Rotherwood Healthcare (St Georges Park) Limited

St Georges Park

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on 24 May 2017 and was unannounced. St Georges Park is registered to provide residential accommodation for people who require nursing or personal care or the treatment of disease, disorder or injury. They provide care for up to 70 older people with dementia and nursing needs. At the time of the inspection there were 39 people living at the service.

On 6 and 9 February we carried out an unannounced focussed inspection to check on the safety and wellbeing of people living at the service. This was because an unannounced comprehensive inspection of the service on 31 October and 1 November 2016 found there were breaches of legal requirements and the overall rating for the service was 'Inadequate'. This meant the service was placed in 'special measures'; services in special measures are kept under review. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges Park on our website at www.cqc.org.uk

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.
During this inspection we found the provider had made the required improvements and met the regulations. However there were areas which still required improvement, for example quality checks were in place and had identified areas for improvement but these had not been fully delivered at the time of the inspection. There were improvements required in peoples experience at meal times, the delivery of person centred care, and the provision of activities required further improvements.

There was not a registered manager in post at the time of our inspection, however the provider had made an appointment to the manager post and there was a plan in place for them to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at the service and we found staff that could recognise any potential signs of abuse and protected people from harm. Staff managed risks to people and the registered manager had effective reporting and monitoring of accidents in place. The provider had recruitment practices, which kept people safe, and there were sufficient staff to meet people's needs. People received their medicines as prescribed. Medicines were stored appropriately and there were systems in place to monitor people's medicine administration.

People received support from a staff team who received the training and support they needed to carry out their roles. People were asked for consent to the care they received, where people lacked capacity the

principles of the Mental Capacity Act 2005 were followed. People told us they enjoyed the food and drink they received which met their nutritional needs and preferences. People had access to health care and received support to maintain their health.

People received support from a staff team who were kind and caring and helped them understand and make choices about their care and support. People had their privacy and dignity respected and were encouraged to maintain their independence. People were supported to maintain relationships that were important to them.

People received the care and support they needed and however staff did not always demonstrate a good understanding of people's preferences or personal histories. People and their relatives were involved in the development and review of their care plans. People did not always have access to leisure opportunities of their choice or access to meaningful activities.

The manager had quality assurance systems in place which had identified some of the areas which required improvement; however improvements had not been fully implemented. People, relatives and staff were involved in the development of the service. The manager had developed an open and honest culture. Staff told us they felt the service was well led by managers that made themselves visible and available to people, relatives and staff.

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.

People received support from staff who understood how to protect people from the risk of harm. Staff knew how to recognise abuse and what action to take to keep people safe.

People received support, which took account of any risks, and plans to reduce them were in place. Accidents and incidents were recorded and reviewed and action taken to prevent them from happening again.

People received support from a safely recruited staff team. There were enough staff to meet peoples care and support needs.

People received their medicines as prescribed. Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good

The Service was effective.

People received support from a trained staff group who received support from the registered manager.

People gave their consent to care and support and were involved in making decisions about their care. Staff understood the principles of the Mental Capacity Act 2005 and could apply them.

People had enough to eat and drink and at mealtimes could choose what they wanted. People received a nutritious diet.

People had support to monitor and maintain their health with access to health professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were shown compassion and kindness by staff that

provided their support. Staff built positive relationships with people and understood their needs.

People were involved in making choices about their care. Staff understood how to communicate with people so they could make decisions about how their care and support needs were met.

People received support in a way that promoted dignity and respect and were encouraged to be independent.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's preferences and personal histories were not always fully understood by staff. People received support from staff that understood their individual needs which were regularly reviewed and care plans updated as a result

People were not always supported to participate in activities or follow their individual interests.

People and their relatives understood how to make a complaint. The manager responded to complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

The manager had systems in place to monitor the quality of the service, whilst these had identified areas for improvement; actions to improve the service had not yet been fully completed.

