

Burnham Lodge Limited

Burnham Lodge

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:

Burnham Lodge provides accommodation for a maximum of 60 people and also offers day care, where people could choose to visit for a day, a week or several weeks. At the time of the inspection 28 people were using the service which is operated from a large stately home set in vast acreage. Four floors offer bedrooms and facilities, including a hair salon, large communal dining areas, an activities room based in the conservatory and a large day room. Each bedroom has an en-suite with additional toileting and bathing facilities offered per floor.

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

The provider had acted to ensure the premises was safe to use for their intended purposes. Risks to people's health and welfare were assessed and managed appropriately. We found all concerns found at our last inspection in December 2018 had been addressed.

People spoke positively about the caring nature of staff. A relative commented, "(Care is) amazing! Can't ask for anything better. Staff are kind, caring, friendly. They're always great and address us and [name of family member], very welcoming."

Throughout our visit we observed warm, friendly interactions from staff towards people. People received care and support from staff who knew and understood their care and support needs. People and relatives felt they were able to express their views and staff ensured their privacy and dignity was maintained, and their independence promoted.

People said they generally felt safe. Staff understood the signs of abuse, reporting procedures and had attended the relevant training. A person told us of instances when they did not feel safe. We discussed this with the management team who told us they would look at ways of improving the person's experience of feeling safe. Recruitment checks ensured people were cared for by staff who were suitable. We found there were enough staff to provide care and support to people. There were safe medicines management and infection control procedures.

The service had participated in a hydration project with the local clinical commissioning group (CCG) which had resulted in improved hydration for people. Staff had the qualifications, competence and skills necessary for the work to be performed by them. Care records documented how people wanted to be cared for but, did not identify all individual needs which related to the protected characteristics identified in the Equality Act 2010. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; as the policies and systems in the service did support this practice. We found the service acted in accordance with the Mental Capacity Act 2015.

People's care and support needs were assessed to enable staff to meet their specific needs. Care records were detailed and documented people's preferences for care, such as end of life care. However, this was not always clear when it came to people's preferences for staff based on their gender. We have made a recommendation about this.

The service did meet the requirements of the Accessible Information Standard (AIS) but management acknowledged they were not familiar with the AIS. Information contained in care records was detailed, documented if people had disabilities or sensory impairments, showed what people's level of communications were and how staff should support them. People were supported and had the choice to be socially active and they knew what to do if they had any concerns. The provider operated an accessible system for identifying, receiving, handling, and responding to complaints.

People and relatives felt the service was well-led. A relative commented, "Best care anywhere. [Name of family member] didn't want to come to a care home but they (staff) helped them settle. Better than we thought. Quality of life has improved since [name of family member] has been here."

We found the service had robust and effective systems in place to assess, monitor and improve the quality and safety of services provided.

Rating at last inspection and update: The last rating for this service was requires improvement (published 7 June 2019). 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:

This was a planned inspection based on the previous rating.

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.

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 responsive findings below.

Burnham Lodge

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

This inspection took place on 11 and 12 November 2019. The inspection was carried out by one inspector on day one, and two inspectors on day two of the inspection.

Service and service type

Burnham Lodge 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 was an unannounced inspection.

What we did before 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 looked at Healthwatch's Dignity in Care Enter and View visit report after their visit to Burnham Lodge on 20 August 2019. 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 all of this information to plan our inspection.

During the inspection-

Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had made since our last visit.

We used the Short Observational Framework for Inspection (SOFI) during lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed interactions between staff and people living in the home throughout the day, both whilst giving support and during general interactions.

We spoke with six people, five relatives, a visiting entertainer, a general practitioner, two care workers, two registered nurses, a senior registered nurse, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed seven care plans, five staff files in relation to recruitment, induction and supervision, training data, four medicine administration records, policies and procedures and a variety of records relating to the management of the service.

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

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 inadequate. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection we found the premises were not safe, and risks were not assessed appropriately. 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.

