

Richard Wraighte

The Old School House

Inspection report

38 Merafield Road
Plympton
Plymouth
Devon
PL7 1TL

Tel: 01752330470

Website: www.theoldschoolhousecarehome.co.uk

Date of inspection visit:
01 April 2019

Date of publication:
07 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Old School House is registered to provide accommodation for up to 36 older people who require personal care. The majority of people living at the home were living with dementia. Some people require nursing support and this is provided by the local community nursing team. At the time of the inspection, 18 people were living at the home.

People's experience of using this service:

- There had been changes to the management structure of the home since the previous inspection. A new manager had been appointed and the senior management team had been strengthened with the appointment of a general manager supporting the provider. The provider had employed a management consultant and was working with the local authority and other organisations to improve the management of the home. People and staff told us the home had improved. We also received positive feedback from the local authority and the community nursing team.
- Comprehensive quality assurance audits had been put in place. A variety of audit tools ensured all aspects of service provision and health and safety were reviewed in detail by the management team each month.
- People told us they felt safe living at the home. Protocols and training provided staff with the information and guidance they required to identify and report suspected abuse.
- Some people told us they felt anxious about a person entering their rooms. The manager stated action was being taken to reduce the risk of this person entering people's rooms. Following the inspection, the manager told us some people's bedroom door locks had been changed to ones they found acceptable.
- Staff recruitment processes were safe and staff were employed in sufficient numbers to meet people's care needs.
- People told us staff were kind, caring and respectful. Our observations showed staff were kind, caring, friendly and attentive. The increase in staffing levels allowed staff more time to spend with people, and not feel rushed. Staff enjoyed working at the home and confirmed improvements had been made since the previous inspection.
- The computerised care record system was being used to record people's care needs and associated risk and provide staff with the guidance they required to meet people's needs and reduce risks. However, where people were resistive to receiving support with their personal care, this needed to be better recorded, and flexible and responsive support detailed. Further attention was also needed to monitoring forms as we found these had not always been fully completed, or had inconsistencies.
- People's healthcare needs were being met. We received positive feedback from the community nursing team about the care people received.
- The home was acting within the principles of the MCA. Staff sought people's consent and where necessary with authorisation, restricted people's liberty to maintain their safety.
- Medicines systems were organised and managed safely. Where the manager had identified supply and support issues with the pharmacist, action had been taken.
- Training in relation to people's care needs required some further improvement and the manager had plans in place to address this.
- The provider and manager planned further improvements to the social and leisure activities provided for

people and recognised the importance of meaningful engagement to people's well-being.

- People told us they had no complaints and said they knew who to talk to if they had any concerns. Where complaints had been received, these were recorded and actions identified to resolve the issue.
- The home was clean, tidy and well maintained.

The home met the characteristics of a rating of "Good" for two key question and "Requires Improvement" for three key questions. Our overall rating for the home after this inspection was "Requires Improvement". We made four recommendations for improvement in relation to staffing levels, training, personal care and social engagement.

Rating at last inspection: At the last inspection in September 2018 the home was rated "Inadequate" and the home was placed into special measures (the report was published in October 2018). Services in special measures are kept under review. Following the inspection, CQC required the provider to send us monthly reports. These detailed the outcome of internal audits in relation to staffing levels and staff training, care records and people's care needs, as well as those in relation to the management of the home.

Following this inspection, the home was removed from special measures.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor the service and liaise with the provider and local authority. We will re-inspect the service in line with our inspection schedule, or sooner if we receive information of concern.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good 

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led

Details are in our Well-Led findings below.

The Old School House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector, an assistant inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For the purpose of this inspection, the expert by experience was experienced in the care of older people and those living with dementia.

Service and service type:

The Old School House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 36 people. Accommodation is provided over three floors with a passenger lift providing access for those people with limited mobility.

The home did not have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the home and registered provider. This included any statutory notifications the home had told us about. Statutory notifications are information that the home is legally required to tell us about and include significant

events such as accidents, injuries and safeguarding notifications.

During the inspection, we met all 18 people living at the home and spoke with eight in detail. As some people could not tell us about their experiences, we spent time with people observing their support in the communal areas and monitored the care provided to two people who were being cared for in their bedrooms. We spoke with a relative and a visiting friend, the provider, the general manager, the manager, four care workers, the cook, administrator and housekeeping staff, two agency care workers, and the management consultant employed by the provider to support the management of the home. We reviewed a number of records relating to people's care and the running of the home. These included three people's care records, four staff recruitment files, staff training and supervision records, as well as internal quality audits. We also observed a medicine round.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last previous inspection in September 2018 we rated this question inadequate. This was because we identified concerns in relation to staffing, risk management, how people were supported with eating and drinking, how the home managed people's medicines, as well as safeguarding people from harm and abuse.

