoke with confirmed, "We risk assess and refer to dieticians for supplement drinks for example. We record people's intake."
- Since the last inspection a full-time cook had been employed. People we spoke with said there had been improvements in the meals provided. We were told, "I get my meals and have been putting on weight, the meals are lovely", "Meals are really good with a varied choice of options" and "The food's nice, you get enough."
- The service was inspected by the food standards agency in April 2019. and was rated '5' meaning hygiene standards were 'very good'.

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

- Concerns were raised with us about people not having timely access to health care professionals when needed. On review of people's records, we found appropriate referrals were made, where concerns had been identified. This included referrals to speech and language therapist, falls coordinators, district nursing team and people's GPs. Records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met.

- One person spoke about the support they had received following a fall which required hospital treatment. They told us, "[Registered manager] kept a close eye on me, she made me go back to the hospital as she thought I wasn't well, she was right." Another person who had recently moved into the home said their condition had improved, adding "Yes, especially for my health."
- The service had developed a 'hospital passport' for each person. These provided essential information about the individual needs of people when being transferred between services. The purpose of these was to help provide continuity in the care and support people needed.
- During the inspection we contacted the district nursing team. They felt improvements had been made within the service. They told us they had no concerns about people, had found staff to be responsive and acted on instructions, adding "They contact us if there are any issues."

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

- Since the last inspection work had been carried out to enhance standards within the home. Communal areas had been redecorated, bathrooms had been updated and lounge and bedroom furniture had been replaced. Whilst looking around the home we also saw that some of the bedrooms had been redecorated. We were told that a programme of refurbishment was being completed so that all areas were improved.
- The provider had considered the use of contrasting colours in hallways and bedrooms doors. All toilets and bathrooms and the dining area had pictures on the doors indicating what they were. These helped people living with dementia to orientate themselves.
- Aids and adaptations were provided throughout to promote independence as well as maintain people's safety. These included; handrails, assisted bathing, raised toilet seats, bed rails and call bell leads.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last comprehensive inspection published September 2018 the provider had failed to provide people's care and support in a way which met their individual needs and wishes. This was a breach of regulation 9 (Person centred care) 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 9.

- During this inspection we saw people were clean and nicely presented. One person told us, "They do my laundry which I like." Where previously people did not have access to individual toiletries, the registered manager showed us stocks which were now purchased for them. Additional items such as bedding had also been purchased so that enough stocks were available to provide a bed change for each person.
- Staff were discreet when offering assistance to people. Staff gave examples of how they afforded privacy and dignity to people. One commented, "Be polite and understand their needs, be patient and give reassurance when needed" and "Positive and friendly with people. I always ask."
- Where able people were encouraged to maintain their independence and were seen to come and go freely from the home. People told us, "I get to have me independence and I really appreciate that", "The staff will help me if I need them to" and "I am able to have a shower here and can manage on my own." One staff member also commented, "I encourage them and get them to do as much as they can themselves."
- In one area of the home the registered manager had introduced a 'dignity' corner. This had pictures and statements to remind staff about how to treat people equally and afford them appropriate and dignified care.

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

- People we spoke with said they were happy living at Limefield and were seen to enjoy friendly banter with staff. People we spoke with told us, "It's a nice place, a lot better than where I use to live, I like it", "Yes, I'm happy enough and do what I want" and "They [staff] work really hard."
- People's equality and diversity was recognised and respected. Care files explored the protected characteristics including age, gender, race/culture, religion, disability and language and communication.
- Staff interactions were polite and friendly and were able to demonstrate a good understanding of people's individual needs. One commented, "We know them well. We always read the care plan when new people move in."
- Information about equality and diversity was included with the home's statement of purpose and service

user guide. Staff spoken with said training was also provide through the induction and dignity in care training.

- People's rights to a family life were respected. Visitors were seen coming and going and were made welcome by staff. One visitor told us they stayed for several hours and were always offered drinks and something to eat when they visited.

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

- People's wishes and feelings were considered and included when planning their care and support.
- Two people we spoke with told us, with the support of managers and a social worker, long term plans about their care and support were being explored in line with their wishes and feelings. One person said they had been able to talk openly with the registered manager about what they wanted and had been supported in doing so.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last comprehensive inspection published September 2018 the provider had failed to provide a choice of activities and leisure opportunities to help promote the wellbeing of people living with dementia, enabling them to retain their independence. This was a breach of regulation 10 (Dignity and respect) 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 10,

- Whilst some improvements had been made these needed to be enhanced further. One person commented, "The staff don't always have the time, although we have a singer a couple of times a month and weekend bingo."
- We saw some people followed activities of their own choosing accessing the local and wider community independently using public transport. Others spent time with each other socialising and playing board games.
- For those people who required support to take part in activities, a weekly plan had been introduced and included music and singing, baking, bingo, reminiscence and board games. In addition, armchair exercises were facilitated by 'active minds' and an external entertainer was also said to visit the home. It was acknowledged that this was an area of on-going development.

