

Corton House Limited

Corton House

Inspection report

City Road
Norwich
Norfolk
NR1 3AP

Tel: 01603620119
Website: www.cortonhouse.co.uk

Date of inspection visit:
10 March 2020

Date of publication:
30 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Corton House is a not for profit residential care home with charitable status and a Christian ethos providing personal care to 41 people aged 65 and over at the time of the inspection. The service can support up to 44 people. Accommodation is provided over two floors. Bedrooms have en-suite facilities and there were several communal spaces, including a communal lounge, garden room, activities room and dining room.

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

We have made a recommendation regarding the deployment of staff and consistent staffing levels. Whilst staffing levels did not significantly impact on people's experience of their care, we were concerned about the ability to provide consistent staffing and ensure the adequate deployment of staff. We have also made a recommendation the provider reviews their recruitment systems and checks. People were not fully involved in the design of menu choices. Systems to support people who had memory difficulties to make meal choices, needed improving to ensure they had a good meal time experience. We have made a recommendation regarding this.

People received their medicines as prescribed. Overall improvements in the management of medicines had been made although we noted some further work was still required in some aspects of medicine management. 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 did not support this practice.

Governance systems had been reviewed and strengthened. We noted continued improvements were needed to ensure the service continued to improve and develop. Some systems in the service could be strengthened to better support engagement with people living with dementia. Further work also needed to continue to develop a fully person-centred culture. The provider and the service's management team were committed to driving improvements. Whilst some improvements in some areas of the service were required, we recognised that the provider had made significant progress and improvements to the quality of the service since its last inspection.

People were supported to stay safe. Risks to themselves and environmental risks had been assessed and actions were taken to manage identified risks. Systems and processes were in place to safeguard people from the risk of abuse. The environment was clean and infection control measures were in place.

People were supported to eat and drink enough, systems were in place to monitor people's intake where they had been assessed as at risk. People's needs had been assessed holistically and best practice guidance had been utilised and followed. People were supported by trained staff who understood their needs. People were supported to maintain their health needs, staff liaised with health care professionals where necessary and implemented their advice.

People were supported by kind and caring staff who knew them well. This helped them to deliver in line with people's wishes and preferences. The service had a strong Christian ethos and there was a strong emphasis on meeting people's religious and spiritual needs. People and relatives were provided with opportunities to discuss the support provided to them. The independence and dignity of people living in the service was promoted.

People's communication needs had been assessed and met. Important relationships were supported. People living in the service were involved in planning the activities that took place, this meant the activities organised were informed by people's interests and hobbies. A complaints system was in place, complaints were investigated and responded to. People's end of life care needs were assessed and met.

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 08 October 2019) where we found multiple breaches of regulation. Following the last inspection of the service, conditions were imposed on the provider's registration telling them they had to send us a monthly report of audits carried out in the service and actions taken to make improvements.

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

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

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

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Corton 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a medicines inspector.

Service and service type

Corton House 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 in post who had applied to become registered with CQC. This means that both they and the provider would be 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 information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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

We spoke with eleven people who used the service, two relatives about their experience of the care provided, and ten members of staff. This included the manager, deputy manager, four care staff, a trustee, a volunteer, the director of finance, and the chair of the board of trustees. We also spoke with a visiting health care professional.

We reviewed a range of records. This included four people's care records, twenty medicine administration records (MAR), and eight care plans relating to people's medicines. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with two further relatives and three staff, this included a care supervisor, a team leader, and a care assistant.

We continued to seek clarification from the provider to validate evidence found. We looked at further records relating to the governance of the service, minutes of various meetings, and training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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.

Staffing and recruitment

- Records and information from staff, and one relative, raised some concerns that staffing levels were not always consistent in the service. Staff told us this could impact on their stress levels.
- A tool to help determine staffing levels was in place. The staffing tool had determined 5.8 staff were required during the day and 2.8 staff at night. Staff rotas showed staffing levels were not always consistent, with some days having six staff during the day and some five. Staffing on night shifts was variable with either two or three staff working.
- Whilst we did not find staffing levels significantly impacted on people's experience, we were concerned about the ability of the service to ensure staffing levels were consistent. We had additional concerns that the layout of the building and some specific needs of people had not been taken in to account when assessing staffing levels in the service.

