

## Barchester Healthcare Homes Limited

# Alice Grange

### 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

Alice Grange is a care home providing personal and nursing care for up to 80 people across three floors. One of the floors provides care to people living with dementia. At the time of our inspection visit there were 41 people living at the home.

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

We had significant and multiple concerns at our last inspection and rated the home inadequate in four key questions and overall. We also found five breaches of the Health and Social Act 2008 (Regulated Activities) Regulations 2014 at that time.

Immediately following our last inspection, the provider took action to begin making the necessary improvements including placing a voluntary suspension on any new admissions to the care home. The provider brought in a team of senior support managers and clinical staff to help address the significant concerns and to put in place a plan of action to make the necessary improvements. This involved making improvements to governance and oversight arrangements, and implementation of systems and processes to safely assess and manage risks to people. Staffing levels were reviewed and immediately increased.

At this inspection we found significant improvements. The service had clear and improved leadership and there was increased stability and a changed culture which was commented on by many people, staff and stakeholders we spoke with.

People using the service told us they were happy living at Alice Grange and with the care they received. People felt safe and well-treated by staff. Staff were kind and considerate. Staffing levels were kept under review to ensure they were sufficient. Staff were recruited safely. We have made a recommendation regarding the on going monitoring of staffing levels by the provider.

Medicines were managed safely. Staff wore personal protective equipment (PPE) and clear guidance was in place regarding keeping people safe from the risks associated with COVID-19. The environment was clean and well maintained.

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.

Many people, relatives and staff were positive in their feedback about the leadership of the home and the quality of care delivered. A member of staff told us, "I can honestly say I have never been happier and more proud of my team than the one I'm in at Alice Grange. I would like to say that the knowledge of [people] and the dedication of the carers is outstanding, but it doesn't stop there. From the domestic staff to the chefs, the hosts/hostesses and activities team, they all treat [people] as individuals, with dignity and respect. And

even though the management team have not been in post long they too know the residents, the staff, [provider] policies and local guidelines but most of all they care."

Feedback we received was positive about how the service was being managed and the significant improvements made. Staff felt very well supported by the registered manager. The registered manager and provider completed regular audits and checks, which ensured levels of quality and safety were maintained at the home. The registered manager understood and met their regulatory responsibilities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was Inadequate (published 31 March 2020) and there were multiple breaches of regulation. The provider completed a fortnightly action plan after the last inspection to show what they would do and by when to improve. We also held monthly virtual meetings with the provider to check on the progress being made. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 31 March 2020. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this comprehensive inspection to check the provider had followed their action plan and to confirm they now met legal requirements. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alice Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 effective 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 well-led.

Details are in our well-led findings below.

Good ●

# Alice Grange

## 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.

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 three inspectors and an Expert 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.

#### Service and service type

Alice Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave a very short notice period of 15 minutes prior to the inspection. This was to ensure the safety of all involved and to assess any risks in respect of COVID-19.

#### What we did before the inspection

We reviewed information we had received. We sought feedback from the local authority and stakeholders who work with the service. We requested any information and feedback about the service from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

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

#### During the inspection

During the inspection, three inspectors spent time at the home. Due to the COVID-19 pandemic we tried to keep our time on site to a minimum to reduce risks to people and staff. We therefore spent time communicating with the registered manager on site as well as off site. An Expert by Experience made telephone calls to some people and their relatives to seek feedback. This inspection activity took place between the 25 November and 10 December 2020. A virtual meeting to provide feedback from the inspection took place with the registered manager and senior managers from the provider organisation on 10 December 2020.

During the inspection we spoke with or had contact from four people who lived at Alice Grange and 12 people's relatives. We also spoke with the registered manager, the deputy manager, three registered nurses, one senior care staff, four care staff, an activities co-ordinator, one of the housekeepers, the managing director, senior regional director, divisional clinical lead, customer relationship manager and some members of the office/administration team. We reviewed multiple records including those relating to the care people received, staff recruitment and rotas. As part of this inspection we looked at the infection control and prevention measures in place.