- The provider had acted to ensure the premises was safe to use for their intended purposes. Risks to people's health and welfare were assessed and managed appropriately.
- A new call monitoring system had been installed. People were given the choice of wearing pendants on their wrist or around their neck. This enabled them to be able to summons staff for assistance if they required urgent attention wherever they were, in the building.
- Since our last visit in December 2018, the provider had started a program of refurbishment, which was still in progress during this visit. We found potential trip hazards were removed and precautions put in place to ensure people did not access areas where work was being undertaken. This included the replacement and installation of new carpet in the basement corridor and, the removal of mould and holes in walls located in communal corridors.
- Staff we spoke with understood risks and what to do to mitigate them to meet people's care needs. For instance, a member of staff knew who was at high risk of falls and described the equipment in place, such as bed rails to prevent falls and sensor mats so staff could respond to people's movements quickly and offer support. Care records showed how staff should support people who were identified at risks such as falls, pressure ulcers and malnutrition. We saw completed daily records of people's food and fluid intake and charts which showed people were repositioned at the correct times.
- We found fire evacuation instructions on the back of peoples' bedroom doors were out of date. The deputy manager took immediate action to make sure up-to-date information was displayed during our inspection visit. We found all necessary fire checks had been completed by the maintenance manager and recommended actions from the service's annual fire risk assessment addressed.
- There were equipment and personal emergency evacuation plans (PEEP) in place to assist people to evacuate in an emergency. The registered manager and one other member of staff had been trained to use the equipment. However, more generally staff did not know how to operate this equipment and had not received training. The regional manager told us this did not impact people due to the type of evacuation procedure they used and said the fire service would be able to operate the equipment and rescue people. The registered manager told us they would seek training for staff. This would avoid relying on the fire service

to evacuate people with mobility difficulties.

Systems and processes to safeguard people from the risk of abuse

- People and relatives generally told us they felt the service was safe. One person made a disclosure which we fed-back to the management team and appropriate action was taken.
- Another person said they did not always feel safe in relation to staff entering their room. The person preferred support from female staff with their personal care needs. They said, "Staff walk in which can be embarrassing at my age. Staff talk outside my door. They are doing their best." Staff told us male staff would occasionally respond to the person's call bell to check they were safe but would always then seek female staff to provide personal care. We discussed this with the management team who said they would review the person's wishes with them with a view to improve their experience of feeling safe.
- Staff we spoke with confirmed they had received safeguarding training and understood signs of abuse and reporting procedures.
- A registered nurse told us, "I am responsible for monitoring care assistants to use moving and handling equipment and techniques. I am vigilant in the communal areas and observe transfers and will feedback if I have any concerns and inform the managers." They said they had not had any concerns recently.
- A safeguarding policy was in place and staff had easy access to it. We looked at safeguarding incidents that had happened since our last visit and found the provider had taken appropriate action and alerted the relevant agencies.

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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found people's hydration needs were not adequately met. This was a breach of Regulation 14 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 14.

- People's nutritional and hydrational needs were met. A relative commented, "The food is lovely, it's good food. [Name of family member] now looks well compared to before living there, they enjoy the food. [Name of family member] says it's like being in a hotel and can order whatever they want for breakfast." The relative said staff recognised their family member was more alert at night due to their life-long routine, so staff changed the time they asked the person what they would like to order from the menu to the night rather than first thing in the morning, when they were not so alert. They said small things like this made a big difference to the person's experience and quality of life.
- The provider had participated in a hydration project run by a local clinical commissioning group (CCG). The aim of this project was to encourage people to drink more fluids and bring about a reduction in urinary tract infections (UTI) requiring medicines or hospital admissions.
- Staff told us about the positive outcomes. For instance, they told us about a person who had a grade three pressure ulcer which had healed due to improved fluid intake. Registered nurses noted before the project, hospital discharge letters would sometimes note 'dehydrated on admission', this was no longer recorded on hospital discharge letters. The registered manager told us there was a significant decrease in UTIs because of the project.
- At lunch time we observed 19 people sat and ate in the dining room. People who chose to eat in their bedrooms were not left waiting. Staff in the dining room were attentive to people's needs. The chef was observant of when people had finished their starter and served their main promptly. People had appropriate equipment in place such as high lipped plates which meant they were able to manage eating independently. People received one to one support where this was needed at their pace. Staff explained what they were doing whilst supporting people and gently reminded people what food was on their spoon. One staff member gently pushed food on to a person's spoon which the person was holding; this enabled them to retain some independence and control about putting food into their mouth.
- The chef was knowledgeable about people's dietary requirements and likes and dislikes. Menus provided choice and the chef said if people changed their mind this was facilitated as extra portions were always

prepared, or alternatives provided as people wished. A person commented, "The chef knows I don't like a lot of things, knows I don't like beef."

- People's cultural and religious needs were identified in their nutrition and hydration assessment to ensure their preferences were met. Training records confirmed staff had attended the relevant food and hygiene training.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not have the qualifications, competence and skills necessary for the work to be performed by them. 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.