There was a positive working culture where staff and the manager worked together as a team to provide peoples care and support.

People told us they gave feedback about the service they received and the manager used this to improve the service.

St Georges Park

Detailed findings

Background to this 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 was planned to check 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.

This unannounced inspection took place on 24 May 2017. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a qualified nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about such as safeguarding investigations. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with nine people who used the service and seven relatives. We also spoke with the manager, the quality manager, one consultant, two nurses, two nurse assistants, seven care workers, two domestic staff and two catering staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records, which included the care records of six people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including compliments and complaint logs, accident reports, staff rotas, meeting notes, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection we asked the provider to make improvements to how they continually assessed staffing levels to confirm they were at the right level and make some improvements to the systems for checking people had received their medicine. At this inspection we found the provider had made the required improvements.

People living at the service told us that they felt safe and that they could speak to staff if they had any concerns. One person told us, "Yes, I feel safe. I feel happier in here. I've got other people around me. They make sure I'm alright". Another person said, "I feel safe and I'm quite happy here. If I didn't like it, I wouldn't be here". Relatives expressed they felt their loved ones were safe using the service. Staff could describe the signs of potential abuse and knew how to report any concerns about people. Staff had been trained in safeguarding procedures and could describe how to use this including how they would escalate if no action was taken. Where staff had raised concerns about people's safety we saw the registered manager had taken appropriate action and referred concerns to the L.A safeguarding team. This showed there were systems in place to protect people from the risk of harm and abuse.

People were kept safe through the effective management of risk. People and their relatives told us they felt staff helped to manage risks. One relative said, "[My relative] is at risk of falls. They always let us know. [Person's name] went to hospital once, as a precaution, but was ok". The relative went on to explain that the service had provided a special bed which lowered and a pressure mat in the person's room to reduce the risk of falls. Staff could tell us about people who were at risk and how these risks were managed. For example they could describe where people were at risk of choking and what plans were in place to prevent this including observations whilst eating and consistency of food. We saw records which supported what we were told and found people's risk assessments were reviewed monthly. For example, we saw where people were at risk of pressure sores there was a management plan in place which was reviewed and updated, staff were aware of the plans and followed them. We saw staff urgently attend to a alarm bell that sounded, staff were able to explain the person was at high risk of falls so if the alarm went off they needed to attend immediately. Accidents and incidents were recorded investigated and monitored. We saw the registered manager had reviewed accidents and appropriate action was taken to reduce the risk of incidents reoccurring. This showed people were protected by staff who understood how to keep them safe.

People and their relatives told us there were sufficient numbers of staff available to meet people's needs. One relative said, "A few weeks ago, [person's name] was unwell. I pressed the call bell. It can only have been a few seconds and they were here." Another relative said, "There was a complaint last year; there weren't enough. I think that's been addressed". The staff we spoke with told us that they felt there were enough staff to meet people's needs and keep them safe. Staff told us they felt there was now consistency with the staff group and that there was minimal use of agency staff but where this was needed a consistent group of agency workers were used. During our inspection, we observed there were sufficient staff available to keep people safe. For example, staff were present in communal areas throughout most of the day and we saw people did not have to wait for their care and support needs to be met. The manager told us peoples dependency levels were assessed and this information was used to inform how many staff were required.

This showed people had access to sufficient staff to keep them safe.

People were supported by staff that had been recruited safely. We found appropriate pre-employment checks had been carried out. Staff told us these checks had been undertaken before they were able to start working with people at the service and the staff records we saw supported this. This showed the provider had sufficient systems in place to ensure people were recruited safely.

People told us they received their medicines as prescribed. One person said, "Oh I have quite a lot of medicines and lots of painkillers. I get them pretty much at the same time". A relative told us, "Great steps have been taken to improve medications, especially timings seem to be more organised". Staff told us they were trained and had their competency checked for administering medicines, records we saw confirmed this. Staff said medicines rounds were undisturbed, and our observations confirmed this. Staff told us there was a system in place to identify errors, they explained the action they would take including seeking medical advice and how action would be taken to prevent future errors.

