

Eleanor Palmer Trust

Eleanor Palmer Trust Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eleanor Palmer Trust is a residential care home providing personal and nursing care to up to 33 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 33 people using the service.

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

There had been management changes since the last inspection, which affected the overall service management. The provider had been working to improve the quality and safety of the service. They continued to work with the local authority quality assurance team.

The new registered manager was in the process of getting to know the service, introducing and establishing new systems and processes, and a clearer structure with more effective monitoring and accountability. However, these changes had yet to be fully established and embedded.

We found medicines were not always managed safely, which placed people at increased risk of harm. Systems and processes were not always in place to check people had received their medication safely. Medicines audits were not robust enough to check people were receiving their medicines as prescribed or that the service was managing medicines in line with national guidance.

People were supported by staff who had been checked to ensure they were safe to work at the service and there were sufficient staffing levels in place. People told us they did not have to wait long for staff support when using their call bells. Staff had received a range of training and development. Supervision to support and monitor practice was undertaken.

The staff team followed procedures and practices to control the spread of infection and keep the service clean. There was an emergency plan in place to respond to unexpected events. The premises were well maintained, and some areas were being refurbished to meet the needs of people living at the service.

People were safe living at the service and relatives felt their family members were kept safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately.

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.

People were able to access healthcare professionals such as their GP. The service also worked with other health and social care professionals to provide effective care for people. People were supported to access appropriate food and fluids and meals were described as being good.

People told us they were happy with the care they received, and staff were kind and helpful. People's choices were considered when providing care and their views were considered. Staff had a good understanding of people as individuals and people were treated with dignity and respect.

Relatives felt the management of the service was improving and that they could approach the registered manager and staff with any concerns. Staff felt the management was open with them and communicated what was happening at the service and with the people living there.

Improvements to audits and management oversight of the service were being put in place by the registered manager and these needed more time to have a positive impact on the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published on 18 November 2021). 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 some improvements had been made but the provider remained in breach of one regulation, related to the management of medicines. We have also made a recommendation in relation to sustaining the overall improved standards.

At our last inspection we made a recommendation about making adaptations to the home, person centred care planning and managing complaints. At this inspection we found the provider had acted on the recommendations and they had made improvements.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and addressed the issues set out in the Warning Notice.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eleanor Palmer Trust on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Eleanor Palmer Trust Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by 1 inspector and 2 Care Quality Commission specialist advisors who were a nurse and a pharmacist. The inspection was also supported by 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. 1 Expert by Experience spoke to people and relatives during the inspection site visit and the other Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Eleanor Palmer Trust Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 6 relatives. We spoke with the Chief Executive Officer (CEO), registered manager, quality and compliance lead, administrator, clinical lead, activities organiser, 1 team leader, 4 care assistants, 1 domestic staff and 1 chef. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included 11 people's care records and 10 medication records. We looked at 5 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, accident and incidents, training and quality assurance were also reviewed.

After the inspection we looked at more records and continued to seek clarification from the provider to validate evidence found. We spoke with 14 more relatives and friends of people living at the home over the telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to demonstrate medicines was effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider remained in breach of regulation 12.

- At this inspection whilst we found some improvements had been made, other areas needed further works. We found comprehensive medicines audits were not being routinely carried out.
- Staff told us that they carried out a resident of the day audit where every aspect of that resident's care is reviewed. We noted that this was not robust enough to pick up the medicines' issues we found.
- Medicines were being administered as prescribed however stock records did not match with the electronic Medicine Administration Record (eMAR) system. The provider told us there was an issue with the system which meant the stock of medicines held by the service and the record on the eMAR system did not always correspond. We found a similar issue at our last inspection.
- Care plans and risk assessments detailing people's medical conditions and risks were not always available or up to date. For example, people taking blood thinners had no risk assessments in place for side effects such as increased bleeding and bruising.
- We found large quantities of used controlled drugs destruction kits which had not been disposed of in line with national guidance.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate medicines was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and following the inspection, the registered manager and nominated individual told us they were taking action to address the issues identified.
- All staff administering medicines had completed training and had their competency to administer medicines assessed in line with national guidance.
- The provider had procedures in place to ensure the safe storage of medicines.
- People's medicines were given at set times throughout the day and staff considered people's preferences.

We saw steps taken by staff to ensure that people who were prescribed time critical medicines received these on time. A relative told us, "We have had no issues with medicines. Since he has gone into the care home, he is much better."

