

Rowena House Limited

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## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Rowena House is a care home that provides accommodation for up to 22 older people. At the time of the inspection 14 people were using the service.

Rating at last inspection: At our inspection on 6 February 2018 the home was rated inadequate overall and was placed into 'Special Measures'. At our last inspection 20 and 21 September 2018 we noted that improvement had been made and the overall rating for home was 'Requires improvement'. However, the home remained in 'special measures' because they had been rated as 'Inadequate' in at least one key question over two consecutive comprehensive inspections.

At our last inspection 20 and 21 September 2018 we found breaches of regulations because medicines were not always managed safely, risks to people were not always properly assessed, appropriate recruitment checks had not always been carried out before staff started work and the provider's quality assurance processes were not operating effectively. We also found a breach of regulations because the registered manager in post at that time lacked an understanding of their regulatory responsibilities. They had not identified safeguarding incidents at the service as being potential incidents of abuse, despite similar concerns having been raised with them at the previous inspection amounting to a breach of regulations. Improvement was also required because some people's end of life support preferences had not been discussed with them or their relatives. At that inspection a new manager had been appointed to manage the home. They had made some improvements in the way the service was operating.

At this inspection we saw that the manager had addressed these breaches and were compliant with the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager told us they had applied to the CQC to become the registered manager for the home.

People's experience of using this service: Risks to people using the service were assessed, reviewed and managed appropriately. People's medicines were managed safely. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks were being carried out before staff started working at the home and there were enough staff to meet people's needs. There were procedures in place to reduce the risk of the spread of infections.

People's care and support needs were assessed before they moved into the home. Staff had received training and support relevant to people's needs. People were supported to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people in a caring and respectful manner. People's wishes relating to their end of life care needs had been discussed with them or their relatives [where appropriate] and recorded in their care files. People and their relatives [where appropriate] had been consulted about their care and support needs. People were supported to participate in activities that met their needs. The home had a complaints

procedure in place.

The manager had effective systems in place to assess and monitor the quality of the service. They had worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people, their relatives, staff and health and social care professionals views into account through satisfaction surveys and meetings. Feedback from the surveys and meetings was used to improve on the service. Staff enjoyed working at the home and said they received good support from the manager. Management support was always available for staff when they needed it.

Why we inspected: This was a planned inspection based on previous rating.

As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five key questions, it is no longer in special measures.

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.

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

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Systems and processes that have been implemented have not been operational for a long enough time for us to be sure of consistent and sustained good practice. Therefore, the rating for this key question remains requires improvement.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Rowena House Limited

## 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:** The inspection team consisted of two inspectors and an expert-by-experience on the first day of the 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. One inspector attended the home on the second day of the inspection.

**Service and service type:** This service is a 'care home'. It provides care and support to older people, some of whom were living with dementia. 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 did not have a registered manager in post. The current manager had worked at the home since September 2019. At the time of this inspection they were applying to the CQC to become the registered manager for the home.

**Notice of inspection:** This inspection was carried out on 7 and 9 May 2019 and was unannounced.

**What we did:** Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted health care professionals and the local authority quality monitoring team and asked them for their views about the service. We used this information to help inform our inspection planning.

During the inspection we looked at four people's care records, staff recruitment and training records and records relating to the management of the home such as medicines, quality assurance checks and policies and procedures. We spoke with the home manager, the deputy manager, three staff members, the activities coordinator and the chef about how the home was being run and what it was like to work there. We spoke with five people using the service and four relatives. We also spoke with a visiting social care professional.

Some people using the service had complex communication needs and were not able to communicate their views to us, so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

At our last inspection 20 and 21 September 2018 we found a breach of regulations because the previous registered manager had not always reported abuse allegations to the local authority safeguarding team, in line with locally agreed procedures. We also found that some details in the provider's safeguarding procedure was out of date. At this inspection we found the manager had taken steps to ensure that appropriate safeguarding reporting procedures were in place.

Systems and processes to safeguard people from the risk of abuse.

- A person using the service told us, "I feel safe because I know everybody here."
- The manager told us there were no safeguarding incidents since the last inspection. Records of accidents and incidents and complaints confirmed there were no issues that required the registered manager to notify the local authority or the CQC.
- The provider's safeguarding procedure had been reviewed and was up to date.
- The manager and staff had a clear understanding of these procedures. Staff told us they would report any concerns they had to the manager and to the local authority safeguarding team and CQC if required.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.