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

- During our last inspection we found people's care was not provided in a way which met their individual needs and wishes, for example, people were not supported to access oral care products and people's cigarettes were not always accessible. During this inspection we found new care plans and staff training had been introduced regarding oral hygiene and cigarettes were accessible. People we spoke with, who smoked, said "I always have a packet."
- People received care and support based on their individual needs, wishes and preferences. Information gathered as part of the pre-admission assessments, involving people and their relatives.
- Monitoring records, such as, personal care charts, food and fluid intake and repositioning charts were completed so people's changing needs could be quickly managed and responded to. Following discussion with the registered manager the personal care charts were to be amended to help provide clearer information about the support provided throughout the day and night time.

- Staff spoken with said they were kept informed of people's current and changing needs to help provide consistent care and support. One staff member told us, "Yes the communication is clear including handovers. We are notified when care plans are updated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, recorded and met. We were told information could be provided in different formats, where needed, to support people's communication needs.

Improving care quality in response to complaints or concerns

- Systems had been maintained with regards to the management of complaints and concerns. Information to guide people was displayed within the home and made available to people on admission to the home.
- Since the last inspection no complaints had been raised. Prior to this inspection we contacted the local authority to see if they were aware of any complaints. No issues were raised with us.
- We saw several thank you cards had been received and people living at the home and their visitors had also recorded their compliments about the service. Comments included, "Brilliant, staff very caring, like how staff check on residents whilst in the lounge. [Relative] looks well", "I think the staff are brilliant at Limefield. They are very caring and thoughtful. I would not like to leave" and "We are very satisfied with the care [relative] receives at Limefield. The staff are very welcoming and approachable which means we can discuss anything."

End of life care and support

- During the inspection training in 'end of life care' was provided to the team by hospice staff.
- Information about people's wishes were considered when planning their care and support. Information also included where people had a 'do not attempt resuscitation' (DNAR CPR) in place.
- We were told the service would work closely with people's GP and the community nursing team to ensure they received appropriate care and support when approaching the end of their life.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last comprehensive inspection published September 2018 we found quality assurance systems were not sufficiently robust nor had findings been used to inform and develop a business improvement plan so that the quality and experiences of people were improved. This was a breach of regulation 17 (good Governance) (Staffing) 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.

- During this inspection we found additional monitoring systems had been implemented providing a better analysis of issues such as falls, weight loss and infection control, further monitoring of staff recruitment, training and development was also completed. Audits of medication, care plans and health and safety continued to be maintained. It was evident through our discussion with the registered manager and a review of records they had better oversight of the service. The registered manager told us their focus was "To build on the systems now in place to enhance the service further and then increase occupancy."
- Prior to this inspection the service had been rated requires improvement on three consecutive occasions. Therefore, we could not improve the rating for well-led from requires improvement because to do so requires evidence of effective management and consistent good practice over time. We will check this at our next planned comprehensive inspection.

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

At our focused inspection published February 2019, we found the home's 'Statement of Purpose' did not accurately reflected the range of people's needs that could be safely and effectively met at the home. This was a breach of Regulation 12, schedule 3 of the Care Quality Commission (Registration) Regulations 2009.

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

- The provider had reviewed and updated the home's Statement of Purpose. As required a copy of the document was forwarded to the CQC.

- The service had a manager who was registered by the CQC in April 2019. The registered manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- When asked what was good about the service and if they felt it was well led staff told us, "What's good, staffs understanding of how to meet people's needs. It is well led. One new member of staff felt support from the registered manager was high and had enabled them to settle well into their role. They felt development opportunities had been made available to them unlike previous employment.
- We checked the provider's website and saw that the rating awarded at the previous inspection was displayed, as required by law. The quality rating was also displayed within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- During this inspection we received concerns about the management culture within home. We spent time talking with staff about their experience. Staff spoken with told us they were happy working at the home and had no concerns about the service was managed. We were told, "Communication is good", "The routine and allocation of work is very good." Everyone knows what they are doing", "I think so yes. They ask me on a regular basis if I am happy. They ask me if the schedule works. They value my opinion." Another added, "Yes, it is a nice place to work."
- People living at the home recognised the improvement made over the last six months. We were told, "She [registered manager] has worked hard" and "It's a lot better now than it was." Relatives of people added; "They always include us and keep us informed" and "We've seen some improvements 'for the better'. We feel it's better as you know who is in charge and who to go to, where before it wasn't that easy" and "It's better organised now."
- We were told resident meetings were held from 'time to time' and annual surveys were distributed. Feedback received had been collated; findings were detailed on a 'You said, we did' notice which was displayed on the notice board.
- Opportunities were also provided for staff to share their views. Records showed and staff confirmed that regular team meetings were held. Meetings were also used to discuss policies and procedures as well as events within the home.

Working in partnership with others

- The service worked in partnership with other agencies including a range of healthcare professionals and the local authority.
- As part of the inspection we spoke with the local authority quality improvement team and adult services as well as a visiting health care professional. We were told action required following review by the local authority had been concluded.