People's medicine was stored safely, for example, medicines requiring refrigeration were stored safely and temperatures were checked and recorded daily. There were lockable trollies in use and controlled drugs were stored and administered safely. We saw people having support with their medicines and staff were following the administration procedures identified in people's medicines administration record (MAR) charts. For example, one staff member was observed administering medicine slowly with small amounts from a spoon. MAR records included all relevant guidance and information for staff, for example body charts to show staff where to apply topical medicines and instructions for when to offer people as required medicine. We observed staff follow these instructions and they were able to explain what these meant for individual people. Staff recorded medicine administration on the MAR and checks were in place to ensure accurate completion of these records. There were systems in place to ensure medicines were administered as prescribed and stored safely. Where problems or errors were identified, there was a system in place to investigate and take action. For example the manager told us about action they had taken when the pharmacist had not delivered medicines for some people. The action was prompt and included seeking medical advice and liaising with the pharmacist to ensure this did not happen again. This showed people were supported to receive their prescribed medicine safely.

Good

Is the service effective?

Our findings

At our last comprehensive inspection on 31 October 2016 we judged the service as inadequate as we found that the provider was in breach of Regulation 11 and regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff were not following the principles of the MCA or supporting people to manage nutritional risks. We also found the provider needed to make improvements to how staff were supported in their role. At this inspection we found that improvements had been made and they were no longer in breach of these regulations.

People received support from staff who had received training that enabled them to be effective in their roles. People told us staff understood how to deliver their care, for example one person said, "They move me by lifting me up in the hoist". One relative said, "I've seen quite a few improvements, certainly since the CQC visit – and all for the good. Staff, I like to think that they know what they are doing". Staff told us the induction for new staff was comprehensive and involved shadowing more experienced staff members. One staff member said, "The induction gave me effective training and I shadowed more experienced staff, I got to know the residents. I learned a lot from the medicines training and my competency was checked". We saw a training programme was in place and records of staff attendance. We observed staff using the skills they had gained from the training throughout the inspection. For example, staff sought consent from people when carrying out care and support and medicines were administered safely. Staff told us they had access to support from the management team through one to one meetings and were constantly supported and observed by nursing staff. Staff had regular support to make sure they had an opportunity to seek advice, for example one staff member told us, "If there is an incident, we have a team debrief about it". This showed staff were knowledgeable, skilled and felt supported in their role which enabled them to provide effective support to people.

People who had the capacity to make decisions about their care told us staff always sought their consent before providing care and support. One person said, "Staff always ask me if I want to go into the lounge, but they accept when I say no and leave me in my room, which I prefer". Staff understood the importance of gaining consent what action to take if people lacked capacity to consent. We saw staff seeking consent from people during the inspection, for example, one member of staff sought consent from people to administer medicines. We saw staff withdraw when people did not give their consent.

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.

At our last inspection we asked the provider to make improvements to how they met requirements of the MCA, the provider had taken the required action. We saw the registered manager had completed assessments of people's capacity and ensured decisions were taken in people's best interests, we could see reviews were also undertaken as required. For example, following a review one person had been assessed as

requiring an alarm mat to keep them safe. The person was assessed as lacking capacity to make the decision about this and a decision had been taken in their best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw where people had been deprived of their liberty in order to protect their health and wellbeing; the required applications had been submitted to the Local Authority. Staff understood who was subject to an authorised DoLS and could tell us how this was managed in the least restrictive way possible. This showed us the manager had systems in place to ensure people's rights were protected.

People enjoyed the food and drinks they received. People and their relatives told us the service was trialling a new meals system. At the time of the inspection it was only the second day of the new menus but they had been involved in tasting sessions before the meals were introduced. One person said, "I had salmon and potatoes and greens. It was lovely and it was just a nice amount". A relative told us, "We had a tasting session for the new meals. It's absolutely excellent".