#### After the inspection

We requested copies of records be sent to us securely in order that we could review them. We continued to seek clarification from the provider to validate evidence found. Our contact details were shared with all members of staff to seek their feedback and we also requested the registered manager share our contact details with relatives in order that they feedback their experiences of the service should they choose to.

# 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 and we found a breach of Regulation 12: Safe care and treatment and Regulation 18: Staffing. This was because risks to people's health, safety and welfare were not managed effectively and appropriate safeguarding actions were not always taken which placed people at risk of harm. Staffing levels and the pre-employment checks of the suitability of staff were not safe. At this inspection, we found previous shortfalls had been addressed and there were no breaches of the regulations. 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 were not assured that risks to the health, safety and well-being of people were suitably assessed or appropriately monitored within the home.
- At this inspection we found improvements had been made. Assessment of risks associated with people's care had been accurately completed and guided staff in how risks were to be reduced. Risks related to nutrition and skin integrity had been reviewed and a plan of care put in place to ensure people's needs were safely met. Daily recording charts completed by staff, demonstrated the support people received to reduce risks to their wellbeing.
- Staff were aware of the risks associated with people's care and knew how to support them safely.
- The premises and equipment were safely managed and maintained to a high standard.

### Staffing and recruitment

- At the last inspection there were insufficient staff to give people the care and support they needed. Due to our concerns and the subsequent inadequate rating, the provider took the decision to impose a voluntary suspension on new admissions to enable them to focus on the people living there and the improvements needed. At that time staffing numbers were increased to ensure people's needs were being met.
- At the last inspection there were 69 people living at the home, when we visited on 25 November 2020 there were 41 people. The provider had not reduced the staffing levels, meaning there were more staff available despite the lower occupancy.
- There were enough staff to meet the needs of people. The majority of relatives we had contact with felt the staffing levels had improved, however many said they had not been in the service as frequently due to the COVID-19 pandemic. One relative said, "I don't know about staffing levels as I haven't been inside the home for so long but my [relative] is so happy, very happy."
- Staff told us there had been improvements in the staffing levels and there were now enough of them available during the day and night. During our visit, staff were busy but still visible and spent time in communal areas sitting with people and interacting in a relaxed manner.
- Improvements had been made to the safe recruitment of staff. Appropriate pre employment checks were now being completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. Suitable references were being obtained and any gaps in recruitment history were

now explored.

We recommend that the registered manager continues closely monitoring and reviewing staffing levels, as occupancy at the home increases, using an effective tool and through communication with staff to ensure people's needs continue to be met in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care and support at the service was safe. One relative said, "[Family member] used to have lots of falls... I have seen a vast improvement." Another relative commented, "I am very happy. [family member] is looked after very well. No concerns over [family member's] care. [Family member] fell and after that was given extra help. An alarm mat was placed beside the bed, the home responded well to the situation."
- Safeguarding referrals were made when required and appropriate investigations carried out in response.
- Staff had completed training in safeguarding adults which covered the different types of abuse and the action they needed to take if they suspected or witnessed abuse or harm.

Using medicines safely

- Improvements had been made in medicines management, people received their medicines safely and as prescribed.
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
- Records continued to be in place to show when people needed to take any prescribed medicines and we saw the provider had regular audits and checks in place to make sure medicines were managed safely. Two minor amendments were needed to medicine administration records (MARs) to ensure clear directions were in place. This was addressed immediately by nursing staff and there had been no harm to any person.
- Prior to undertaking the administration of medicines staff undertook training and had their competency assessed. Staff completed MARs to record when people's medicines had been administered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A relative told us, "When I visited, the [registered] manager took my temperature, I had to wear a mask, and use hand gel. Everything was wiped down before and after the visit. This happened even with the outdoor visits in the garden before the room with the screen was installed." Another relative said, "A room with screen with a speaker and microphone, fabulous idea."
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Staff completed accident and incident records which were reviewed by the registered manager or deputy manager to look for any trends and to assess the risk of a reoccurrence. Any lessons learned were shared with the staff to improve the safety of the service.