At this inspection we found improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe; one person said, "I feel safe here" and another person said, "Oh yes" when asked if they felt safe. We observed people hug staff, and smile and laugh in their company, indicating they felt safe.
- Staff knew how to recognise abuse and protect people from the risk of abuse. Protocols and training provided staff with the information and guidance they required to identify and report suspected abuse. Staff were aware of their responsibilities to protect people and to report concerns regarding people's safety and well-being.
- At the previous inspection we found people were not kept safe from other people entering their rooms, including at night. At this inspection, some people told us this remained an issue and they felt anxious about a person entering their rooms. We discussed this with the manager, who stated action was being taken to reduce the risk of this person entering people's rooms. Following the inspection, the manager confirmed the locks to some people's doors had been changed to ones they found acceptable.

Staffing and recruitment

- The manager had recently undertaken an audit of staff recruitment files to identify and rectify where documents were missing as well as where more up to date information was required. They showed us new systems that would ensure recruitment processes were safe in future. Pre-employment checks included disclosure and barring (police) checks, as well as obtaining references from previous employers.
- Some people told us they thought there was enough staff on duty; one person said, "I always see the carers around the place" and another said, "My bell is answered quick if I need help." A visitor also told us they felt there was enough staff, they said, "I visit regularly and there's always 2-3 staff down here in the lounge."
- However, other people told us they didn't think there was enough staff. One person said, "Staff are very busy – they are a bit thin on the ground and many don't stay for longer than a couple of weeks." We discussed this with the manager who acknowledged the home had been recruiting new staff for some time and unfortunately some of those staff did not stay. They confirmed a dependency tool was used to assess people's staffing needs and establish staffing levels in response to people's needs. To maintain these levels, the home used agency staff while in the process of recruiting more permanent staff. Adjustments had been made to shift times to allow more flexibility at busy times of the day. For example, an additional evening

shift supported people over the teatime period until 11pm at night. The manager was confident the staff now working at the home had the right approach and values and the staff team was becoming more stable. Following the inspection, the manager confirmed that staffing levels had increased during the day.

- Staff told us they felt there were enough staff available to meet people's needs and that they worked well as a team.
- During the inspection, we observed staff to be attentive to people and call bells were answered promptly. When we checked the care of two people being cared for in their rooms, we saw they had been attended to and supported to change position, and have drinks and meals throughout the day.
- The home also employed housekeeping, laundry, catering and administrative staff.

We recommend the home documents the outcome of the dependency tools and keeps under review the number of staff available during the day and overnight to ensure people's needs can be met in a timely way.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care, nutrition and choking.
- Management plans guided staff to support people in a way that reduced these risks. The computerised care planning system alerted staff and the manager should ensure essential tasks not be carried out in a timely way. For example, when people needed their position changed to reduce their risk of skin damage. This system allowed the manager to have oversight of each person's care needs.
- Records showed that where necessary, specialist advice from healthcare professionals was sought. For those people at risk of choking, we observed staff preparing meals and drinks and supporting people in accordance with specialist instruction.
- During the inspection, we saw staff remained in attendance in the lounge room, ensuring people were supervised.
- Where people had experienced accidents, these had been reviewed to identify whether action was necessary to prevent a recurrence and to look for indications people's needs were changing. A summary of all accidents and incidents was maintained.
- Environmental risk assessments and monitoring ensured the environment was as safe for people as possible.

Using medicines safely

- Medicines systems were organised. The home was following safe protocols for the receipt, storage, administration and disposal of medicines. Where the manager had identified supply and support issues with the pharmacist, action had been taken.
- Guidance was provided for staff about how to assess people's non-verbal communication for signs they might be in pain and to offer pain relief.
- Internal audits had identified occasions where staff had not signed to indicate they had administered medication. Action had been taken and a checklist introduced to be completed at every medicine round to show people had received their medicines and the records had been signed; we saw this checklist was being used.
- Competency assessments in relation to safe medicines practices were being undertaken for each member of staff who was responsible for the administration of medicines.

Preventing and controlling infection

- The home was clean and tidy. People told us they were happy with the cleanliness of their rooms. One person said, "My room and bathroom are cleaned every day – the cleaner is friendly and we have a good chat." A visitor told us the home was clean and said, "It's nice and clean here."
- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk

of the spread of infection.

