

Capstone Care Limited Walshaw Hall

Inspection report

Bradshaw Road
Tottington
Bury
Lancashire
BL8 3PJ

Tel: 01204884005
Website: www.walshawhall.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Walshaw Hall comprises of two properties, Walshaw Hall and The Beeches. The service is registered to provide personal care and support for up to 106 people. Prior to the inspection we were informed Walshaw Hall was to close. The Beeches provides accommodation over three floors, each of which has separate adapted facilities. The ground and first floor provide care to people living with dementia. The top floor is designated for those people requiring residential care. At the time of the inspection there were 56 people living at the home.

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

Action had been taken to address the breaches in regulation identified at the last inspection with regards to staffing arrangements, training and development, accurate care records and management and oversight.

People said they received the care and support they needed. Staff were described as kind and respectful and people felt they had a good understanding of their individual needs, wishes and preferences. People's relatives were confident their family members were safely and effectively cared for. A range of opportunities were provided, both in and away, helping to promote people's autonomy, choice and independence.

The provider continued to meet the regulations in relation to infection control, safeguarding and complaints, health care & nutrition, health and safety and maintenance checks.

The management and administration of people's prescribed medicines was safe. People had access to a range of healthcare support to help maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's care records were held electronically. These explored all areas of care and support including people's goals, aspiration, preferences and wishes. Where risks to people's health and wellbeing had been identified, these were assessed and planned for. We have recommended the provider considers the implementation of the Accessible Information Standard (AIS), which aims to make sure disabled people have access to information they understand.

Suitable arrangements were in place to meet people's nutritional needs. The kitchen was clean, well-organised and the dietary needs of people were understood by kitchen staff.

Relevant information and checks had been completed prior to new commencing employment. From our observations and discussions with people and staff we found sufficient numbers of staff were available to support people in a timely manner. A range of training opportunities were available to help staff develop the knowledge and skills needed to meet people's individual needs. Staff spoken with felt there was good team work and were supported in their role.

People were provided with a good standard of accommodation that was clean and well-maintained. Suitable aids and adaptations were available to aid people's mobility and promote their safety. Consideration had been given to providing a more 'dementia friendly' environment to help people independently orientate themselves around the home.

The management team and staff understood their role and responsibilities. Audit and monitoring systems demonstrated clear management and oversight of the service. Areas of improvements were planned for so that on-going improvements could be made. People, their relatives and staff were able to share their views about the service.

Safe systems in place for responding and reporting safeguarding concerns and complaints. People told us they felt safe and were confident their views were listened and responded to.

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 28 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Walshaw Hall

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 over two days. On the first day there were two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by an inspector and specialist advisor who focused on the management of medicines.

Service and service type

Walshaw Hall 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This first day of the inspection was unannounced; the second day was announced. Inspection activity started on the 26 November 2019 and ended on 27 November 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with 18 people who used the service and the relatives of six people to seek their views about the care provided. We also spoke with 10 members of staff including the registered manager, deputy manager, cook, housekeeper, maintenance, activity worker and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including the medication administration records (MAR's), the care records for four people, four staff personnel files, training records as well as information relating to health and safety and management and oversight of the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of staff were available at core times so that people received the support they needed in a timely manner. This was a breach of regulation 18 (Staffing) 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 18.

- During this inspection people and their visitors told us there were enough staff available to support people properly. The registered manager had introduced a dependency tool to help determine ratios required to meet people's assessed needs. Due to the closure of Walshaw Hall and people moving across to The Beeches, staffing levels were being kept under review.
- People we spoke with told us they received the care they needed, commenting, "If everything is done for you, what more do you want?" "Everyone is friendly and caring," "Staff are great, they all work together to care for us" and "When you are uncomfortable you press the buzzer, someone always comes to your rescue."
- Staff spoken with also felt there were enough staff available throughout the day. We were told if additional cover was needed members of the team would always 'pick up extra shifts' with little reliance on agency staff. Staff told us, "We [staff] manage quite well. Lots of experienced staff, we have all been here a long time and know what people want" and "We have different staff who want to work, and morale is quite high. Team we have now is very good. High standard."
- We reviewed the recruitment files of four staff employed since the last inspection. We found relevant information and checks were in place prior to new staff commencing their employment.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they were happy and felt they were kept safe by staff. One person added, "I am perfectly safe in here, there is plenty of staff." The relative of one person commented, "The manager and staff have made the resident's safety their priority, that is why I am comfortable to leave [relative] here."
- Staff knew the procedure to follow if they had any issues or concerns were disclosed to them. We were told, "I would go to the manager or deputy depending who is involved," "If you see something happening, report it" and "Initially I would involve the manager, we have forms and would notify other agencies involved. The safeguarding team then contact us with any issues or if further information is needed."
- Policies and procedures were in place to guide staff. Records showed and staff confirmed training in safeguarding adults had been provided.