# 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 inadequate and we found a breach of Regulation 14: Meeting nutritional and hydration needs. At that time people did not always have their nutrition and hydration needs fully assessed and any risk mitigated against. At this inspection, we found a number of improvements had been made by the provider and registered manager and the rating had improved to good. The provider was no longer in breach of the regulations. 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

- Care plans had improved and covered any nutritional needs and appropriate assessments, such as the malnutrition universal screening tool (MUST) were used to determine if people were at risk nutritionally.
- For those people who required it, regular checks were undertaken of any weight loss and this was being monitored by the management team and nursing staff. A relative told us, "[Family member] lost a lot of weight and had no appetite. [Family member] was referred to nutrition team and has daily high energy drinks now. Staff talked to [family member] about how [they] like to eat. Staff sit with [family member] and cut food up for [them]."
- During our visit we saw people were offered hot and cold drinks and snacks between meals. Staff took time and showed patience to people who needed assistance to eat and drink, this was provided at a pace to suit people's needs and preferences.
- The mealtime experience had been reviewed and improved. The lunchtime meals on all three floors were relaxed and sociable occasions. One person's relative commented, "[Family member] is loving the food. [Family member] thinks it's wonderful."

Staff support: induction, training, skills and experience

- The majority of people and their relatives told us the staff were well trained, and they had increased confidence in them to provide safe and effective care. One person's relative said, "The [staff] I deal with appear to have the knowledge and skills to look after people."
- Improvements had been made in the provision of staff supervision. This ensured opportunities to manage performance, discuss any work concerns and support development were in place.
- Staff told us the support and training available to them had improved over the past ten months. One member of staff commented, "Although there has been a lot of changes in management. I can honestly say that the support from both the [registered] manager and deputy manager has never been better, I feel I can go to either of them and we can talk openly about any issues and concerns that arise. I believe the home is now going in the right direction and this really reflects on how happy and cheerful [people] are."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At this inspection we found improvements had been made. Where possible, people were fully involved in decisions about their care and their capacity to do so was respected.
- Not all the people living at Alice Grange had the mental capacity to support them making decisions about their care and support needs. Where people lacked capacity, best interests meetings were held which were decision specific and involved the relevant people.
- Where restrictions were to be placed upon people in order to keep them safe, an application was made to the local authority DoLS team.

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

- Where necessary, the staff team worked with other services to deliver effective care and support.
- The registered manager and staff worked in partnership with health and social care professionals such as, community nurses and dentists to ensure people received the care they needed to remain healthy and well.
- People's relatives told us if their family member was unwell, staff acted promptly to seek advice from health professionals. One relative commented, "I think the [staff] organise a dentist. I signed up to a plan. I take in mouthwash, toothpaste so they are obviously using it." Another relative said, "A chiropodist has been in [to the service]. They made special concessions, couldn't do more."

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

- Accommodation was arranged over three floors. Passenger lifts between floors, enabled people with mobility care needs to access all areas of the service.
- The decoration and layout of the premises met the needs of people living at the service. Clear signage helped people to navigate through the building.
- The environment was fully accessible and well maintained with a variety of communal areas people could access. Since our last inspection an additional dining room had been created along with a games room on the ground floor.

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

- Due to the previous inspection rating and concerns found at the service, the provider had taken a voluntary suspension on admitting anyone into the home until improvements were made and we had re-inspected.
- The registered manager had recognised and identified that due to no one being admitted to the home and no assessments carried out of anyone thinking of moving to the home, further training was needed for nursing staff in carrying out pre-admission assessments.
- The provider and registered manager had committed to reintroducing new admissions into the home

slowly to enable a safe and well thought through process.