We recommend the provider act to review deployment of staff and ensure consistent staffing levels.

- A system was in place for the recruitment of staff, although this was not always robust. For one staff member they had started shadowing shifts in the service prior to the service receiving a reference. There was no clear record of recruitment interviews or that gaps in employment history had been fully explored. The management team told us the staff member responsible for recruitment had recently left the service. The manager said they planned to do a full audit of recruitment files.

We recommend the provider seeks advice and guidance from a reputable source on recruitment systems and checks.

Using medicines safely

At our last inspection medicines were not managed safely and people did not always receive them as required. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we identified some areas where the provider needed to ensure improvements continued to be made.

- Staff had received training in medicine management and administration. Not all staff had completed

medicine competency assessments to ensure they were safe to give people their medicines. The registered manager told us these were due to be completed for all staff by the end of March 2020.

- Most medicines were stored safely and securely. However, whilst medicines used to thicken people's fluids were stored in locked cabinets in people's rooms, the key for these could be accessed by people or visitors. This posed a potential risk to people's health should they be accidentally ingested.
- Where people were prescribed 'as and when required' medicines, clear person specific guidance was in place to assist staff when administering these medicines. However, the reason administration PRN medicines was not always documented on people's MARs. There were no pain assessment tools in place for staff to assess whether symptom control had been achieved following the administration of pain relief.
- People received their medicines on time and when they required them. Medicines administration records (MAR) were regularly checked and we found no gaps in administration of medicines without a documented reason. For topical (external) medicines, body maps were in place to inform staff where they should be applied and administration was clearly documented.
- People had the choice of managing their own medicines. The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that systems and process operated effectively to identify and respond appropriately to allegations of abuse. 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.

- Systems and processes to safeguard people were in place. Information for people and staff on who to contact if they were concerned about people's safety was available to them.
- Staff had received training in adult safeguarding. Safeguarding incidents were referred and discussed with the appropriate agencies.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider failed to fully assess risks relating to the health safety and welfare of people. Actions to minimise risks to people had not always been taken. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people, including from the environment, had been identified and assessed. Actions to mitigate risk had been taken. For example, people at risk of skin breakdown were supported to regular reposition to reduce the risk. Where people were at nutritional risk but could not be weighed due to their health, staff had utilised a different best practice system to help them identify potential escalating risk.
- Regular checks and audits on the safety of the environment were undertaken.
- Accident and incidents were analysed. Patterns and trends identified were used to help prevent the risk of recurring incidents. For example, the manager had identified one person was having frequent recurrent falls. They had undertaken a detailed analysis of these falls which had helped them identify possible causes. We saw from this work the manager had significantly reduced the amount of falls the person was having.

Preventing and controlling infection

- The environment was clean and infection control measures were in place. Staff had received training in infection control and prevention.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- A written menu was on display, and individually on each table. People told us if they did not like the meals on offer alternatives were offered. However, the current systems in place to help people with memory difficulties choose what they wanted to eat, were not robust or in line with best practice. Staff told us people were asked to order alternatives in advance if they didn't like the options offered but some people could not remember to do this. When we observed lunchtime we saw this resulted in some people having a negative lunchtime experience, with one person sitting at the table for twenty minutes whilst others around them ate their food.

We recommend the provider seeks advice from a reputable source on person centred meal planning and delivery.

- We observed the support provided to people over meal times. People who required support to eat and drink were given this. Most people chose to eat their meals in the service's dining room, this was pleasantly laid out with tablecloths, condiments and sauces on the tables, and we saw people could choose if they wanted a glass of wine with their meal. People's feedback regarding the quality of meals was mixed.
- Systems were in place to help monitor people's food and fluid intake and ensure this was enough. Staff told us they regularly reviewed people's intake and any concerns in their daily meetings which involved kitchen staff.

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.

At our last inspection the provider had failed to act in accordance with the MCA to ensure they protected and safeguarded people's rights. This meant the service was in breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 11, although we identified continued improvements in some areas of the MCA were still required.