Assessing risk, safety monitoring and management

- Areas of risk to people's health and well-being were assessed as part of the care planning process. Where people were 'at risk' referrals were made to relevant healthcare agencies as well as additional monitoring by staff so people's changing needs could be quickly responded to.
- Records showed internal checks as well as external servicing were undertaken with regards to fire safety, gas and electric supplies and lifting equipment. We saw arrangements had been made to update the homes legionella risk assessment and actions identified on the fire risk assessment were being completed. In addition, individual personal emergency evacuation plans (PEEP's) were in place in the event of an emergency arising.
- Since the last inspection a new maintenance person had been employed. They were establishing a system of robust safety checks to the premises and equipment. They told us they were supported in their role, adding, "If anything for a resident needs fixing, bed, wheelchair, I get on it straight away" and "I can raise any issues with [registered manager] and she will help me sort it out."

Using medicines safely

- The management and administration of people's prescribed medicines was safe. One person told us, "It is the nearest thing to home, the difference is that carers ensure you get your medication on time."
- Detailed resident information was provided along with the medication administration record (MAR). Administration was clearly recorded including the application of patches and topical creams. Detailed protocols supported the administration of 'when required' (PRN) medicines. Agreement had been sought where some people received their medication covertly (within food or drink).
- Staff had access to policies, procedures, and reference material for the medicines. Medication training and annual competency assessments were completed. Regular audits were carried out to monitor the management of medicines in the home and there was support from the supplying Pharmacist.
- Records were kept of the ordering, receipt and disposal of medicines, records were clear and included the reason for disposal. Controlled drugs were recorded in a register, a regular stock check was in place and a spot check found that stock levels were correct.
- Medicines were stored safely and securely in treatment rooms, trolleys and fridges, temperatures were monitored daily and keys were handled securely. We discussed the monitoring of temperature in people's bedrooms and the kitchen where creams and thickening agents were stored.

Preventing and controlling infection

- We saw good hygiene standards had been maintained throughout. Handwashing facilities were available in all areas where personal care was provided. Personal protective equipment (PPE) such as, gloves and aprons were safely stored, yet easily accessible to staff. Laundry staff were able to demonstrate a good understanding of infection control. We were told, "We have a dirty side and clean side, they don't cross over. We have good infection control, so everything is in order."
- Infection control procedures were in place along with staff training. The service had identified an 'infection control champion', who shared good practice with the team.
- In July 2019 the Health and Environmental Protection Team had carried out an audit of the home's infection control procedures. The service was assessed at 94% compliant. We were told that actions identified had been addressed.

Learning lessons when things go wrong

- The registered manager monitored all accidents and incident and complaints to help identify any themes or trends. Improvement plans were put in place and any areas of learning were shared with the staff team to help improve practice.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received all necessary training and support to carry out their role safely and effectively. This was a breach of regulation 18 (Staffing) 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 18.

- A structured programme of training, supervision and support was in place. One of the deputy managers took responsibility for planning and coordinating all training so all staff were up to date. Training included a range of topics, such as, moving and handling, health and safety, safeguarding, mental capacity, infection control, medication, dementia awareness, first aid and food hygiene. All staff had completed or were enrolled to complete a vocational qualification in health and social care.
- Several staff had been identified as 'champions' and were completing training in other areas, such as, oral care, nutrition, end of life and diabetes. Their role was to share their learning and good practice across the team.
- Staff spoke about the 'dementia bus' training, which simulated people's experience of living with dementia and changes in their sensory needs. One staff member told us, "The recent training was really good. We were shown and experienced how people with dementia feel. We learnt what is felt like to have dementia, we wore things on our eyes. You can't know 100% that's how it feels but it's a good example."