# Is the service caring?

## Our findings

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

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

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

- At our last inspection we were concerned people were not always well-supported, cared for or treated with dignity and respect. At this inspection we found improvements had been made. People were supported by caring staff and a management team who knew them well. People were positive about the caring nature of the staff. One person told us, "Staff are very kind. They are friendly with kindness built in." Another person commented, "They are good caring staff."
- Relatives were also complimentary about the care provided at Alice Grange. One relative said, "Staff have been exceedingly lovely with [family member]. [Family member] is very fond of them." Another relative commented, "Staff are attentive, aware of my [family member's] situation. I have no worries [about the care]. Staff seem concerned for [people] and their intentions are good." We also heard from a relative who told us, "Staff are reassuring to [family member] who says [they are] very comfortable there. [Family member] always says they are well looked after, I speak to [family member] every day."

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

- Staff knew people's communication needs well and showed patience and gave people time to answer questions about the support they wanted.
- Whilst some people could not recall being involved in planning their care the majority of relatives told us they felt involved and informed in their family member's care.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we found staff did not consistently respect people's right to confidentiality. At that inspection people's personal information, such as their care records, were not always stored securely. At this inspection we found improvements had been made and records containing people's confidential information were being stored securely.
- People told us their privacy and dignity was respected. Staff did not enter people's bedrooms without first knocking to seek permission to enter.
- People were encouraged to be independent. For example, we observed occasions where people were gently reminded by staff to use their walking aids when they walked around the home.

# 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 Inadequate and we found a breach of Regulation 9: Person centred care. The service had failed to ensure people using the service received care or treatment that is personalised specifically, for them. People's needs were not always appropriately assessed or planned for. There were limited opportunities for activities and for people to follow their interests and hobbies. At this inspection we found the shortfalls had been addressed and this key question has improved to good. There were no breaches of the regulations. 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

- Since our last inspection, care plans had all been reviewed and re-written where needed with some people and relatives explaining they had been consulted as part of the updates. The revised information was more personalised to the individual and included details about each person's specific needs. Some healthcare plans had mistakenly been archived within the service however these were quickly retrieved and put back in place with no impact on any care noted. We spoke with the management team about the importance of ensuring all terminology used in care plans was inclusive, they addressed this immediately.
- Where appropriate, relatives told us they had been involved in the creation and review of the care plans. One relative commented, "I am sure care plans are now an accurate reflection of individual's care needs. I believe this as I have conversations with [nursing staff] regarding medication changes, doctors' visits, mental health reviews, dentistry needs, chiropody and of course general updates about my [family member]. These conversations have been initiated by the staff not by me."
- People's relatives told us their family member's individual needs and preferences were being met and noted improvements in this area. One relative said, "A staff member applied a [hair treatment] to my family member's hair. This was a massive deal to [family member] as their appearance is very important to them." Another relative commented, "I haven't spoken to anyone that doesn't want to be there [Alice Grange]. It's like family. They have a brilliant rapport with [family member], they joke with [family member] and he looks well cared for."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection we found a lack of activities for people living on Memory Lane. At that time many people were in their bedrooms throughout the day.
- At this inspection we received mixed but mainly positive feedback about the range of activities and opportunities for people to engage in hobbies. One relative said, "[Activities staff], as have all the other care staff, have worked tirelessly to ensure that my [family member] has been occupied and amused. We have had discussions as to how we can give [family member] a project to work on. This has been hard because of the nature of my [family member's] condition but they have never stopped trying. When I have attended outdoor visits, they have been very caring and supportive which has given me so much reassurance."

- There had been some recent recruitment to vacant activities staff posts and the team were also trying to facilitate safe relative visiting during COVID-19. In the meantime, the registered manager was embedding a culture of person-centred care where all staff undertook activities as part of their inclusive role.

#### Meeting people's communication needs

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

- People's communication needs were assessed and recorded as part of the care planning process.
- Where people needed support with communication, this was recorded in their care plan, so staff knew how to communicate effectively with them.

#### Improving care quality in response to complaints or concerns

- A complaints policy continued to be in place to ensure any concerns could be reported, listened to and addressed. We saw from the complaints log that the number of concerns that the home had received had reduced dramatically in the past 10 months and since the consistent leadership.
- People and their relatives told us they had increased confidence that any concerns or complaints raised would be addressed if required. One relative said, "Sometimes I don't actually want to make a formal complaint, I might just want to resolve a problem and it's quicker to talk and get it resolved. [Registered manager] just talking to me made all the difference."