- People and relatives felt staff were trained and experienced to provide care and support. A person commented, "They (staff) always see to my stoma, they seem to know what they are doing."

- Staff received appropriate induction, supervision, training and appraisal. New staff undertook the Care Certificate. The Care Certificate is a set of 15 national standards that new health and social care workers should complete, to make sure new staff were supported; skilled and assessed as competent to carry out their roles. Experienced staff told us new staff spent two weeks shadowing them as part of their induction and continued to receive support from other care workers and management when they were on shift. On day one of our visit two new staff members were on Care Certificate observations carried out by the provider's quality support advisor. This meant new staff were supported to become skilled and assessed as competent to carry out their roles.

- A registered nurse said they felt there was enough training, including catheterisation, medication, venous puncture, mandatory training and manual handling. They had attended recent training a couple of months ago but not as yet received training in diabetes but was able to talk us through blood monitoring and what they would do if people's blood levels were high. For instance, they would approach the GP to seek advice and review treatment. Although they had not received recent training in wound management, they commented, "I would seek advice from the tissue viability nurses (TVNs). If they suspected there was an infection I would make a request to the GP to prescribe antibiotics and management would also support me with their expertise." After our visit the registered manager sent out an updated training matrix which reflected all registered nurses were up to date with diabetes and wound management training.

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

- Care records documented how people wanted to be cared for, but did not identify all individual needs which related to the protected characteristics identified in the Equality Act 2010. For instance, what gender people identified as, their race, religion, preferred language, and sexual orientation. This meant people could not always be assured the provider would have full information to enable them to meet people's diverse needs

We recommend the provider seek guidance to ensure it comply with the Equality Act 2010.

- Assessments of people's needs were completed to ensure people received the care they said they wanted. These covered areas such as health, physical, cultural and social needs and helped the service to assess whether it could effectively meet those needs. Information documented enabled staff to provide people

with effective care.

- We asked the deputy manager about systems in place to promote people's oral hygiene. We saw the service had started to develop specific oral hygiene care plans and planned to have this in place for every person. Management were aware of recent national guidance which they referred to in writing care plans. Training was not in place; the deputy manager said she would raise this with the manager to explore further.
- When discussing oral care and hygiene with a person, they told us staff supported them to clean their dentures every day. Another person said they received assistance from staff with their oral hygiene.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

- People's rights were protected as the provider acted in accordance with the law.
- People told us staff asked for their permission before delivering care. Staff understood they needed to seek people's consent and if people lacked capacity, care and support was provided in their best interest as agreed by multidisciplinary teams.
- Mental capacity assessments were completed to determine what specific decisions people were unable to make. Best interest decisions were documented where people's relatives had no legal powers to act on their behalf. Where relatives or people's representatives had legal powers, the provider had documentation to confirm what those powers were.
- Staff showed sound knowledge of who had a DoLS application/authorisation in place. They understood and followed conditions of the DoLS. For instance, a person required one to one supervision inside the home and when accessing the community to maintain their safety. We observed this had happened during our visit. The registered manager showed us DoLS that had been authorised. Where there were pending applications, we noted the registered manager had regularly communicated with the local authority for updates.

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

- The service took a pro-active stance to ensure people received effective care and support and good health outcomes. A relative told us, "(Staff) co-ordinate healthcare brilliantly. The GP has referred [name of family member] to the falls clinic today and the nurse informed us straight away."
- Staff told us that handovers occur at shift changes verbally and this was recorded on the service electronic care planning system. Any urgent issues were discussed with care workers in person, immediately. They showed their hand-held device, this showed each person had updated information about their wellbeing and what care and support was provided for that day.
- We attended the morning 10am meeting which had all departmental heads present. We noted amongst others, information relating to people's health was discussed and shared to ensure the healthcare needs of everyone could be continued to be met.
- People told us they could see the GP when they needed to. We spoke to the GP who visited the home once a week to carry out 'rounds'. The GP told us they had established good working relationships with staff and

described them as being, 'knowledgeable' and good at responding to people's needs and letting them know if they had concerns. Care records showed referrals were made to health and social care professionals when specialist support was required.

- A relative told us they observed staff to be very attentive and monitored their family member every hour when they were unwell and discreetly encouraged them to stay hydrated, without becoming bothersome.

