

Venetian Healthcare Limited

The Grove

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? | Good ● |

Summary of findings

Overall summary

About the service:

The Grove provides accommodation with personal care for up to 38 people. There were 33 predominantly older people using the service at the time of our inspection.

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

People told us they felt safe being supported by staff. Staff understood risks to people and how to help reduce them.

People received their medicines on time from staff who had received training in medicines administration. Medicines were ordered, stored, and disposed of appropriately.

Staff were recruited safely in sufficient numbers to ensure people's needs were met.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff had received appropriate training and support to enable them to carry out their role safely. Some staff required updates to their training and this was being arranged. Staff meetings were used to remind staff of best practice and to discuss any concerns about people's needs. Staff told us they felt well-supported by senior staff and the manager.

People told us, "If you have to live in one of these places then this is probably the best one" and "I feel perfectly safe and happy here."

Relatives told us, "Absolutely fantastic, we are really delighted with the new leadership team. They (The manager and the head of care) are so honest and open and so hardworking," "I cannot think of a single thing I would change, I would love to live here myself" and "It is all lovely."

Where concerns had been identified, staff recorded people's food and drink intake. However, there was not always evidence these records had been monitored or totalled. We have made a recommendation about this in the effective section of this report.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records. People were able to make choices about their life and how their care and support were provided. This information was reflected in people's care plans. Staff understood the importance of respecting people's wishes and choices.

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. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

The staff had not always effectively recorded when people had appointed specific lasting powers of attorney to act on their behalf when they were not able to make their own decisions. We have made a recommendation about this in the effective section of this report.

Everyone had a care plan which was regularly reviewed and updated. These provided staff with guidance and direction to enable them to meet people's needs, their wishes and preferences.

People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. These were correctly set for the person using them.

There were activities provided for people. The activity co-ordinator planned both morning and afternoon activities in groups and on a one to one basis. People were supported to access the local area.

People felt cared for by staff. Staff spoke about people with affection and empathy. Staff respected people's diverse characteristics and were clear that each person's individual needs were their priority. People told us they felt listened to and their privacy and dignity were respected.

Robust audits were regularly carried out to monitor the service provided. Actions from these audits were being acted upon to further improve the service.

Complaints were recorded, and responses were seen. The manager recorded all issues raised and showed us that all were resolved at the time of this inspection.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People, staff, relatives and healthcare professionals told us the service was well led. Everyone we spoke with were positive about the new manager and the impact they, and the head of care have had on the service provided at The Grove.

People were given various opportunities to provide feedback about the service. The manager and senior staff had developed positive relationships with local organisations, which helped ensure people had their needs met promptly. Staff told us they enjoyed working at the service and that the team worked well together.

Visiting healthcare professionals told us, "This is one of the better homes in the area. We have no concerns about the care here," "Staff call us when necessary and are vigilant about any changes in people's needs" and "I have seen great improvement in a person's ankle, they [Staff] have followed my instructions well and it has improved greatly" and "It is good here, always staff around, they are knowledgeable and friendly."

Rating at last inspection and update:

At the last inspection the service was rated as requires improvement (report published 15 February 2019) We issued a requirement notice. This focused inspection was carried out to review enforcement action taken following the previous comprehensive inspection (report published 7 November 2018) The inspection was again rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

We met with the provider following the last report being published to discuss how they would make changes to ensure they improve their rating to at least good. The provider agreed to send us regular updates on an action plan they produced, to show what they had done 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 was a scheduled inspection to review the action taken by the provider following our previous inspection.

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

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?

Good ●

The service was well-led.
Details are in our well-led findings below.

The Grove

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and a specialist nurse advisor.

Service and service type:

The Grove 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 did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The new manager had begun the process of registering with the CQC.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the last inspection report, the reports received from the service on the improvements they were making, information we had received from other agencies and feedback we had received from other

interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with six people who used the service, six relatives, eight staff members, the manager, the head of care, the maintenance person and four visiting healthcare professionals. We reviewed the care records of four people and medication records for all the people who used the service. We reviewed records of accidents, incidents, complaints, staff recruitment, staff support as well as audits, survey responses and quality assurance reports. Some people were not able to tell us verbally about their experience of living at The Grove. Therefore, we observed the interactions between people and the staff supporting them. 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.

After the inspection:

We looked at staff training data and staff supervision records.

We continued to seek clarification from the manager to validate evidence found and spoke to one relative.

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 good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff who had safeguarding training and knew about the different types of abuse.
- Information about how to report safeguarding concerns externally was displayed in the service.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.
- People told us they felt safe, comments included, "I feel perfectly safe and happy here." A visiting healthcare professional told us, "If I needed to come in to a home, this would be it."
- The service supported people to manage some aspects of their finances. Personal money was held by the manager. However, we were unable to inspect this as the safe could not be opened. We have asked the manager to urgently address this concern. The manager assured us people were provided with any money they required, and this was reconciled later.