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that systems and processes were not established and consistently operated effectively to respond to any potential abuse. This placed people at increased risk of harm. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 13.

- People were protected from abuse, and there were policies and procedures in place to support staff in safeguarding people.
- Effective systems and processes were in place to report, record and investigate any potential abuse.
- People and relatives told us they felt safe. Comments included, "Safety is excellent", "They are always thinking about her needs" and "[Person] is in safe hands."
- Safeguarding concerns had been escalated appropriately and action taken to keep people safe when required.
- Staff had completed safeguarding training and were aware of different types of abuse and the steps they would take if they thought someone was being abused.

Staffing and recruitment

At our last inspection, we found processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment. This placed people at risk of potential harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 19.

- People were protected from the employment of unsuitable staff. This meant pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider was completing audits to ensure recruitment processes and checks had been completed and were kept up to date.
- There were enough staff on duty to meet people's individual needs and maintain their safety.
- People and their relatives told us they did not have to wait long before staff came when they called. One person told us, "They always come to check." A relative said, "Staff answered the bell in a timely manner, I have no concerns."

Assessing risk, safety monitoring and management

- Risks to people had been assessed, including risks related to nutrition, falls, skin breakdown, moving and

positioning. Care plans contained guidance for staff about the most effective way of minimising these risks and supporting people safely.

- The provider had implemented an electronic care plan system and we noted improvements in care records. It was easy to check if people had received the support they needed to minimise risks.
- Staff told us risks to people and changes in their needs were discussed daily at handovers to ensure all staff were aware of any updates.
- Risks related to the environment were assessed. We saw regular checks were undertaken with regard to water safety, electrical items and fire equipment. Regular fire drills were carried out at the service. People had personal emergency evacuation plans in place in the event of a fire.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were able to freely visit their family members at the service and precautions were taken to minimise the spread of COVID-19.

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learned when things went wrong.
- Accidents and incidents were investigated thoroughly, and any recurring issues identified were followed up with appropriate actions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we found the provider failed to provide sufficient training and support for staff and this was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements have been made and the provider was no longer in breach of regulation 18.

- People received care and support from staff who were appropriately skilled and trained to carry out their role.
- One person told us, "Of course they [staff] know what they are doing." Relatives confirmed staff were competent in their role. One told us, "Staff are well trained and experienced."
- Staff were given a thorough induction prior to commencing work, which included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- An on-going comprehensive programme of training was in place for all staff.
- We observed staff were confident, knowledgeable and competent to support people in a consistent way and guided by best practice. For example, people were supported using safe moving and handling techniques.
- All staff we spoke with said they were supported by the management team. They confirmed they received feedback about their performance and discussed training needs during one to one meetings.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection we found the provider had failed to ensure appropriate authorisations were in place to deprive people of their liberty. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of regulation 13.

- People's rights to make their own decisions were protected.
- Staff understood their role in making decisions in people's best interests and these decisions were appropriately recorded. We observed staff asked people for consent before providing care or support. We observed staff were polite and respectful towards people and their decisions.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control. The service had applied for DoLS applications in line with best practice.
- Health professionals and staff completed capacity assessments where required, to ensure people were supported appropriately to make decisions.
- Staff understood it was important to gain consent from people and had received training in the MCA. A relative told us that they felt the service had managed decision making very well with their relative, who had wanted to make a choice that could have placed them at risk. Through discussion they were supported to take the risk.

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

At the last inspection we made a recommendation for the provider to make further adaptations to the home to ensure it is accessible for people living with dementia.

- At this inspection we saw that the provider had made adaptations to the building and there was more work in progress.
- We found the adaptation, design and decoration of the service were suitable and met people's needs.
- There was suitable signage and use of contrasting colours to enable people to find their way around and identify toilets and other rooms.

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

- People's needs and choices were assessed and incorporated into the care they received.
- There was evidence an assessment had taken place prior to people coming to live at the service. Choices and preferences had been recorded in people's care records.
- Relatives told us they were involved in discussions about their family members support and agreements about how their care was provided.
- People and relatives told us that staff supported their choices and understood their specific needs. A person told us, "I feel any issues are listened to and dealt with satisfactorily."
- A relative said, "They go out of their way to accommodate you as a visitor and that is reflected in the way they treat [person]."

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

- People's eating and drinking needs were met by a varied and nutritionally balanced diet. People gave us positive feedback about the food. A relative told us there were plenty of fruit and vegetables available and said, "It's pretty good, they try their best."