At our last inspection we found a breach of regulations because the provider had not always carried out appropriate recruitment checks before staff started work. At this inspection we found the manager had taken steps to ensure robust recruitment procedures were in place.

Staffing and recruitment

- Staff recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.
- We observed and people, their relatives and staff told us there was always enough staff on duty to meet people's needs.
- One person told us, "I think there is enough staff. I've never had a problem getting attention."
- The home used a dependency tool to assess people's needs to plan staffing levels.
- We looked at the staffing rota and this reflected the number of staff on duty. The manager told us if extra support was needed for people to attend health care appointments then additional staff cover was arranged.

At our last inspection we found a breach of regulations because risks to people were not always properly assessed, and action had not always been taken to mitigate identified risks. Staff had failed to use

Malnutrition Universal Screening Tool (MUST) correctly. We also found radiators in three people's bedrooms were exposed which placed them at risk of burns. Another person's room contained wiring and a fuse box which had been boxed off above their bedroom door, but this was not secure, placing them at risk. A hoist kept in a communal bathroom had been identified by an external contactor as no longer being fit for purpose. We also found improvement was required to ensure people were protected from the risk of legionella. At this inspection we found the manager had taken steps to make sure that risks to people were managed safely. Legionella checks, and tests were being carried out at the home to keep people safe.

#### Assessing risk, safety monitoring and management

- Records showed that the MUST had been used correctly to calculate the level of risk to people. Where people had been assessed as at risk of malnutrition appropriate action had been taken. For example, people were referred to relevant health care professionals for weight loss.
- A health care professional confirmed with us that people were weighed regularly, they were receiving support with eating and drinking and any recommendations they made were put into place immediately.
- Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as falls, eating and drinking, moving and handling and the risk of people being physically or verbally abusive to others.
- Where people had been assessed as being at risk of falling we saw guidance had been provided to staff on the prevention of falls. People's care plans recorded the support they needed from staff to ensure safe moving and handling.
- Where people had been assessed as being physically or verbally abusive we saw there were guidelines in place for staff to manage people's behaviours safely.
- Radiator covers were in place for all radiators within the home, the fuse box located in the person's room had been boxed and secured and the hoist had been disposed of.
- People had personal emergency evacuation plans in place which included guidance for staff and the emergency services on the support they would need to evacuate from the service safely.

At our last inspection we found a breach of regulations because medicines were not safely managed. There was no guidance in place for staff on how to support people with medicines that were prescribed to be taken 'as required'. There were no systems in place to ensure a minimum safe gap between doses of people's medicines where this was required. Staff had not always completed people's medicine administration records (MARs) accurately. At this inspection we found the provider had taken steps to make sure that medicines were managed safely.

#### Using medicines safely

- One person told us, "The medication I have regularly is given to me by staff who are trained. They never forget to give me my medicine."
- People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. MAR had been completed in full and there were no gaps in recording.
- There was guidance in place for staff on when to offer people 'as required' medicines or pain relief and there were systems in place to ensure people received their medicines at appropriate intervals.
- Medicines including controlled drugs were stored securely. Daily medicines fridge and room temperature monitoring was in place and recordings were within the appropriate range.
- Training records confirmed that all staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by a local pharmacist.
- Medicine audits were carried out on a regular basis. We saw evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.

Preventing and controlling infection.

- The home was clean, free from odours and had infection control procedures in place. We saw hand wash gels and paper towels in communal toilets and staff told us that personal protective equipment such as gloves and aprons were available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.
- The home employed a domestic member of staff. The manager showed us a cleaning schedule that staff followed. The domestic member of staff had been trained on health and safety and infection control and they had access to cleaning materials, equipment and protective clothing.

Learning lessons when things go wrong.

- Staff understood the importance of reporting and recording accidents and incidents.
- The manager had systems for monitoring and investigating incidents and accidents. They told us that incidents and accidents were monitored to identify any trends. For example, falls had been analysed, evaluated and action had been taken to reduce the number of falls occurring at the home.
- A member of staff told us the manager held team briefing meetings after any incidents that occurred at the home. For example, if someone had a fall the manager and staff would discuss the incident in detail and consider what learning could be taken to make sure it didn't happen again.
- A relative told us, "After [our loved one] had a fall we asked the manager to move them to a room on the ground floor, which they did. The staff walk behind [our loved one] to keep an eye on them. Our loved one has not had any falls since they moved to ground floor."