Assessing risk, safety monitoring and management

- Risks were identified, assessed, monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place. A recent fire service assessment had placed two rooms out of use until additional safety systems were put in place. This was in the process of being addressed.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Staffing and recruitment

- People were supported by suitable staff. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.
- Staff told us they had enough time to support each person. Records showed action was taken when people's needs changed, to help ensure they had the right support to meet their needs.
- There were staff vacancies at the time of this inspection, but shifts were being covered by existing staff. No agency staff were in use at the time of this inspection. Recruitment was in progress. One staff member told us, "We used to have a lot of agency to help cover, but it's changed drastically as more permanent staff

come in to post."

- People had access to call bells to summon assistance when needed. People told us staff responded quickly to them when they called. Comments included, "Yes, they [Staff] come when I need them, they are very good."
- Staff told us, "I love working here, the management are so supportive, and it's been amazing since I have started here. I had a good induction" and "[Managers name] is very hands on and help out a lot, her compassion towards people is very obvious."

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had competency checks to ensure ongoing safe practice.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- Regular internal audits had been carried out. Actions from these audits had led to improvements being made. An external pharmacy audit had also been carried out and no actions were indicated as required.
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service.

Preventing and controlling infection

- The sluice was not in working order at the time of this inspection. A part was on order. Staff were following a specific appropriate process to ensure soiled equipment was being cleaned effectively.
- Infection control audit processes were not yet in place at the time of this inspection. The manager assured us that this audit was would be commenced.
- The service appeared clean and was free from malodours.
- Training was provided for staff and competency checks were in place to ensure best practice was being carried out.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Staff knew how to report accidents or incidents. Records showed appropriate action had been taken following any event to help ensure the risk of a similar incident occurring was reduced.
- Areas of concern found at the last inspection had been effectively addressed and improvements were noted at this inspection.
- Issues raised by people or their families had been listened to and addressed. For example, one family, with the necessary legal power of attorney, wished to closely monitor their family members daily care records. These were provided in a file in the person's room.

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 good. At this inspection 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, and preferences were assessed prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- People, or if appropriate their representatives, were asked about any support they required related to the protected characteristics under the Equality Act 2010.
- Care plans showed people's needs had been assessed and planned for. Guidance and direction was provided for staff on how to meet those needs.
- Health and social care professionals were regularly consulted to help ensure people's care and support reflected best practice. We were told by one staff member, "We contact the community nurses or the tissue viability nurse (TVN) whenever we want some advice. We have a good relationship with them. We send them pictures and that helps them to plan any care needed."

Staff support: induction, training, skills and experience

- Records showed training was provided to ensure staff had the skills necessary to meet people's support needs. Some updates were required by some staff, we were assured there were plans to address this. Staff told us, "We get specialist training as well as the usual ones, we have had training from the Parkinson's specialist nurse and from the speech and language specialist (SALT), its good" and "We have lots of training and more planned."
- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided. Comments included, "The staff all seem very on the ball."
- Staff were given opportunities to discuss their individual work and development needs. The manager held a record of which staff required this support and when. Annual appraisals were overdue. We were assured by the manager that these were planned to take place in the next few months.
- Staff induction procedures ensured they were trained in the areas identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff communication records and handover between staff were used to keep staff up to date with people's changing needs. A daily meeting was held with all heads of department to share information with the head of care. Any required updates to people's care plans were initiated by the person's key worker and acted on by the manager or head of care.

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

- Staff recorded some people's food and drink intake, where concerns had been identified. However, there

was not always evidence that these records had been reviewed and totalled each day.

We recommend the service take advice a guidance from a reputable source regarding the recording and monitoring of fluids taken by a person.

- People were weighed regularly. Where it had been identified that a person had unplanned weight loss advice was sought appropriately. No prescribed supplements were in use at the time of this inspection. The head of care told us, "We do it in-house, we fortify their meals with cream and butter, lots of snacks and milky drinks. Milk shakes contain a great deal of calories. It all helps them to put back weight."
- Staff were aware of people's dietary needs and preferences. Care plans contained details of any support that people required at meal times, as well as any risks associated with eating and drinking. There was a dining room 'buddy' staff member who was allocated to ensure everyone had the support required and monitored the completion of any food intake records.
- People were offered a choice of food and drink. Vegetarian meals were available. The kitchen staff were aware of people's dietary requirements. The Food Standards Agency (FSA) had issued a five star rating to the service.
- Menus were provided for each person to help them with meal choices at the time of the meal. Alcohol was available to people at meal times if they wished. Adapted cutlery was provided for people as required. Staff supported people with their food as needed. People told us they enjoyed the food provided. People told us, "It is very good, sometimes I cannot eat it all" and "I really enjoy the cake."
- Drinks were seen available throughout the service. Snacks were offered throughout the day. Cakes were provided in the afternoons.