- People's capacity to consent to individual decisions had been assessed. Where people lacked the capacity to make decisions staff had carried out assessments to help them determine what action should be taken in the person's best interest. Whilst best interest decisions had been made, in some areas records did not show clearly if relatives were signing to show they had been involved in a best interest discussion or were giving consent.
- Staff had confirmed and verified where people had relatives who had legal authority to make decisions on their behalf. However, for two people we found staff had recorded their relative had legal authority to make decisions regarding their health and welfare but the verified legal authority was for finances and property. This meant we were not confident staff fully understood this aspect of the MCA.
- Staff understood the importance of supporting people to make decisions where possible. We found staff knowledge of other areas of MCA was good.
- Since the last inspection the management team had put in place a up to date screening tool to help them identify potential deprivation of liberties. We found DoLS had been identified appropriately and applications made. A system was in place to help staff identify who was subject to a DoLS authorisation and when renewals needed to be made.

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

- Since the service's last inspection, a refurbishment plan had been put in place, work had already been carried out to help ensure the building met people's needs. We found further work around signage and pictorial use would help orientate people living with a cognitive impairment in the home. The manager confirmed further refurbishment work, including the re-design of communal spaces, was planned.
- The environment, including the outside space, was accessible to those who required support with their mobility.

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

- People's needs had been assessed holistically. Assessments covered areas such as physical and mental health, people's sleep and emotional wellbeing.
- Best practice guidance in most areas had been utilised and followed. Nationally recognised tools to assess people's weight and skin were in place.

Staff support: induction, training, skills and experience

- The management team had reviewed the training provided to staff. This included training on specific conditions and needs that people living in the service had. Staff were supported to undertake nationally recognised qualifications in care. Staff told us the training was helpful and the management team were more proactive about ensuring they kept their training up-to-date.
- The management team had started to develop champion roles for staff in different aspects of care, so that knowledge and information could be shared more effectively. Observations and competency checks were being carried out for staff to help identify training needs and support, these covered a range of areas such as communication and care values.
- An induction process was in place for new staff. This included training and shadowing more experienced staff on shift. A staff member told us, "[New staff] until they feel confident then they are with somebody

[shadowing]."

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

- Staff worked with relevant agencies to help meet people's needs. Following their last inspection, the management team had reviewed and discussed with relevant professionals how they were meeting people's health care needs. This had led to clearer delegation of responsibilities.
- Recommendations from health care professionals regarding pressure care and nutrition were followed. A regular daily meeting took place during which any concerns about people's health were reviewed and discussed.
- People's health care needs were assessed regularly, including their oral health. People were supported to access a wide range of health care services, this included chiropodists, district nurses, occupational therapists, and dentists.

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

- Staff treated people in a caring manner. People and relatives told us staff were kind and caring. One person told us, "[Staff] will do anything for you." A relative told us, "Staff are amazing. They are the people that make this place. Always got a smile on their faces. Everyone speaks to you."
- Several staff had worked at the service a long time and had established long standing relationships with people. One staff member told us how they had known some people through the provider's sheltered housing on the same site, and this meant they had known many people for a long time even before they came to live in the service. We observed the staff member gently and affectionately speaking to one person receiving end of life care who immediately brightened with their interaction.
- Staff had received training in equality and diversity. People's diverse needs had been considered, for example in relation to their disability and how this might impact them. The service had a Christian ethos and there was a strong emphasis on considering and meeting people's religious and spiritual needs. Several people had chosen to live in the home because of its Christian ethos. The service had a resident chaplain who visited daily to speak with staff and people, they also held regular religious services.