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

- Signage and decoration were used to benefit and orientate people who experienced dementia or sensory loss.
- The garden was accessible to people with mobility difficulties. People and relatives told us the grounds were well maintained and used by people. A relative commented, "The new owners have improved the facility and made it much easier for wheelchair access."
- New technology was introduced with the installation of a new call bell monitoring system. People had the choice of wearing wrist and necklace pendants which meant they could summon help where ever they were in the building. Care staff had wireless pagers which alerted them to the calls bells which were activated. This removed the familiar loud sound activated when a call bell was pressed. The registered manager told us the removal of this noise had a calming effect throughout the building, even when staff had to attend to emergencies.

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 requires improvement. At this inspection this key question has improved to 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

- When discussing the caring nature of staff people and relatives responded positively. Comments received included, "(Care is) amazing! Can't ask for anything better. Staff are kind, caring, friendly. They're always great and address us and [name of family member], very welcoming", "Staff are very good. Staff respect my choice to stay in my room", "All very nice. They're (staff) good and they listen. I get on with them alright. Very friendly, not met one who is miserable"
- Throughout our visit we observed warm, friendly interactions from staff towards people. People appeared relaxed in staff's company and were smiling and joking. Staff were chatting and dancing with people to music in one of the lounge areas.
- People said staff had a knowledge of their care and support needs. A relative commented, "They (staff) did ask for a summary of [name of family member's] life. They went on tell us about their family member's past occupation and how important it was to them. Staff we spoke with confirmed what the relative had told us."

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

- People and relatives felt they were involved in decisions about their care. Comments included, "I prefer a bath and staff help me once a week which is what I want."
- A relative commented, "We reviewed with the nurses the care provided and were impressed with the level of detail written in the care plan."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained, and their independence promoted. We heard various comments such as, "They (staff) help my (family member) get a wash, but they let her wash herself", "They (staff) know I like to use the phone in private and they respect that" and "I get washed by myself in private in the bathroom, and they (staff) help with my shave and anything I ask for." Examples given by staff supported what people had told us.
- A person told us staff always announced themselves when they entered their private room. Whilst a relative commented, "Staff talk to [name of family member] by name. [Name of family member] can be very demanding. Staff work at it and stay cheerful. They aren't rushed."
- Care records documented how staff's care practice should ensure people's dignity and privacy was respected at all times.

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 improved 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 our last inspection the provider failed to ensure people was in receipt of personalised care that was responsive to their needs. This was a breach of Regulation 9 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.

- People's care and support needs were assessed to enable staff to meet their specific needs. A relative for a person who was newly admitted to the home said, "Staff took the time to get to know [name of family member] and us. They explained to us that [name of family member] would be the only person admitted that month, so they could focus on him and get to know and understand their needs."
- Another relative commented, "They (staff) always update us. We mentioned to them about a flu jab, haircut and foot appointment one day and it was all arranged by them within our visit!"
- Care records were developed according to people's specific needs. For instance, where people were diabetic, they had care plans which centred on areas specific to this need. For instance, foot care, eye care and nutritional needs.
- We saw care and risk assessments were regularly reviewed. This was supported by people and relatives we spoke with.
- Care records were detailed and documented people's preferences for care. However, this was not always clear when it came to people's preferences for staff based on their gender. A person commented, "They (staff) did ask me (preference for a male or female care worker). If I said no, they wouldn't give me a man." However, this was not everyone's experience. We noted care records did not always clearly identify what people's preferences were based on the gender of staff allocated to support them.

We recommend the service ensures care records clearly document peoples' preferences for staff based upon their gender.

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.

- The service captured peoples' communication needs. Information contained in care records were detailed, documented if people had disabilities or sensory impairments, showed what people's level of communications were and how staff should support them. For instance, a person's care instructed to establish good eye contact with the person and repeat sentences or rephrase, when speaking to a person as they wore hearing aids.
- Relatives spoke about how staff supported their family members. A relative commented, "Staff put a sign on [family member's] toilet to help remind them where it was located." However, a person felt staff did not understand them. We fed this back to the registered manager who assured us they would speak with the person to see what further help could be given.