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

- People were encouraged and supported to attend regular health appointments. Staff accompanied some people to appointments ensuring they took a packed lunch if required to ensure they did not miss a meal.
- Staff liaised with a range of organisations on behalf of people, depending on their individual support needs.
- Staff received guidance at induction on how to support people with their oral care needs. Care plans contained direction for staff on how to meet people oral care needs.
- Health and social care professionals visited people regularly and any information or advice was shared with staff to help ensure people's needs were met. Comments included, "We are not concerned about this service, it is one of the best, they call us to see people appropriately and it is always clean and people always appear well cared for."

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

- A concern had been raised to CQC by a relative regarding many potholes in the drive approaching the service. Their relative had fallen from their wheelchair whilst being supported to use the drive to leave the service. The manager confirmed that work was due to start on resurfacing the drive in the next few weeks.
- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- People had their names and pictures displayed on their door to help them identify their own rooms. There was some pictorial signage on the toilets/bathrooms. This helped people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside.
- As bedrooms became vacant they were redecorated and updated. There was painting of the service in process during this inspection.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showing which people, living at the service, who had appointed Lasting Powers of Attorney (LPA's) were not always clearly recorded in people's care plans. We recommend the service take advice and guidance from the Mental Capacity Act 2005 Code of Practice regarding the recording of people's appointed LPA's.
- People had their capacity assessed, when necessary, to check if they could make their own decisions. The best interest process was used when people were unable to make decisions themselves.
- There were processes for managing MCA and DoLS information and there were records held of which people had DoLS applications made. There were no authorisations in place at the time of this inspection.
- Families were encouraged to be involved in people's care plan reviews.
- Staff had received training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005. Capacity assessments were completed to assess if people were able to make specific decisions independently. Staff told us how they respected one person's wishes to not be moved in a hoist. This person was assessed as having the right to make choices for themselves and this wish was respected.
- We observed staff seeking people's consent before they carried out a task, throughout the inspection.

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 good. At this inspection 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 were well cared for. People were well dressed in clean clothes. We heard staff chatting with people throughout the inspection. Comments included, "You look lovely, like a film star." (The person had just had her hair done) and "You have my favourite scarf on, I like that one."
- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Staff had been provided with training to help ensure people's rights were protected at the service. Staff understood the importance of treating people equally and fairly.
- Information was included in people's care plans to guide staff about any specific needs people had.
- Relatives told us, "I cannot think of a single thing I would change, I would love to live here myself" and "It is all lovely."

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

- People told us they felt able to speak with the manager and staff about anything they wished to discuss. A survey had been given to people to seek their views and experiences. Issues raised from this survey had been actioned.
- Relatives felt able to raise any issues with the manager or care staff. One relative told us, "I have raised several things with the manager and she is so open and willing to help. Nothing is too much trouble."
- Some care plans indicated that people had been involved in their own care plan reviews. The manager was visible and provided care and support to people at the service regularly and spoke with people to discuss any changes they wished to make to their care and support.

Respecting and promoting people's privacy, dignity and independence

- Care staff knew people well and held many relevant and meaningful conversations with people throughout the inspection visit.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress. One relative told us, "They always call me when needed, I am confident about that."
- People told us they felt respected. We observed care staff lowered their voice when speaking with people about any support they may need.

- People were provided with keys to their rooms should they wish to lock them at any time.

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 changed to good.

This meant people's needs were met through good organisation and delivery.

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

At the last three inspections the provider had failed to ensure care plans always contained accurate guidance and direction for staff. Robust auditing process were not in place to help ensure people's assessed needs were met. The service did not always act on feedback provided by people. The service had been in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last three inspections.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- There was no one being cared for in bed, all the time, during this inspection. Some people required regular re-positioning by care staff when they were in bed. This was not always clearly recorded according to the directions in the care plan. We were assured staff did provide appropriate care, but it was not always recorded. Skin condition checks were regularly recorded by staff. They indicated there was no impact on people's skin as a result of the lack of re-positioning records. The manager assured us they were changing the way paperwork was held, to help ensure staff always recorded care provided.
- Staff had a good understanding of people's individual needs and provided personalised care.
- The care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Daily notes reflected the care people had received and how they had spent their time.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them.