At this inspection we found that improvements had been made by the manager however, the systems and processes that have been implemented have not been operational for enough time for us to be sure of consistent and sustained good practice. Therefore, the rating for this key question remains requires improvement.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- We saw initial assessments of people's care and support needs were held within their care records. These assessments were used to draw-up individual support plans and risk assessments.
- Nationally recognised planning tools such as the multi universal screening tool (MUST) was being used to assess nutritional risk.
- People's care plans and risk assessments had been kept under regular review.

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

- People's care records included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs.
- Where people needed their food to be prepared differently due to medical conditions this was catered for. The chef told us they worked closely with staff and health care professionals when required to make sure people could enjoy food and drinks that met their needs.
- One person said, "The food is lovely." A relative told us, "The food is okay. I have explained to the chef what [my loved one] likes to eat as they can be a very finicky eater. Sometimes they want something different like eggs and sausages and we have seen that dish has been prepared for them." Another relative commented, "Our [loved one] is eating very well."
- We observed how people were being supported and cared for at lunchtime on both days of the inspection. Some people ate independently, and some people required support from staff to eat their meals. We saw people were provided with a choice of drinks and snacks throughout our inspection and these were available in the lounge and dining room.
- On the first day we observed there was very little interaction between staff and people using the service. One member of staff was trying to support two people to eat at the same time and no adaptive cutlery was being used to support people with their independence. People were offered a choice of juices or water and refills were given however, there was no choice of dessert, and ice-cream was placed in front of people. We brought this to the attention of the manager at the end of the first day of the inspection.
- On the second day of our inspection the manager showed us the minutes from a meeting held with staff following the first day of the inspection relating to people's lunch time experiences. They told us they delegated a member of staff as a meal time experience champion. They would be visiting other care homes to learn and consider how people's lunch time experience could be improved.
- We observed how people were being supported at lunchtime and the second day of our inspection. Staff were very attentive to people's needs and offered them a choice of meals and desserts by showing them what was available. They supported some people by giving them time and encouragement to eat their lunch. Some people were using adaptive cutlery and plates to support with their independence.

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.

- Where people lacked capacity to make specific decisions for themselves, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The registered manager demonstrated a good understanding of the MCA and DoLS. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.
- Staff had completed MCA and DoLS training. They told us they sought consent from people when supporting them and they respected people's decisions.

Staff support: induction, training, skills and experience.

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision and appraisals of their work performance.
- The manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Each member of staff had a personal training record which kept a track of all the training they had attended and the training certificates.
- Training records confirmed that staff had completed training that was relevant to people's needs. This included on-line and class-based training courses. Training topics included dementia and behaviour, safeguarding adults, moving and handling, nutrition, health and safety, infection control, medicines administration, equality and diversity and the MCA and DoLS.
- Staff said they received regular supervision from the manager. Two staff told us they were completing national vocational qualifications in care as they aspired to become managers. They said they were supported and encouraged by the manager to do this.
- Records confirmed that all staff were receiving regular supervision and an annual appraisal of their work performance with the manager.

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

- People were supported to access healthcare services when they needed them. Records showed people had attended a range of appointments with different healthcare professionals including a GP, dietitian and chiroprapist.
- Staff sought to ensure that people received effective care when moving between different services by sharing key information with healthcare professionals about people's needs and arranging additional staff cover to enable them to accompany people to appointments when required.
- A health care professional told us that up until recently they visited the home once a month on an ad hoc

basis to see residents for their medical needs. They said staff were giving good quality of care and whenever people needed extra care and support the staff were willing to provide this on their request.

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

- We saw that significant work had been carried out at the home since the last inspection to make it more comfortable for people. The manager told us they had plans to make the home more dementia friendly once all work had been completed.
- A relative told us their loved one's room had been furnished with furniture from their own home to make it more familiar and homelier for them. Another relative told us the decoration of the home had improved for the better.
- A health care professional commented that the home had recently changed the management. The quality of care was improving due to the changes made to the environment which had become more attractive.
- People had access [via ramps where required] to the home and to a rear garden with seating areas for them to relax in.