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

- People were supported and had the choice to be socially active. Comments from relatives included, "Staff offer choice, [name of family member] prefers their own company. Staff try and encourage him to join in and have been successful with the guitarist and bingo, but they (staff) don't force it" and "[Name of person] is an exception. They never leave their room and do not take part in activities. Staff have tried several ways to get [name of person] to engage in social activities and even got other residents to visit them."
- During our visit an entertainer was singing and playing the guitar to several people. They said, "I feel people are really well looked after here. The way staff gently support people to attend and participate. Today the care worker was involving people and managed to engage four people. Genuine care and compassion come across."
- Care records documented people's preferences for daily living, social activities they enjoyed and family members they liked to spend time with.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain; "There is reference in the contract about how to complain. We would feel comfortable to do so", "I made a complaint. Things have improved, they (management) addressed issues and everything is okay now. I am happier with [family member's] care" and "[Name of registered manager] and staff sat down with us and (family member) face to face and explained how to complain."
- The provider had a complaint register and complaints policy and procedure. We viewed this and noted complains were responded to appropriately and in line with the provider's complaints policy. This showed the provider operated an accessible system for identifying, receiving, handling, and responding to complaints.

End of life care and support

- At the time there were no one receiving end of life care. However, care records documented peoples' wishes and preference for end of life care. Where people had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) form, this was visible on their care record. This ensured people would be treated in a dignified manner in the event of a life threatening emergency.
- The training matrix showed all staff had received the relevant training.

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.

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

At our last inspection we found systems and processes did not enable the provider to identify where quality and safety were being compromised. This was a breach of regulation 17 (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.

- People felt the service was well-led. A relative commented, "We chose it (the care home) because it felt friendly and welcoming. Staff are all caring and available. The regional manager spoke with my daughter directly to reassure us of what actions were in place to improve care. The registered manager is always around and approachable. It feels they are making an effort." Another relative commented, "Best care anywhere. (Family member) didn't want to come to a care home but they helped them settle. Better than we thought. Quality of life has improved since [name of family member] has been here."
- At our last visit we found there was an inconsistency in the management structure. During this visit, we found the management structure was stable. The registered manager had returned from a leave of absence. The deputy manager had worked with senior management during their absence and told us they had learnt a lot during this period.
- The deputy manager explained they had been supported by the provider to develop through a leadership programme and through this learnt to be more holistic in their approach. Rather than just focusing on people's clinical needs, they told us they now considered people's whole experience of living in the home and reflected upon this to meet people's needs fully and commented, "I feel confident and proud. The home is looking good and we're a welcoming team and we feel more positive."
- The provider held general staff meetings to make staff were aware their responsibilities, provide them with relevant updates and give them an opportunity to give feedback. This was cited in the minutes of meetings held on 11 October 2019 and 29 October 2019.
- We found robust systems were in place that enabled the registered manager to identify and assess risk to people's health, safety and welfare. We saw various audits that covered care plans, infection control, medicines audit, weight loss and pharmacy audits for examples, were undertaken. We looked at the manager's daily walk around report which looked at the environment. Identified issues found in audits and the manager's daily walk around report were addressed in a timely manner. We saw all relevant checks in relation to the premises was completed by the service's maintenance manager.
- The registered manager had devised an action plan in response to the concerns we found at our previous visit. This detailed the concerns found and the actions put in place to address them. We found the provider monitored progress against the plans to improve the quality and safety of services.

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

- The provider's involvement with the local clinical commissioning group's (CCG) Hydration project made sure there were good health outcomes for people who were at risk of UTIs and hospital admissions.
- The provider's planned programme of refurbishment and purchase of new technology in the form a new call bell monitoring system, created an environment that was warm, welcoming and relaxed for people who used the service, staff and visitors.

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 service had a duty of candour policy (DoC) in place.
- The registered manager was familiar with the requirements of the DoC. We looked at a safeguarding incident that had happened and saw the registered manager had followed the conditions of the DoC when communicating with the person's family members.

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

- People and relatives said the registered manager sought their opinions and responded. A relative commented, "[Name of registered manager] was talking to us the other day to arrange a coffee morning for relatives and asked my opinion about this".
- People said they were involved in residents meetings; A person commented, "(We) talk about everything, they(management) ask us if we are happy with the rooms." A relative commented, "We never had relatives' meetings before the new owners came. They (Management) do listen to our feedback and respond."
- A relative said, "We can go up to [name of registered manager] any time. They know us, we talk. Same with nurses, they make time."
- We noticed the newly refurbished conservatory had warm coloured walls and bright coloured chairs. The regional manager informed us people were involved in choosing the colour scheme. This was confirmed by people we spoke with.

Continuous learning and improving care

- The registered manager understood the principles of good governance to improve the quality of the service. We found the culture of the service was driven by openness and continued learning. This was seen in the improvements the service had made since our last visit.
- The management team were open to the feedback we had provided.

Working in partnership with others

- Care records documented the service's involvement with other health and social care professional to ensure people had access to services of need.