We saw staff offering people a choice of food and drink and the menus we saw were varied and offered healthy options. We saw staff understood people's dietary needs, risks and preferences and could follow specific instructions given by health professionals. For example one staff member told us, "[A person's name] has to be monitored as they may store food in their mouth, they also have to have a thickener in their drinks". We observed staff providing this support. Staff told us they received specific training to support people with health conditions. For example, Staff told us they had training in diabetes which taught them about people needing low sugar meal options and smaller portions. People were offered fluids throughout the day and staff were observed making a note on people's records of the amount of food and fluid that people had received. We saw staff provided alternatives for people when they did not like the meal provided. This showed people had access to enough to eat and drink and were supported to maintain a healthy diet.

People and their relatives told us they had good access to health care and were supported by staff to maintain their health. One person said, "The GP will come when there are concerns, the nursing staff will call them. The GP reviewed my medicines recently". A relative told us, "[Person's name] has pureed food and thickened drinks. We have had the SALT team in". Staff told us, they monitored people's health to look for signs or deterioration. For example we saw staff identified one person was not feeling well; they reported this to the nurse who undertook observations and sought medical advice from a GP. We saw people were visited by a range of health professionals including GP's and the tissue viability nurse. We saw information about people's health conditions were recorded in their care plans and details of visits from health professionals were included. This showed people were supported to maintain good health and could access health care when they needed it.

Good

Is the service caring?

Our findings

At our last comprehensive inspection on 31 October 2016 we judged the service as inadequate as we found that the provider was in breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not treated with dignity and respect. At this inspection we found that improvements had been made and they were no longer in breach of this regulation. We also found the provider needed to make improvements in how people were supported to make choices and develop relationships with staff. At this inspection we found the provider had taken steps to improve the relationship staff had with people.

People had their privacy and dignity respected and promoted by staff. People told us staff were respectful and observed their choices about care and support. Staff shared examples of how they protected people's privacy and dignity. One staff member told us, "Choice for people is important when maintaining their dignity, people should be able to choose what, when and how they would like things done". Another staff member said, "I always knock doors before entering". Managers told us they listened to how staff spoke with people to see what language they were using and ensure it promoted peoples dignity. We saw staff protected people's privacy and dignity. For example, doors were knocked before staff entered, people were spoken to discreetly about their care and support needs. We found peoples care records gave information for staff on how to support people with maintaining their privacy and dignity. For example, how to address people by their preferred name. This showed the manager and staff promoted people's privacy, dignity, and respected their rights.

People and their relatives told us staff were kind and caring. One person said, "I think it's quite a good place really, the staff are all kind and I am happy on the whole". A relative told us, "I don't have any problems with staff, we haven't got carers, we've got caring carers". Another relative told us, "They're lovely. We usually see the same people". Staff told us it was a priority to get to know people individually and make people's lives better. They said they encouraged people to be more inclusive and spend time in the communal areas. Staff could describe how people liked to be communicated with. We saw positive interactions between staff and people who lived at the service. For example, we saw one staff member tell the person they were supporting, it was nice to see them and sit with them holding their hand and engaging in conversation. We observed staff ensuring people understood what was being said to them and using eye contact and hand holding to offer reassurance. We saw people smiling at staff when they approached them and actively engaging staff in conversation. We saw people were encouraged to maintain relationships that were important to them. For example, one person told us how they had been supported to spend time with someone by staff that they had formed a relationship with. The manager told us there was a room available for people to use to meet their relatives, we saw relatives were able to visit at any time and staff were welcoming offering people drinks. We observed relatives were encouraged to support people with their care and support, for example at mealtimes and by making drinks. This showed people had positive relationships with the staff that supported them and were supported to maintain relationships which were important to them.