- We observed people were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking, any diverse needs and preferences. Staff were also aware of people's dietary needs.
- Care plans were in place around nutritional intake and people's weight was regularly reviewed. Any concerns were raised with health professionals.

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

- The registered manager and staff worked in partnership with external professionals, such as GPs to support and maintain people's health.
- Records showed evidence of involvement of opticians, hearing specialists and appropriate equipment was in place to support people with safe moving and handling. A relative told us, "[Person] is seen by the GP if needed and staff always speak with me if there are any concerns."
- A healthcare professional written feedback included, 'The manager and the staff have been working well with our service and I have observed the staff when they are having interactions with other services. Staff have the residents in mind at all times ensuring they can deliver the best care possible. Staff do follow professional advice that is given to them with respect to healthcare needs of the residents in question.'

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People received good day to day care, and we observed they were treated with kindness and respect.
- People told us staff were attentive and kind and offered them help and support in a timely and appropriate manner. Relatives told us, "The carers are completely professional and very calm. I appreciate the way they handle things" and "[Person] couldn't be in any better hands. It's the way they come and talk to her. You can see in her face she looks happy."
- We observed examples of staff treating people with respect, kindness and care. We saw when staff approached and spoke with people, they responded with a smile. During these observations, people were given time to respond and were not rushed to do things.
- Staff addressed people respectfully by their preferred names. We observed laughter as well as gentle reassurance with appropriate body language, such as staff leading a person gently when they moved around.
- The staff team came from a range of backgrounds and religions. Staff understood how to meet people's religious and cultural needs, and this was confirmed by relatives.
- Staff received training in equality and diversity and were aware of the importance of treating people equally.

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

- People told us they were supported to make decisions about their day to day care.
- People and when applicable their legal representatives were involved in decisions about their care and in agreeing their care plans.
- Relatives told us they were also involved in decision making and were contacted if there were any concerns, for example, about their family member's health. A relative said, "If there's an issue then staff are always there to talk to me. For example, if I think she was more confused than normal, staff will listen and check [person] out." Another relative said, "I feel involved in my mother's care."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity, and people confirmed that staff showed them respect.
- We saw that doors were kept closed when people were receiving personal care. People we spoke with stated that staff were respectful and careful when undertaking personal care tasks.
- Care records set out what people could do for themselves, and staff understood people's abilities well.

- Staff anticipated people's needs and asked them what they would like to do next or where they would like to go and provided the support that was required.
- A relative told us, "[Person] has never looked so clean. Her hair is always tidy, there are no smells and she always has clean clothes on."
- We observed staff supporting people in a manner that protected their dignity and offered them care in a discreet manner. For example, staff supported people discreetly during mealtimes.
- People's right to confidentiality and privacy was respected, with people's private information securely stored.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has 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 inspection we recommended the provider reviews people's care records to ensure they contain sufficient details of people's preferences and choices. The provider had made improvements.

- The service had implemented a new electronic care planning system.
- Care plans detailed people's assessed needs areas such as communication, mobility and falls, safety, nutrition and hydration, skin integrity, continence, personal care, oral care, medicines, mental capacity, emotional support, sleeping, activities and interests and sexuality.
- Care plans were person centred and provided guidance to staff on the support needs people had. For example, the skin integrity care plan detailed safe measures to look after vulnerable skin and mobility plans detailed equipment required for safe movement.
- However, we identified that some care plans could benefit from additional details to further support and guide staff. For example, diabetic care plans could be made to include signs of hypoglycaemia and hyperglycaemia. We discussed this with the registered manager and staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records included instructions to staff about how to communicate with people.
- They included how people preferred to be named, whether they had hearing or visual impairment, or whether they experienced any anxieties that needed specific communication methods.
- We observed how staff communicated with people, for example, when they used equipment to help them move from one place to another. Staff talked clearly to the person in a reassuring tone through each stage of the procedure, ensuring the person knew what they were going to do next.
- A relative told us, "They are very attentive to [person] and they know how to communicate with them, for example, staff will talk slowly and use hand gestures."

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 to engage in activities every day. People and relatives were very positive about the activities organised and the level of interactions people benefitted from.
- Relatives told us, "The activity co-ordinator is absolutely brilliant, she does more than she has to, she knows everyone and does everything." And, "The activities co-ordinator is very good. She makes sure everybody has got something to do."
- People who remained in their bedrooms were also supported to engage in one to one activities. The activities co-ordinator told us that they regularly visited people in their bedrooms to engage them in a one to one activity or spend time. Details of people's participation in activities was documented.