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

During the last inspection we recommended the provider made improvements so that people's meal time experience was enhanced providing a more social and interactive mealtime. The provider had made improvements.

- Meal times were relaxed and unhurried. Where people needed assistance with their meal, staff or family members sat with them offering support and encouragement. Coloured crockery had been provided to encourage those people living with dementia to eat independently.
- Whilst menus were displayed offering two options, alternatives were available. The chefs told us, "People can have what we offer, choose from available alternatives or they can have anything they fancy." The food

served was fresh, warm and appeared appetising. We saw people were also offered snacks and drinks throughout the day.

- People we spoke with said there was a good choice of food provided, which was enjoyed. They said, "We get great food", "There is nothing wrong with the food they serve", "Food is not bad at all", "It's home cooked" and "There is always something else you can choose." The relatives of two people also said, "They make a good effort with food, always something people can recognise" and "I am here most of the time, I like to ensure mum eats what she likes and she does!"
- Where people were at risk of poor nutrition and hydration, risk assessments had been completed along with additional food and fluid monitoring. This helped staff recognise people's changing needs and seek advice and support from the dietician or speech and language therapist, where necessary.
- In December 2018 the service achieved a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who regulate food safety and food hygiene.

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

During the last inspection we recommended the provider referred to good practice guidance about the suitability of the environment and the impact that contrasting colours, good signage and effective lighting can have on people living with dementia. The provider had made improvements.

- Two of the floors at The Beeches accommodate people living with dementia. Additional signage had been displayed to help orientate people around the home and colour coded aids fitted in toilets helping people to maintain some independence. Within the spacious corridors, murals had been put up along with seating, providing areas for people to spend time. There was also an enclosed patio area with seating and extensive views across the countryside. People we spoke with told us, "I like being in the new place, it is open and fresh" and "Just comfortable."
- Due to low occupancy the provider has made the decision to close Walshaw Hall. However, The Beeches was a modern purpose-built property providing accommodation over three floors. All bedrooms had en-suite shower rooms, were easily accessible and were fitted with appropriate aids and adaptations. Accommodation was maintained to a good standard.

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

- People and their relatives felt staff responded promptly to changing needs to help keep them well. Comments received included; "I speak to staff all the time about my aches and pains," "If I am not feeling well, carers are my first port of call" and "Staff organised someone to do physio so I can get steady on my feet." People's relatives said they were also kept informed about their family member, adding, "If there is anything care-wise, staff will let me know, whether I am here or at home, it doesn't matter, they keep me up to date."
- People were encouraged and supported to maintain their personal care in line with their care plan. For example, staff told us they promoted good oral care, adding, "Yes, I've done the recent training, we make sure they [people] have clean teeth or dentures. It was an online course. It was very useful."
- We saw people had access to a range of medical and healthcare services, such as GP's, community nurses, physiotherapists, and speech and language therapists. A weekly GP visit was made to the home to carry out any reviews of people. This helped to minimise hospital admissions. Records were maintained of all appointments and any advice provided to help maintain people's health and well-being.
- Comprehensive information was available should people need to be transferred between services, such as admission to hospital, so that consistent care and support could be provided.

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

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

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

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

- The registered manager monitored the application and renewal of all DoLS applications to ensure guidance was complied with.
- People's records showed their consent had been sought regarding their care, medication support and management of personal information. Where people's relatives made decisions on their behalf we saw legal authorisation was in place for them to do so.
- Where people were not able to make a decision for themselves, a best interest decision was made involving relevant people. These decisions considered the least restrictive options for the person. In relation to the changes planned at Walshaw Hall we discussed with the registered manager the need to liaise with the local authority so that any decisions were transparent.