# 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.

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

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

- People and their relatives, where appropriate, had been consulted about their health, care and support needs.
- One person told us the staff had been very helpful in every way. They popped in and had chats with them about what they needed. Another person said, "The staff do what you ask for, which is very nice."
- A relative told us they were involved in planning for their loved one's care needs and regularly attended care plan reviews. Another relative said they knew where their loved one's care plan was kept and that they could look at it whenever they wanted to. They said the home communicated well with them relating to their loved ones needs.
- Care records were person centred and included people's views about how they wished to be supported.

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

- One person told us, "The care is very good. I've got nothing to grumble about."
- Comments from relatives included, "My [loved one] is independent and does not require support with personal care. The staff are patient, not just with my [loved one] but with everyone.", "I think the staff are looking after my [loved one] wonderfully. I'm really pleased with the way they have settled. I never thought they would adjust. I think they are happy and genuinely so", and, "We're quite pleased with the care. The staff are very kind and very nice to our [loved one]. The staff have all been caring. We've never felt our [loved one] has been neglected in any way."
- People's diverse needs were met. People's care plans included a section that referred to their religious, cultural and sexual relationship needs.
- The manager told us that one person liked to speak French with staff whenever they could. This person told us they sometimes spoke with staff and the manager in French although they also spoke fluent English. This showed that staff made efforts to support people with their diverse needs where it was possible.
- Training records confirmed staff had received training on equality and diversity.
- A member of staff told us, "None of the people currently living at the home have expressed that they have any diverse needs or wishes. However, if they did, we would value people for who they are, accept the choices they make and make sure we support them to do whatever they want to do."

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

- A relative commented that all staff were polite, and kind and they respected their [loved ones] privacy and dignity.
- We observed staff providing support to people in a caring and sensitive way. They responded to people politely, allowing them time to respond and make choices.

- Staff told us they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.
- Staff maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could.
- Staff told us they made sure information about the people was always kept confidential. We saw that information about people was stored in a locked office.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

End of life care and support.

- At our last inspection, 20 and 21 September 2018 we found improvement was required because some people's end of life support preferences had not been discussed with them or their relatives. At this inspection we saw that people's wishes relating to their end of care needs had been discussed with them or their relatives and recorded in their care files.
- None of the people currently using the service required support with end of life care. The manager said they would liaise with the GP, the multi-disciplinary team and the local hospice to provide people with end of life care and support when it was required.
- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Improving care quality in response to complaints or concerns.

- The home had a complaints procedure in place. The complaints procedure was displayed in communal areas at the home.
- A relative told us, "The staff can't do enough; they listen to any concerns you may have and deal with them there and then if they can. Nothing is too much trouble."
- Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.

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

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to manage people's behaviours safely.
- Staff understood people's needs and they were able to describe people's care and support needs in detail. They were aware of the type of support people required when mobilising, the assistance they required with personal care, and to eat and drink.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were identified, recorded and highlighted in their care plans.
- A social care professional told us the deputy manager was very knowledgeable about people's needs. Communication with the home was very good and they worked closely with the local authority to ensure

people's need are met. They found the staff very helpful and accommodating and, "When changes are required they make them to ensure people receive good care."

- People were supported to partake in activities that met their needs. One person told us, "We have somebody who comes in and we have a sing song and she plays the piano, plays cards and all sorts of things." Another person said, "A lady comes around every day who does activities with us in the morning and another person comes in the afternoon to play the guitar and sing." A relative commented, "They're doing more and more activities for example, singing, crafts and animals (dogs) coming in. They're doing more and more for the residents."

- The home employed an activities coordinator who attended the home daily. A musical entertainer also attended the home most days. Activities included dog petting, gardening, exercise sessions, bingo, quizzes and arts and crafts. We observed the activities coordinator playing games with people in the lounge and the musician playing the guitar and singing on both days of our inspection. We also saw staff engaging with people through games, reading and conversation.