#### End of life care and support

- People and their relatives were given support when making decisions about their preferences for end of life care.
- Staff received assistance from community based palliative care services as needed and when supporting people with any end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate and we found a breach of Regulation 17: Good governance, along with multiple other breaches. This was because governance systems and quality monitoring of the home was not robust or effective. This was evidenced by the poor standards of care we found at that time. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection there were multiple breaches of the regulations in respect of person-centred care, safe care and treatment, meeting nutritional and hydration needs, good governance and staffing. We had significant concerns at that time. The serious and extensive nature of the breaches identified a failure of leadership and governance at the service at both manager and provider level.
- At this inspection there were no breaches of regulations and we were encouraged by the significant progress made by the registered manager and the provider.
- Immediately following our last inspection visit, the provider took proactive action to start making positive changes. They placed a voluntary suspension on admitting new people into the home to enable the service to keep the people already living there safe and not place additional demands on the service.
- There had been four changes of manager at the service in the past year with the current registered manager in post since June 2020. Long term stability was required to sustain the improvements and fully embed the progress into the culture of the home to ensure people continued to be consistently provided with a safe quality service.
- We found the registered manager had been instrumental in bringing about many positive changes and much needed stability in the home. Everyone we spoke with, or who contacted us as part of the inspection, told us the arrival of the registered manager had resulted in the start of a change in the care practices and leadership at the service. One relative said, "I would just like to say that I have experienced a significant and sustained improvement since the appointment of [registered manager]." Another relative told us, "I had 15 minutes with [registered manager] and I thought she seemed honest and open. Empathy given to me and my [family member]. Very caring and practical. She listened and took notes. She phoned me to follow it up."
- Since we last inspected robust quality assurance systems had been introduced to ensure care records and other documentation was complete, accurate and contemporaneous.
- Records were spot checked and the management team monitored key areas of service delivery through twice daily 'walk arounds', hands on care and meetings to ensure they were in keeping with regulatory requirements.
- The registered manager and provider complied with legal requirements for duty of candour; they

displayed the previous inspection rating clearly in the home. They had also been open with people, staff and their relatives about the nature and detail of the concerns and breaches of the regulations and how they planned to make the improvements. We saw that this correspondence and 'openness' had continued since with regular updates provided.

- As per the regulations, the registered manager had notified CQC about incidents such as any safeguarding incidents when they had occurred and provided any information we asked for.

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

- The majority of people's relatives told us the communication from the service had improved and even those that had concerns noted an improvement more recently. Most relatives said the registered manager was approachable and listened to what they had to say. One relative commented, "I have met [registered manager] once on an outside visit, she seemed very calm and pragmatic." Another relative said, "The present [registered] manager seems to have a grip on things and is improving [the service]. There have also been lots of emails from the provider. I think they have done really well." A third relative told us, "The communication from the home has been terrible in the past. But saying that, there have been some improvements within the last couple of weeks. This is because I have discussed it with [registered manager] and she is trying to get the staff to communicate with families more too."

- The registered manager and provider sought individual people, relative and staff feedback as part of their audits of the home. Feedback was obtained from people, relatives, staff and community professionals via meetings. This feedback was used to make improvements to the home.

- There was an improved culture amongst staff in the service that was open and inclusive. Staff told us they now enjoyed their jobs and were now proud to work at Alice Grange. They felt supported by the registered manager, and they were comfortable raising any concerns. One staff member said, "I work on Memory Lane community and can honestly say that the team I work with are amazing. They work really hard, often picking up extra hours if needed. They care for each resident like they were a family member. I am glad to work at Alice Grange Care Home."

- The registered manager and staff were working proactively and in partnership with other organisations, such as the local authority social services and healthcare team and had taken on board advice and training and put this into practice.