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

- Staff discussed the support provided to people with them. People told us staff listened to them and sought their consent when supporting them. One person said, "[Staff] are not overpowering."
- There were systems in place to help support people to discuss their care. Regular resident and relative meetings were held. Although there was a lack of written evidence to show people and relatives formally discussed and reviewed their care, relatives told us this did happen. The manager told us they were reviewing their systems and looking at a resident of the day system which would mean each person in the home had a regular meeting to discuss and review their support.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and promoted people's dignity. Relatives told us staff were sensitive to people's feelings and treated them as adults. One relative said, "Their Christmas day is fantastic, they have had reindeer and Father Christmas. It's not at all condescending, they pitch it so well."
- Staff promoted people's independence and provided us with examples of how they did so. For example, by supporting people to safely leave the service for a walk on their own or allowing people to do certain aspects of care tasks. A relative said, "They encourage independence. [Name] needs a much higher level of care. They help them get dressed in the morning but [name] is totally unaware, [name] thinks they do this because they are interested in their clothes and what they wear, which is lovely."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and this helped them deliver care in line with people's needs and preferences. A staff member said, "I've been here such a long time I know what they like and don't like." People told us the support provided took in to account their needs. One person told us, "If we want anything, they make no bones about it they do what we want them to do."
- Care plans contained information for staff on how to meet people's needs, although we found these were variable in the level of person-centred detail they contained. The manager told us staff were continuing to work on care plans and had recently implemented changes to help ensure staff had greater input in to these. We noted improvements to the information in people's care plans had been made since the service's last inspection.
- There was a lack of formal systems in place to involve people in discussing and reviewing their care plans. Whilst this was the case none of the people or relatives we spoke with raised this as a concern. They told us they felt involved and regular discussions about the support provided was carried out on an informal basis.

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 had been considered and assessed. A range of information regarding the service was easily available to people. For one person with communication needs, staff had organised a specific training session which had included inviting the person to speak about their experiences. This person told us the manager had been sensitive and considerate of their communication needs.

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

- There was a wide range of activities that took place in the home. People were directly consulted on the activities planned through discussion at resident and relatives' meetings, as well as an activity planning group. This included representatives from people living in the service.
- People's interests and needs informed activities planning. The service had made positive links with other organisations to help benefit people's social interests. For example, the service had links with a museum in London and regular virtual tours and discussions of their exhibits took place. A mother and baby group took place in the home. There was a strong emphasis on the arts with a regular poetry group and a recently

formed drama group taking place. A relative told us how their relative had reengaged with a hobby that they had not participated in for some time prior to coming to live at the service.

- People's skills and interests were also celebrated through regular art exhibitions and show casing of people's talent. Another person who enjoyed music and had a big music collection, was asked to run a regular music group in the service where people could bring along music they liked to share and discuss.
- Staff understood the importance of social contact, relatives told us they felt welcome. Strong links had been created with people who lived in the sheltered housing complex that was based on the same site. People in the sheltered housing were invited to attend entertainment in the service. Every week a roast dinner was held for both people in the sheltered housing and those living at Corton House, so the two groups could see each other and socialise.

Improving care quality in response to complaints or concerns

- A complaints system was in place. People and relatives told us staff were approachable and they felt able to raise any concerns or complaints. One person told us, "If you have any complaints, they will listen to them."
- Complaints or niggles were logged by the manager, these were investigated and responded to thoroughly. We saw the manager discussed complaints with the people involved and took time to try to resolve any concerns or issues.

End of life care and support

- People's end of life care and support needs were assessed, this included consideration of people's spiritual and religious needs. One relative told us, "We did the end of life stuff, did that before the diagnosis, covered DNAR early doors, just made sure everything was in place for [name]."
- Some people in the service were being supported at the end of their life. Staff regularly liaised with health care professionals to ensure their end of life needs were being monitored and addressed. This included ensuring anticipatory medicines, for example for pain relief, were in place should they be required.
- The management team had designed an end of life care audit to help them assess if they had provided end of life support in line with the person's wishes and help them identify any areas for learning and improvement.

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 requires improvement. At this inspection this key question has remained the same. This meant further work was required to embed and sustain improvements in the management of the service. Systems in the service need strengthening to help ensure a person-centred culture.

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

At our last inspection the provider had failed to ensure quality monitoring systems were effective in monitoring and improving the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements are required to ensure the governance systems in place consistently drive improvement within the home.