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 good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated in a kind and respectful manner. This was supported by comments from people and their relatives, who told us, "I feel like staff are doing everything in their power to look after me, I am happy here," "In here you find the nicest of staff, the carers are simply fabulous!" and "Unlike in other places I have been, staff listen and give you the attention you deserve." The relative of one person added, "I am finally able to sleep peacefully, knowing that my [spouse] is being looked after and that, if they are not well they will let me know."
- Interactions between people, their visitors and staff were good humoured, helpful and friendly. Staff responded to people's request for help in a timely manner, providing reassurance and support when needed. Manual handling procedures were carried out safely and sensitively.
- People were appropriately dressed and looked well groomed. People's relatives felt their family members were well cared for. Their comments included, "I don't think we can find a better home, everything my [relative] wants and needs is here" and "Everyone is most welcoming, and they know how to care."
- The service had a policy on equality and diversity to guide staff. In addition, literature was available to people and their visitors, for example, we saw a booklet on 'LGBT (Lesbian, gay, bisexual, and transgender) and dementia'. Care files also explored people's sexuality and spirituality. Staff told us about how people's religious needs were met, and the support offered to couples living at the home.

Respecting and promoting people's privacy, dignity and independence

- People's rights to a family life were respected. Visitors were seen coming and going throughout the day and were made welcome by staff. People's relatives felt staff encouraged people to maintain as much independence as possible. They told us, "I love exercise activities, it keeps them active, that way they can still do as much as they can", "The carers do their best to engage them, as family we often take my [relative] out to the market or shopping, that way she can still choose what she wants" and "We are happy that she is still maintaining her independence and is able to on a good day."
- People told us they were helped to maintain their independence as much as possible. People told us, "Except for my mobility, I can still do lots of things for myself", ""How I spend my day consists of reading the newspaper, watching telly and sitting beside my friend for a natter" and "I like to play dominoes with [staff member] whilst I have a glass of beer." Appropriate walking aids were provided, which enabled people to move around the home freely and safely.
- People were supported in a discreet and dignified manner. Staff were seen to knock on doors before entering and care was provided in their privacy of their own rooms. Staff were heard referring to people by their preferred names.

- People's records were stored electronically. Information was password protected so that people's right to privacy and confidentiality was respected.

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

- People said they were able to follow routines of their own choosing, spending time in one of the lounge areas or the privacy of their own rooms. People said, "We are always given a choice, staff know that I prefer seating in here where it is quiet", "If I want to go to bed, staff take me", "Although I am not be able do much for myself, I have the gift of speech, I can tell people how I like things done to me" and "I depend on staff for everything, I can't move without support, the only thing I can do is talk independently."

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

At our last inspection the provider had failed to ensure individual records accurately reflected the current and changing needs of people so that staff were clearly directed in the safe and effective delivery of people's care. This was a breach of regulation 17 (Good governance) 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 17.

- People's care records were embedded in an electronic care planning system, which explored all areas of social, emotional and physical support needs. Staff recorded all interactions and support using a handset, which helped to ensure records were accurately maintained.
- Care records were kept under regular review. Whilst some people could not recall being involved in developing their plans, those spoken with said they were well cared for. Family members said they were involved, where appropriate, in discussion about their relative's care. Their comments included, "I have been to all care review meetings", "I sign my [relatives] care plans, the manager is organising a meeting for continuing care, which I will attend" and "From the start my children and I are heavily involved in my [relatives] care, we are here a few times a week."
- From our discussions with staff and observations we found staff knew people well and delivered care in line with people's wishes.

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

During the last inspection we recommended the provider explored good practice guidance in developing activities and opportunities so that people were offered variety to their day. The provider had made improvements.

- We found consideration had been given to those people living with dementia. This included items reminiscent of people's past and their roles, such as laundry and ironing, tools and 'dementia dolls', with the aim of improving people's comfort and engagement. One staff member told us, "The management have a modern forward-thinking approach to dementia."

- Since the last inspection a new 'well-being co-ordinator' had been employed. We discussed with them the activities and opportunities made available to people throughout the week. In addition to group activities, people enjoyed exercise classes and entertainment from external providers, visits from children who attended local schools, regular church sessions and appointments with the visiting hairdressers.
- People and their relatives said different activities took place both in and away from the home, which they enjoyed. We were told, "I enjoyed going out to a dementia event", "I was looking forward to going to Blackpool for the lights", "I like the singers who come in to entertain us" and "[Well-being coordinator] does our nails and spends some quality time with us."
- During the inspection we saw people were busy with activities, including 'senior fitness' sessions, an accordion singer, nail care sessions and an arts and craft session with pupils from a local high school. People were also seen engaging in activities such as dominoes, puzzles, and reminiscence. Time was also planned for those people who required or preferred one to one activity.
- We saw the new electronic care plan system had a facility to 'match' people's hobbies and interests. This was to be used to further develop activities and opportunities based on people's individual preferences.