- Audits were used to ensure good infection control practice was adhered to, and that the kitchen and housekeeping staff met the required standard.
- Checks were in place to ensure equipment remained safe to use.

Learning lessons when things go wrong

- The home had a service improvement plan which identified the actions taken to address the improvements identified at the previous inspection, as well as those the provider wished to make.
- Feedback from people, relatives and staff was used to improve the home.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At the last previous inspection in September 2018 we rated this question inadequate. This was because we identified concerns in relation to staff training, lack of information about people's care needs, and staff not understanding their legal obligations towards people who could not consent to their own care and treatment. People's rights were not being protected.

At this inspection we found improvements had been made, but some improvements were still required. These were in relation to training in the care needs of people living with dementia and the completion of monitoring records.

Staff support: induction, training, skills and experience

- The induction, training and supervision of staff had improved since the last inspection. Staff told us they had received an appropriate induction and on the day of the inspection, one new member of staff was 'shadowing' an experienced member of staff and being introduced to the computerised care system.
- The training provided for staff included care related topics as well as health and safety issues. Information provided at the time of the inspection showed some staff required training in the care needs of people living in the home. For example, six of the care staff employed at the home required training in dementia care and only one member of care staff had received training in caring for people at the end of their lives. The manager had a good understanding of the training required and had made arrangements for this training to be provided. Following the inspection, the manager provided us with the dates of the training arranged for staff.
- People told us staff were knowledgeable and competent. One person said, "The staff are well trained and they are patient with people who need a lot of help" and another said, "The staff are knowledgeable and good with the patients." A visitor also said they felt the staff were well trained, saying, "I believe the staff do a lot of training here."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Supervision records indicated all aspects of performance were discussed and included regular observation of provision of care. Staff were given the opportunity to learn from mistakes.

We recommend the home keeps under review its staff training programme to ensure staff receive regular training in topics relating to people's needs.

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

- At the previous inspection we found the computerised care planning system was not effective in providing staff with the information they required to support people. At this inspection, we found the system was

being used by staff to access people's assessments and care plans.

- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition and skin care.
- People, supported by their relatives, had been involved in the planning of their care and their wishes were respected.
- Good communication between care staff meant people's needs were well known and understood within the team.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the home was acting within the principles of the MCA.

- Care plans were capacity based and described people's abilities.
- People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had either been applied for, or authorised by the local authority.

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

- The management and monitoring of people's diet and fluid intake helped manage the risk of people not eating and drinking enough to maintain their health. Care records included monitoring people's weight and using a malnutrition screening tool to identify those at risk of weight loss. However, we found some of the monitoring forms had not been fully completed, or had inconsistencies, for example the fluid intake and weight records.
- We observed people being supported in a timely manner to eat their meals. Staff offered people alternatives to the main meal and as well as second helpings. For those people being cared for in their rooms, we observed staff sitting with them and engaging them in conversation while assisting them with their meals.
- Large jars of water and juice were available in the lounge providing easy access to drinks.
- Drinks and snacks were routinely offered throughout the day and we saw people were offered cake, biscuits and fruit between meals.
- We received mixed views about the quality of the food, some people told us they enjoyed the food, while others said the quality was variable.
- Surveys with pictures to help people communicate were used to evaluate how people felt about the mealtime experience. The cook used this feedback to plan menus to ensure people's preferences were

respected. They told us people could request whatever they wished to eat.

- In recent feedback received by the home, a relative said "Special thanks to [name] who always goes the extra mile to provide nutritious meals for all the residents."

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

- People's healthcare needs were being met. People told us, "They will get a doctor in if I need one" and "They get the doctor in quickly if it's necessary."
- Records showed referrals were made to the GP and community nursing services when required. Their advice was recorded in people's care plans and we saw staff adhering to this advice. We received positive feedback from the community nursing team about the care people received.
- People had opportunities to see a chiropodist, dentist and optician regularly or when needed.

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

- The building was adapted to provide accommodation over three floors. A passenger lift provided access to all floors.
- Communal areas were pleasantly decorated and well maintained. People's bedrooms were personalised.
- There was some signage around the home to orientate people to the lounge, dining room and toilets.
- Equipment was used effectively to meet people's care and support needs. For example, sensor mats and door alarms were used to alert staff to people's movements for those at risk of falling.
- We observed items of interest were available for people to engage with, including musical instruments, board games and playing cards.
- People had access to a secure garden and we saw one person being supported to sit in the patio area.
- The manager and provider described their plans to make the home more suited to the needs of people with dementia. These included changing the handles on people's bedroom doors to ones that provided more security for people but which could be opened easily without the need to unlock the door, as well as making each person's bedroom door more easily identifiable.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At the last previous inspection in September 2018 we rated this question inadequate. This was because we found people were not treated with dignity and respect and they were not cared for in a person-centred way.