- Since the last inspection, the provider had reviewed the staff structure and delegated responsibilities. A new manager had also been appointed as well as an additional deputy manager. Staff tasks had been clearly allocated, this had been done supportively so staff understood new expectations of them. This had impacted positively in the running of the home. A member of staff told us, "The working atmosphere is so much better, when I first came here it was an old-fashioned home. There was no real management structure for support, now there is so much support there when you come in to work."
- Following the last inspection, the provider had engaged a social care consultancy firm to provide support, review the service, and implement quality assurance frameworks which included a range of regular audits across the service.
- Changes to the quality assurance systems had helped to make several improvements across the home. Whilst these had been largely effective and breaches of our regulations had been met, further work was needed to fully embed and sustain improvement in all areas. For example, we found improvements were needed to recruitment systems and the application of the MCA and we found systems relating to meal times were not wholly effective.
- Whilst some improvements were required, we recognised the provider had made significant improvements to the quality of the service provided. This was reflected in the comments we received from people, relatives, and staff. One relative told us, "Since [manager] has been in post, and they've restructured it a bit in terms of direct responsibilities you can see the difference there. The staff are more relaxed, they are more directed, and more responsible," Another relative told us, "[Name] said to me yesterday I wonder who runs this place because they've just managed to get that sense of care just right."

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

At our last inspection the provider had failed to notify us of notifiable incidents that occurred in the service. This was a breach of Care Quality Commission (Registration) Regulations 2009: Regulation 18.

Improvement has been made and the provider was no longer in breach of this regulation.

- Duty of candour had been met. The service had met its responsibilities to report incidents that occurred to CQC.
- The manager was open, honest, and welcomed constructive feedback. They viewed complaints or concerns as an opportunity for learning and improvement. They took steps to have open face to face meetings to discuss concerns or incidents that may have occurred.

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

At our last inspection the provider had failed to ensure the service's statement of purpose was up to date and accurate. This was a breach of Regulation 12 of Care Quality Commission (Registration) Regulations 2009.

Improvement has been made and the provider was no longer in breach of this regulation.

- Following our last inspection, the provider had reviewed its statement of purpose and up dated it. The manager told us there was greater clarity regarding what needs the service could meet and how to do so.
- Whilst the service was no longer admitting people living with dementia, some people living in the service did have a level of cognitive impairment. We found some systems in the service could be strengthened to better support engagement with people with this impairment. For example, two people told us they often supported one person living in the home who lost their way. We found signage could be improved to help people with a mild impairment orientate themselves around the home.
- People and relatives told us they felt engaged in the service, and some mechanisms to do so were in place, for example resident and relative meetings. They also commented the manager was accessible and took the time to ask them how they were. However, from we found from speaking with people and reviewing records that formal systems to provide people with a regular opportunity to discuss, review and inform the support provided to them could be strengthened. The manager told us they recognised such systems could be strengthened and were reviewing these.
- It was not always evident that the systems in placed supported a person-centred culture, for example, in relation to how people were involved in selecting the meals they wished to eat. We observed one incident over lunch which caused us to question the person-centred and inclusive approach of staff. Staff told us they recognised the previous culture of the home could be considered 'old fashioned' and reflected that the culture in the home was changing over time.
- Staff were engaged and consulted in the service. Changes in how shifts ran had helped improve communication and team work. Staff told us the management team were approachable and supportive. One staff member said, "If you ask for something [manager] is on it. Normally we'd have had to have waited a few months for things to be done."

Continuous learning and improving care; Working in partnership with others

- The provider and the service's management team were committed to driving improvements. They had reflected and learnt from the service's previous inspection and from working with an external social care consultancy firm. This had meant we found improvements in the support provided and the service had addressed previous breaches of our regulations.
- The board of trustees had reviewed the skills mix on the board and acted to strengthen this. They had sourced new trustees with relevant backgrounds to help support and embed learning in these areas into the service. The chair of trustees told us they planned to continue to work with the consultancy firm to provide yearly inspections and were in the process of building links with similar services with a Christian ethos across the country.
- The service had built up a strong base of volunteers in the local community who regularly visited the home to help with coffee mornings and carry out social visits to help people at risk of social isolation.