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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

- Activities were provided for people in the morning and afternoons. The activity co-ordinator planned a variety of activities for people to enjoy in groups and on a one to one basis. External entertainers visited the service regularly. Chickens and ducks lived at the service and people helped care for them.
- An opportunity for people to create and name their own cocktails had been a great success. As well as the opportunity to take part in The Grove 'Bake Off' where people were supported to make and decorate biscuits.
- People were supported to access the local community in a hired minibus. A recent trip was to the local Macmillan coffee morning. There were plans to take people to the Eden Project monthly coffee/lunches held for the benefit of people who live in residential care homes.
- People, who were able, went out in to the local area independently as they wished.
- Visitors were encouraged at any time.

Improving care quality in response to complaints or concerns

- Following concerns from the past three inspections the manager and head of care had made improvements to address the concerns identified. They had put in place robust regular effective audits. These had brought about sufficient improvement to step down some weekly audits, to take place less often. Regular meetings with people living at the service were effective in bringing about changes requested by people.
- People were asked for their views and experiences regularly. For example, one person had asked for a blind for their window as it was hot when the sun shone in. This was addressed the same day and signed off the maintenance job sheet.
- Past concerns with guidance and direction provided for staff in care plans had been addressed. We found care plans provided appropriate accurate information at this inspection.
- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- We were told there were no formal complaints in process. The manager recorded all verbal issues raised and recorded the way these issues were resolved. People and relatives told us they felt able to approach any staff if they had any concerns.

End of life care and support

- It was recognised that not everyone was ready or willing to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner. The manager was accessing specific training to support staff with this sensitive issue.
- Care plans did not always show people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.
- The contact details of immediate family or friends were recorded and any immediate actions, required in the event of a person's death, were known by the manager and head of care.
- The staff were supported by the community nursing team when they provided end of life care to people.

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 now improved 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

At the last inspection the provider had failed to ensure robust monitoring of care records and effective audit processes were in place. This meant opportunities to identify concerns and improve the service were missed. This was the third time the service had breached regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Following the last inspection, we met with the provider to discuss how they would improve the service to ensure they met the requirements of the regulations. The provider agreed to send CQC regular reports on the progress being made against their action plan. We have received regular reports as agreed. These reports showed effective action was being taken.
- Robust regular audits of many aspects of the service had been taking place since the last inspection. These included care plans, equipment, and medicines administration. These audits had been used to make improvements to the service.
- Roles and responsibilities were clearly defined and understood. The current manager had been in post since May 2019. They had worked long hours to improve the service. They were supported by a deputy manager and a newly appointed head of care, who had been in post since the end of July 2019. They had begun the process of registering with the CQC as the registered manager.
- The provider had a defined organisational management structure and there was regular oversight and input from the provider who visited the service regularly.
- The manager was very familiar with people's needs and preferences and worked alongside the care staff when necessary.
- The ratings and report from our previous inspection were displayed in the entrance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and staff were clear about their aim of providing good care and this was reflected in the way staff spoke about how they supported people.

- People had asked to have greater access to the grounds. A route for mobile people and people who used wheelchairs had been created to enable people to access many more areas. A gardening club had been set up and the group were entering flower shows with rare plants grown at the service.
- The manager had comprehensive oversight of the service and understood the needs of people they supported.
- Residents meetings had been held regularly with the new manager and head of care, to share information with people and seek their views of the service provided.

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

- The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.

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

- People were supported to share their views and experiences at regular meetings. We saw issues raised about meal provision recently had prompted a special meeting with the chef to be set up with so people could share their issues and a plan could be made to address them.
- A staff survey had been sent to all staff by the new manager. Issues with shift patterns had been raised. This had been addressed by the manager. Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Staff told us, "It is all going really well with the new manager" and "She is always around to help if needed. There is also lots of help from the head of care. Things are definitely improving. Much more organised now."
- Communication between people, staff and families was good. Life histories were documented with help from people and their families.
- A survey had been sent out to people and families. The responses were positive. Where comments had been made these had been considered and action taken to address them.

Continuous learning and improving care

- The manager and head of care had worked hard to address the repeated concerns from the last three inspections. Their actions had led to improvements and the service was now meeting the requirements of the regulations.
- The manager and head of care completed regular checks on the quality of the service. Action was taken where improvements were identified.
- Regular management meetings were held to support shared learning and share information about the service and identify and further improvements that may be needed.

Working in partnership with others

- The manager and head of care were very open and transparent. They reported any concerns or events that had taken place to the CQC and sought support where necessary.
- The service communicated with commissioners and DoLS teams appropriately about people's care.
- Three visiting healthcare professionals were seen on the day visiting people. All had noted improvements in the service. None had any specific concerns.

- Care records held details of external healthcare professionals visiting people living at the service as needed.
- Visiting healthcare professionals told us, "The place is much better now than it has been in the past, definitely improved. We do not have the level of concerns we had before this manager started" and "We are happy with the care here."