People were offered a range of choices about their care and support and were encouraged to retain their independence. People told us they received support from staff to remain independent. They told us they

were able to choose things such as what to eat, where to spend their time, what they wanted to do during the day, what time to get up and go to bed. Staff told us they made sure people were able to choose things for themselves. One member of staff said, "People can choose when to have their personal care, when to get up, what type of bath or shower they want for example". We saw staff offering people a choice during the day and spending time with people to make sure they understood the choices they were making. For example, one staff member was observed asking a person what they wanted to watch on television and assisting them to review the options. People were enabled to choose where to spend their time and where to receive support. One person preferred to walk about whilst eating breakfast, staff enabled the person to do this. We saw staff encouraging people to stay independent, for example, staff encouraged people to hold their cup when having a drink, eat their own meals and use self-propelled wheelchairs. We observed one person being supported by staff to use a tissue to blow their nose. This showed people were involved in making choices about their care and support and were supported to maintain their independence.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection on 31 October 2016 we judged the service as inadequate as we found that the provider was in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's needs were not assessed, staff did not understand the risks associated with peoples care and reviews were not undertaken. People did not have their preferences sought when receiving care and support. At this inspection we found that improvements had been made and they were no longer in breach of this regulation, however there were further improvements required. We also found people did not always feel there was enough to do and were not supported to engage in meaningful activity. At this inspection we found this was still an area that required further improvement.

People and their relatives told us they were involved in developing their care plans. One relative said, "I went through a care plan with the staff and everything was updated". The manager told us people and their relatives were involved in the review of their care. Staff understood what people needs were and how to support them to manage risks to their safety. We found some people's care plans held information about their preferences. For example one person's plan described the person as preferring quiet environments and having a preference to spend time alone in their room. We found staff followed the guidance in this persons plan. Not all people's care records contained detailed person centred information and staff confirmed there were some people they would like to know more about. For example, staff knew one person liked to dance but were unable to say if this was a past interest. The manager told us this was an area they were continuing to address to further improve person centred care. We saw people had personalised bedrooms which had ornaments and pictures which they had bought in from home. We saw records which showed peoples care plans were evaluated and reviewed monthly and changes made to the care people received when required. Changes to people's needs or risks were communicated to staff and daily records showed staff followed the instructions. This showed there were systems in place to identify people's needs and preferences and the manager was working to improve person centred care.

People told us they did not feel there was enough to do during the day and they sometimes felt bored. They told us sometimes they had entertainment or visits arranged. One person said, "I used to do a bit of painting but my hands won't let me now. There's not much apart from television, I can get bored". Another person told us the activities coordinator had left which they felt left a gap, they added, "It's a shame, I got on with them and they used to take me out to the pub". Since the inspection the manager has confirmed this person has had an opportunity to go out to the pub as it was important to them. Another person said, "I haven't been out since last summer". Staff told us, activities were offered by staff but they did not always have time. Staff were unable to describe the type of things people liked to do or what their interests were. We found a cinema room was in use by two people, however both people were asleep and there was no staff presence. Whilst there were a number of activity materials available we observed there were no activities arranged by staff during the inspection. Most engagement between people and staff happened whilst they received care and support. The manager told us they were currently recruiting for activities coordinators to help to improve this area of care. This showed people were not always supported by staff to undertake activities or follow their interests; however plans were in place to address this.

At our last inspection we found the provider did not always listen to people's feedback, concerns and complaints. At this inspection we found the provider had made the required improvements.

People and their relatives told us that they felt able to make a complaint if they needed to do so. One relative said, "If I had any concerns, I'd approach the person in charge". Staff understood how to record and manage complaints. We saw the complaints policy was in prominent view within the home and we saw records of complaints, which detailed the investigation, and the outcome. For example, one person had complained about clothing that had been destroyed through the laundry process, an apology was issued and money was given to replace items. This showed the manager had effective systems in place to respond to complaints.

Requires Improvement

Is the service well-led?