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.

- Information was not routinely available in different languages or different formats. However, we were told this would be provided if needed.
- We saw a picture book of meal options was available, so people could make choices using visual aids.
- Pictorial signage was displayed in some areas of the home to help people identify bathrooms and communal areas.

We have recommended the provider refers to the Accessible Information Standard (AIS) and explores current arrangements and how these can be enhanced further.

Improving care quality in response to complaints or concerns

- A clear system of reporting and responding to complaints and concerns was in place. A review of records showed any issues were fully recorded along with any actions taken, where necessary.
- People we spoke with were confident in voicing their concerns and said they had no complaints as they felt the home was well managed. We were told, "I have no concerns and if I was not happy, I will find someone to tell", "You can approach any of the staff if you are concerned about something" and "I've never needed to complain in the four years I have been here, I feel lucky to be here."
- Family members also commented, "My [relative] has only been here since Beeches was opened, I have no concerns" and "Before my [relative] came here, they were challenging in behaviour and unsafe, but the way staff care is simply special, [relative] is more settled and more relaxed and that's because of the care and attention they receive from staff. How can I complain about that?"

End of life care and support

- Records showed people wishes at the end of their life and following their death were discussed with them and their relatives, should they wish to.
- Accommodation and refreshments were made for family members to stay with their relative should they wish. Staff also worked closely with people's GP and the community nursing team to people received appropriate care and support when approaching the end of their life.
- Training in end of life was being provided for staff identified as a 'champion'. Their role would be to advise

the team, sharing good practice guidance. It was anticipated this training would be rolled out as part of the programme of training.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure effective systems were in place to demonstrate clear management and oversight of the service, so the quality and experiences of people was enhanced. This was a breach of regulation 17 (Good governance) 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 17.

- The new electronic care planning system alerted managers to tasks that had been not completed, for example support tasks, reviews and updates of risk assessments. This helped them to identify action required so people were kept safe.
- Audit and monitoring systems demonstrated clear management and oversight of all areas of the service. Areas of improvements were planned for so that on-going improvements could be made.
- The service also planned to renew the Investors in People Award. This award recognises organisations that look to improve performance and realise objectives through the management and development of its people.

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

- The service had a registered manager. The registered manager understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- Everyone we spoke with said the home was well managed and that the registered manager was approachable. One person said, "100% approachable." Other comments included; "Everything you need clarifying, the manager and staff are happy to do it", "Nice way of leading" and "Every time I come here to see my [relative], I would knock at the manager's door if she is available to have a chat, she is open, honest and available."
- Staff spoken with felt the team were clear about their role and responsibilities and supported each other in carrying out their duties. Staff told us, "I've been here three years and it speaks for its self. The staff are professional, and the care is top class" and "Team work is really good, we work well together. Delegate

between us and get on with it."

- We checked the provider's website and saw that the rating awarded at the previous inspection was displayed, as required by law.

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

- Whilst some people could not remember being invited to join resident meetings, those that did said the atmosphere in the meeting was engaging as well as informative. The relative of one person told us, "I managed to go to a recent community meeting, in September, involving both service users and family members. Matters arising, and comments were favourably acted upon."
- Recent surveys had been distributed to people's relatives. Feedback had been collated and a 'You said, we did' notice was displayed for visitors to show their views had been listened to and acted upon. We were told, "Staff can't do enough, I'm always kept informed" and "[Registered manager] has a lovely manner, on the ball!"
- Staff were also able to share their views through the meetings and individual supervisions held. One staff member told us, "Staff can bring ideas, and we're always listened to."

Working in partnership with others

- The service worked closely with other services so that people's assessed needs were appropriately met, and their health and well-being was maintained. The registered manager told us the service was looking to work more closely with the community nursing team to help up-skill the staff team, working collaboratively to meet the needs of people.
- Links had been developed within the local and wider community to help promote people's community presence as well as maintain their independence.