## 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met

At our last inspection 20 and 21 September 2018 we found a breach of regulation because the provider's quality assurance processes were not operating effectively. We also found a breach of regulation because the registered manager in post at that time lacked an understanding of their regulatory responsibilities. They had not identified safeguarding incidents at the service as being potential incidents of abuse, despite similar concerns having been raised with them at the previous inspection amounting to a breach of regulations. They had failed to fully address issues in respect of risk management and environmental safety, medicines and safe staff recruitment. At that inspection a new manager had been appointed to manage the home. They had made some improvements in the way the service was operating.

At this inspection we found that further improvements had been made by the manager however, the systems and processes that have been implemented have not been operational for enough time for us to be sure of consistent and sustained good practice. Therefore, the rating for this key question remains requires improvement.

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

- At this inspection the manager told us they had applied to the CQC to become the registered manager for the home. They demonstrated an understanding of the requirements of managing a care home under the Health and Social Care Act 2008. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed. They were also aware of the need to display the current rating of service in the home and we saw the rating was on display as required.
- The manager had addressed the breaches and were compliant with Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action had been taken to make the environment safer, for example, radiator covers were replaced throughout the home, safeguarding procedures had been updated, risks to people had been appropriately assessed and action was taken to keep people safe, medicines were safely managed, and staff recruitment procedures were robust.
- One member of staff told us, "There have been so many improvements at the home since the manager started working here. For example, there are more activities, staffing levels are better, the rota is more organised, our training is better, we get regular supervision and team meetings." Another staff member said, "When I started here a year ago I thought I would only stay a few weeks as it didn't seem to be a nice place to work. I am glad I stayed, it's got a lot better, the manager treats us all well, I love my job and I am learning new things all the time."

Continuous learning and improving care.

- The provider recognised the importance of regularly monitoring the quality of the service. The manager undertook regular monitoring audits. These audits covered areas such as medicines, infection control, health and safety, complaints, incidents and accidents, care files and cleaning. We reviewed audits and outcomes and saw audits were up to date and that actions were taken when necessary to ensure that care was provided in the right way.
- There were unannounced 'spot checks' which involved the manager checking staff practice for example, during night shifts and random checks of medicines. No actions were required at recent checks as staff were conducting their duties as required.
- Records showed that regular staff meetings were held to discuss the running of the home and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included a local authority compliance visit, health and safety and maintenance work carried out at the home. A member of staff told us, "The team meetings are helpful. We talk about what people and staff need. The new manager uses the meeting to teach staff about new things that can make things better for the people living here."

Working in partnership with others.

- The manager worked effectively with other organisations to ensure staff followed best practice. They told us they had regular contact with the local authority that commissioned the service, health and social care professionals and they welcomed their views on service delivery.
- An officer from the local authority quality monitoring team told us that significant work had been carried out to action the CQC requirements. Much of the home had been re-decorated and new lighting had improved the internal environment. Relatives had praised the improvements around activities and better communication with the manager. New systems and processes had been put in place and these needed to be embedded and maintained moving forward. The manager's hard work had significantly improved the home.
- The manager and deputy manager told us they regularly attended manager forums run by the local authority. A visiting social care professional told us the provider and deputy manager frequently attend the local authority care home forum and they were proactive in making any changes required for the better.

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

- The provider sought people, their relative's, staff and health care professions views about the home through annual surveys. The manager had recently developed a new residents survey and staff were completing these with people at the time of the inspection. The manager told us that any feedback would be used to make improvements at the home.
- Feedback from relatives, staff and health care professionals was very positive. Relatives said they were happy with the décor of the home, activities and the newsletter. Health care professionals expressed that they felt welcomed when they visited people at the home. Action had been taken as a result of the surveys for example, three staff have been enrolled on vocational training courses.
- Residents and relatives' meetings were also being held. Issues discussed at the last residents meeting included well-being, activities and menus. Minutes from the last relatives meeting had not been completed however, the deputy manager told us that topics discussed included redecoration, improvement with activities and the CQC inspection.
- The provider produced a monthly newsletter for people, their relatives and staff. The March 2019 edition included information on activities such as TV/movie evenings with popcorn and external singers, a staff of the month award, news on what had happened in the home including information about the local authorities visit and recent maintenance work conducted.

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 aimed to provide high standards of dignified care that respects the individual needs of their residents. Our observations indicated that people were treated equally, with compassion and they were listened to.
- Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and acted upon.
- There was a regular audit of people's care plans to ensure managers and staff were meeting their needs.