Improving care quality in response to complaints or concerns

At the last inspection we recommended the provider reviews its processes for managing complaints to ensure records are kept in line with their procedure. The provider had made improvements.

- The provider had a complaints policy in place.
- The registered manager implemented a system to manage and respond to complaints.
- Relatives and people told us the management team were responsive if there were any issues. Comments included, "If I had to complain I would know who to tell" and "We have never made a formal complaint."
- We found that all complaints received had been investigated and responded to. Complaints, comments and feedback were all used as ways of learning and to further develop and improve the service provided.

End of life care and support

- Care plans documented that advanced care planning and end of life care was discussed with people and their relatives.
- People's choices and wishes were recorded in relation to planning the way in which they wanted to be cared for and preferred funeral arrangements. Some people preferred to let their next of kin make the decision which was documented.
- The registered manager told us the service was working towards the Gold Standard Framework and it was evident they were passionate about delivering high quality and compassionate end of life care. We saw positive feedback was received from relatives.
- An external professional written feedback included, 'Since the new manager started the home has implemented the Gold Standard framework; they are constantly updating the information, reviewing and making sure anticipatory medicines are in place. Discussion about advance care plan takes place as requested with families and residents. They are working in partnership with GPs and North London hospice.'

Is the service well-led?

Our findings

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

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

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

At the last inspection we found systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice in relation to governance of the service.

At this inspection we found improvements had been made and new systems and processes were being introduced by the new registered manager and provider. Although the provider was no longer in breach of this regulation and had met the Warning Notice, further improvements were required.

- There was a new registered manager in post, and they were introducing a clear structure with more effective monitoring and accountability, however, these changes had yet to be fully established. The registered manager told us they had plans to improve the service further and they were eager to work with all parties concerned.
- Although the provider and registered manager had started to make changes since the previous inspection, these changes had not yet been fully embedded. For example, there continued to be shortfalls in medicines management and lack of robust audits as referred to under the Safe section of this report.
- The registered manager had a good understanding of their role and responsibilities and how to monitor and evaluate quality of the service. Staff also demonstrated a good understanding of their roles.
- The registered manager completed daily walk arounds and spot checks to observe staff practice and speak with people using the service. Any ongoing risks were mitigated because the registered manager was proactive in their approach and practice.
- People, their relatives and external professional told us they found the service had greatly improved in the last few months. Comments included, "In the past year it really has improved, after a period of not so good", "There has been so much improvement since new management" and "I think the home is better managed since the new manager started."
- We discussed with the registered manager the need to now ensure that improvements are firmly embedded in the service and sustained to ensure quality and safety are maintained.

We recommend that the provider and registered manager continue to closely monitor the service to ensure the improved standards of governance are sustained.

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

- The service was working to improve and promote good outcomes for people. People, relatives and staff spoke well of the service and the management of the home.
- The service held regular meetings for residents, relatives and staff to get their views.
- The registered manager talked with us about their philosophy of care and values regarding the service, which included involving people in making decisions, and person-centred care.

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 registered manager was open and transparent.
- They had notified the Care Quality Commission of any significant events that affected people or the service and were aware of their duty of candour.
- The rating of our last inspection was prominently displayed in the service as per legal requirements.

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

- Relatives told us that the registered manager and their team were visible in the service and knew everyone on first name terms. They told us that they had been able to meet the registered manager to discuss any concerns and that she operated an open-door policy.
- Relatives told us they had been offered and recently attended a training session, 'Forget me not', which helps family members understand dementia.
- The registered manager supported staff and had held regular sessions with them. Staff across the service told us that this had made them feel supported and that the new manager was a 'great role model'. A member of staff said, "The management change has been great."
- People, relatives and staff were encouraged to complete regular satisfaction questionnaires to provide feedback about the service.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other agencies to support care provision. We noted that the service maintained positive links with a variety of healthcare professionals including the GP, local hospice, local authority quality monitoring team and other health professionals.
- We spoke with several involved professionals before, during and after the inspection and the feedback received indicated that the service and the standard of care was improving, and the new registered manager was well regarded.
- Accidents and incidents were logged and reported to the registered manager who analysed the reports to identify any trends and patterns.
- The registered manager was open with the inspection team during the inspection and began to take action to make improvements where required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at increased risk because medicines were not always managed safely and in accordance with national guidance.