Our findings

The provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. This was because they did not have systems in place to ensure peoples safety or identify and make improvements to the quality of the service. At the inspection on 6 and 9 February 2017 we found the provider had made significant improvements to governance systems however they needed further time to meet the requirements of this regulation. At this inspection we found the provider had made further improvements but we saw that improvements were still required.

The management team were keen to continue to improve the service. However at the time of the inspection there were some areas which still required improvement. For example, we found people were dispersed into different areas to eat their meals. In one dining area there were a number of people eating their meals and the space was crowded which meant staff had difficulty getting around the area to support people. We spoke with the manager about this and they said they would work to change the dining areas within the home to enable people to have a more pleasurable experience at meal times. In another example, we found there were inconsistencies in how well staff understood people's preferences and life histories. The manager told us they had plans in place to make improvements to the staff knowledge of person centred care through training and updating of care plans. A further example was people not being supported to follow their interests, the management team were aware of this and were recruiting staff to provide individual support to people to engage in meaningful activity. This showed the management team were aware of the areas which required improvements and could describe their plans for improving the quality of the service.

The provider had systems in place to check the quality of the service people received. For example, care plans were monitored through monthly care plan evaluations carried out by the lead nurse. These identified any areas of the plan which required review, we saw updates were completed and staff were aware of any changes. However we found some of the care plans were not reflective of people's preferences, whilst this had been identified, the action to make improvement had not been fully implemented at the time of our inspection. The manager told us they had arranged training for staff in dignity and person centred care and they planned to work with families to further understand people's preferences and personal histories. The manager told us of a new a monthly monitoring audit which was being implemented. They told us this would be completed by the manager and shared with the board. The audit would cover a range of areas which included all incidents, safeguarding referrals, tracking of care plan evaluations, people's weight and the outcome of other audits such as medicines, infection control and housekeeping and what action was being taken for any areas of concern. However this had not been fully implemented at the time of our inspection. This meant we were unable to assess if this was effective in identifying and sustaining improvements. Medicines audits were carried out monthly; these were used to identify trends and patterns of any issues with medicine administration, storage, recording and stock control. We could see the audit had identified an issue with the stock checking process. The provider had taken appropriate action to improve this area of practice. Infection control was monitored through regular audits. We saw evidence of meetings with infection prevention control staff which identified actions which had been taken to improve infection control. This meant there were systems in place to check the quality of the care people received and whilst they had identified some of the areas we found which required improvement plans for improvement had

not been fully implemented at the time of the inspection.
There were two managers in post. The managers had not yet registered with the us, however they were both intending to begin the registration process. The managers had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.
Staff received support from a management team that were experienced, knowledgeable and familiar with the needs of the people the service supported. The managers told us how they spent time working alongside staff and carried out observations so they could assess how care was being delivered and support staff with developing their skills. This showed the management team were supportive and offered guidance to staff.

People and their relatives had been engaged in developing the service. We found resident and relative meetings had taken place, for example meetings had taken place to discuss the outcome of previous CQC inspections. Consultations on changes had been taken place. For example, an event had taken place to discuss the changes in food provision and allow people and relatives to taste some of the new meals which would be on offer. People and relatives expressed they had felt engaged in the process. We reviewed the feedback from the taster session and found everyone that had taken part made positive comments about the meals. This showed people and relatives were supported to be involved in developments within the service.

People, their relatives and staff made positive comments about the service for example, they described being able to approach the management team. One relative said, "The staff are really trying to improve things". Another relative told us, "I asked what the staffing ratio was and they provided me with the information". Staff told us the managers were supportive and approachable. One staff member said, "They sit and listen to you, you can approach them at any time, they are at the end of a phone if you need them". Staff said they felt there had been big improvements in the home they said there was now a good standard of care given to people. One staff member said, "I want to be a part of improving the service". This showed people, relatives and staff felt able to approach the manager as they encouraged an open and inclusive culture.