At this inspection, we found improvements had been made.

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

- The manager told us the disrespectful language used by staff to describe people identified at the last inspection had been addressed. They were confident the current staff team demonstrated their respect and empathy for people in the way they spoke to them and about them, and we observed this during the inspection.
- People told us staff were kind, caring and respectful. One person said, "Staff are kind here" and another said, "I do feel cared for and sometimes they stop and chat if they get the time." A visitor said, "The staff are skilled and very patient".
- Staff had developed positive relationships with people. They spoke with affection about the people they were supporting: one told us, "We care for people as we would care for our family."
- Our observations showed staff were kind, caring, friendly and attentive. We observed staff interact and communicate with people in a sensitive and caring way. Staff respected what was important to people: one person told us, "Most staff are thoughtful and respect my wishes."
- Staff told us they enjoyed working at the home: one said, "I love it here." Staff told us that since the new manager had been appointed, the home was a happy place to work.
- The home had recently received a number of compliments from relatives: one said, "Thank you for being so helpful and understanding."

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

- People, and their relatives where appropriate, were involved in making decisions about their care.
- People told us they were offered choice in how they received their personal care and how it was provided. We observed staff asking people if they were ready to be supported, and when people declined, staff returned after a short period of time and asked again. We saw people were then happy to be supported.
- Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence:

- At the previous inspection we identified staff could not access the laundry room after 2:30pm, and that the home ran out of towels and flannels. The laundry room was in the basement of the building meaning staff had to leave the home to deliver and collect laundry. At this inspection staff told us that was no longer a

problem, as there were sufficient staff to allow them to do this if needed. However, store cupboards were seen to hold sufficient clean linen, towels and flannels for staff to use throughout the day and overnight.

- People's right to privacy and confidentiality was respected. One person told us "Staff always knock before coming into my room."
- Staff were seen to be discrete when asking people if they required support with personal care.
- People told us they had the support and equipment they need to help them be as independent as possible. One person said, "I needed a new walker and this was sorted for me."
- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality.
- People were supported to maintain and develop relationships with those close to them. Relatives and friends were invited to spend as long as they wished with people. One person told us, "My friends visit every couple of weeks and are made to feel welcome."

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

At the last previous inspection in September 2018 we rated this question inadequate. This was because we found people did not have their emotional, leisure and social needs met; people's care records did not always record how their needs should be met, and did not always detail people's wishes and preferences; people could not be sure their end of life needs would be met, and the management of complaints was poor.

At this inspection, we found some improvements had been made. Further improvements were required with describing how to support people who might be resistive to receiving support, providing staff with training in the needs of those people receiving care at the end of their lives, as well as providing people with meaningful engagement.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The home's computerised system for care records had improved since the previous inspection. We saw all care staff accessing people's records using hand-held tablet computers. People's care needs were clearly described and staff were guided about how to support each person.
- However, we saw some people were resistive to receiving support with their care needs. For example, some people had dirty finger nails and the manager told us they were reluctant to allow staff to clean their nails. Where this was the case, this needed to be better recorded along with how staff should approach people to support them in a way they might find acceptable.
- People told us the care they received was flexible and responsive to their needs. For example, people said they could choose to have a bath or a shower when they wished as well as what time they got up in the morning and went to bed at night.
- People were positive about the atmosphere at the home. One said, "I'm very happy here because the staff are friendly" and another said, "I accept that this is my home now and I don't mind it."
- Staff were attentive to people's needs and a relative told us they were happy with the care their relation received and said they settled in the home.
- Some people said they enjoyed the activities organised by the home. One person said, "I like it when the singers come here and we join in the songs" and another said, "I enjoyed the visit by the lady with the small animals." People told us they also enjoyed seeing the manager's dog.
- However, some people were less positive about the activities: one told us, "I wish there was more to do here" and another said, "I'd like to go out in the garden but there's not enough staff." On the day of the inspection we saw people singing and dancing to the musical entertainment, with staff singing and dancing with them. We also saw one person sitting in the garden with the manager.
- A number of people were being cared for in their bedrooms due to poor health. It was not possible to ascertain from people's care records if staff were spending time with them outside of care giving. The manager recognised the importance of this and said it was an area they were working with staff to address.

- The provider told us they were in the process of establishing an activity co-ordinator's post: a member of staff with responsibility to organise and provide leisure and social activities reflective of people's interest and references. They were also waiting for the delivery of an interactive light table which could be accessed in different areas of the home. This table was specifically designed for people living with dementia, to stimulate physical, cognitive and social activity through games.
- People were supported to continue to follow their religious beliefs. Holy Communion was provided by a local church and the home had contacted the local Mosque and Synagogue to establish links with the Iman and Rabbi.

We recommend the home reviews how people who might be resistive to receive support with personal care have their personal care needs met. We also recommend the home reviews providing people being cared for in their rooms with staff support for social engagement meaningful to them.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and when complaints and concerns were raised, these were recorded and actions taken to resolve the matter.
- People told us they had no complaints and said they knew who to talk to if they had any concerns. One person said, "I would talk to the staff if things weren't right" and another said, "I haven't had to complain but feel I could do so if needed." One visitor told us they knew who to talk to if they had any concerns and said, "If I needed to, I would talk to the owner or manager."
- Prior to the inspection, we received a number of anonymous concerns over the quality of care provided at the home as well as how the home was managed. We discussed these concerns with the provider and manager and saw they had processes in place, and had taken action, to address these concerns.

End of life care and support

- At the time of inspection, the home was supporting people with their end of their life care. Care records showed the GP and community nursing services were involved, and staff had received guidance about how to support people at this sensitive time. However, only one member of staff had received training in caring for people at the end of their lives.
- The home had recently received feedback from a family whose relative had died at the home: they referred to the staff's compassion and sympathy.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last previous inspection in September 2018 we rated this question inadequate. This was because we found significant failings across all key questions and that people were not safe and their needs were not being met in a person-centred way.

At this inspection we found improvements had been made. The home had not had a manager registered with CQC since December 2018. Having a registered manager is a condition of the home's registration.

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

- Since the previous inspection, the provider had made reasonable attempts to appoint a manager and the current manager had been appointed six weeks prior to the inspection,
- Following the previous inspection, the home was required by CQC to provide monthly reports detailing the outcome of their internal audits in relation to staffing levels and staff training, care records and people's care needs, as well as those in relation to the management of the home. These reports demonstrated the actions the provider was taking to ensure the home improved.
- There had been changes to the management structure of the home since the previous inspection. The new manager and a number of experienced care staff had been appointed. A general manager had been employed to provide additional support to the manager, and to support the provider with governance of both of their care homes. The provider had also employed a management consultancy service to undertake an audit of the home's management practices and to work alongside the manager providing guidance and support.
- The appointment of the new manager had been well received by people and staff. Staff told us the service had improved and they were positive and enthusiastic about the home's future. They were clear about their roles and responsibilities. One member of staff described the manager as being "As good as gold" and said, "When she came the whole atmosphere changed for the better." Another staff member said, "We have a great team." The manager confirmed they would be applying to register with CQC.

Continuous learning and improving care

- The provider had said that lessons had been learned from the findings of the previous inspection. They recognised the governance of the home had not been robust.
- Comprehensive quality assurance audits had been put in place. A variety of audit tools ensured all aspects of service provision and health and safety were reviewed in detail by the management team each month. These tools had recently been introduced, and required time to become embedded into regular practice.
- The home engaged in a number of local care provider initiatives to build relationships with partnership

agencies and develop best practice. For example, the manager and provider attended events organised by the local authority as well as those such as Devon Kitemark for dementia care providers.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider's oversight of the home was more robust than at the time of the previous inspection. They were present in the home most days and completed regular reviews of all aspects of the service. They regularly met with the general manager, manager and consultant to discuss all aspect of the running of the home, including staff performance and people's care needs.
- A visitor spoke positively about the management of the home and said the manager and provider were available and approachable.
- Relatives were able to remotely access their relation's computerised care records (if they have the appropriate legal status or the person's consent) allowing them to review the care provided.
- The home had not always notified CQC of events when required to do so and we asked for retrospective notifications to be made.

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

- People, relatives and staff were asked to complete surveys on an annual basis and we saw the feedback from the most recent surveys was positive.
- The provider, general manager and manger had met with people, relatives and staff to share information about the changes being made in the home.
- The manager and provider were receptive to feedback throughout the inspection and were keen to show us the positive changes that had been made. However, evidence of effective and sustained systems for oversight need to be demonstrated over a period of time and we will review this at our next inspection.

Working in partnership with others

- The management team were also supported by the local authority's quality assurance and improvement team (QAIT) as well as Livewell Southwest, an organisation that supports health and social care services. The feedback we received from QAIT confirmed the home was making progress and was engaging co-operatively with them.