ARTI Care Homes (Gloucester) Limited

Avalon Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Avalon Residential Home is a residential care home which can provide accommodation and personal care to 20 older people. At the time of the inspection 19 people were receiving care. The home also cares for people who live with dementia. People are accommodated in one adapted building.

People's experience of using this service and what we found
We found following our previous inspection improvements had been made and sustained to the services quality monitoring systems and records. Any actions for ongoing improvement were identified and met. The home was well-led with a registered manager and senior staff providing strong leadership. A consistent and committed staff team was now in place. An open and transparent way of working was promoted with people, visitors and staff feeling they had access to the registered manager when they needed it.

A representative of the provider visited the home regularly to review the home's performance and standard of service provided to people. Arrangements in place ensured the provider was also kept up to date in between visits with daily events and risks. The views of people, their representatives and professionals were sought and acted on to improve the service provided. The registered provider and registered manager understood their responsibilities and ensured relevant regulations were met.

People were kept safe from potential abuse and harm. Risks to their health and wellbeing were identified and action taken to reduce these risks. There were enough staff with the right skills and experience to meet people's needs. One person said, "People (meaning staff) are always around, I feel safe." People's medicines were managed safely, and they received support to take their medicines as prescribed. Records relating to the management of medicines and the guidance available for staff, relating to people's medicines, had been improved. The environment was kept clean, secure and well maintained.

People's needs were assessed prior to moving in and ongoing thereafter. Community nurses supported staff to meet people's health needs for example, wound care management and assessment for specialised equipment. People had access to GPs when needed. Staff received training and support, so they could deliver care in line with best practice guidance and the law. 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. One person said, "I'm able to make my own decisions." We observed people enjoying their food. People's nutritional needs and risks were identified and managed.

People were cared for in a kind, compassionate and respectful way. One person said, "It's excellent, the assistants (the staff) are always helpful and cheerful." One relative said, "They treat everyone the same, they don't ignore them. However, many times someone asks something they (the staff) answer in a caring way, they have lots of patience." People and their representatives were provided with information, in a format they could understand, to help them make informed decisions about their care. Staff worked in partnership

with people and their representatives to ensure care was personalised. People's specific preferences and wishes were known to staff who supported these.

People's care was planned around their specific and individual needs. Staff in the home and visiting professionals, had access to up to date information about people's needs and the support they required. This helped to ensure people received safe and appropriate ongoing support. Arrangements were in place for people and others to be able raise a complaint or discuss openly any concerns they may have. People were supported to take part in social activities. Staff were aware of people's cognitive abilities and the potential risk of social isolation when living with dementia. People's end of life wishes were explored with them and they were supported to have a dignified and comfortable death.

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

Rating at last inspection
The last rating for this service was Requires Improvement (report published 13 July 2018) and there were two 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. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avalon Residential Home on our website at www.cqc.org.uk.

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.

Avalon Residential Home

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
One inspector completed this inspection.

Service and service type
Avalon Residential Home 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 inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information we held about the service and received feedback from the local authority.

We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service and two other people's representatives. 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 spoke with the nominated individual, registered manager and five other staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed four people's care records, which included care plans, risk assessments and records of multi-disciplinary professionals' visits. We reviewed medicine records, including improved guidance for staff relating to some people's medicines. We reviewed records relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.

We also reviewed a range of records relating to the management of the service. These included two staff files in relation to recruitment and staff supervision, a selection of audits and the service's continuous improvement plan, examples of weekly manager reports to the provider, records of complaints and actions taken, fire safety checks, maintenance records and accident and incident records.

Good

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.

At our last inspection the provider had failed to ensure accurate records were kept in relation to people's medicines. 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 in respect of people's medicines records.

Using medicines safely

- People's medicines were managed safely, and they received the support they needed to take these.
- Improvements had been made and sustained in relation to the maintenance of people's medicine administration records (MARs). These were appropriately signed by staff following the administration of people's medicines. Regular checking of the MARs, after and before medicine administration had been sustained and ensured that any recording errors were investigated and rectified immediately. Staff practice in this area had also improved and there were now very few recording errors.
- People's medicine administration records (MARs) and the written guidance for staff in the use of medicines prescribed for use 'when required', had been more effectively monitored and improvements made to these had been sustained.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. Staff had been trained in how to recognise potential abuse and how to report any relevant concerns. Staff were vigilant and reported to managers any changes in people's demeanour, behaviour or if they observed bruising to skin which could not be explained.
- The registered manager promoted an open and transparent culture and staff felt able to report their concerns around poor practice. The provider and registered manager took necessary action when concerns were raised with them to protect people.
- The provider's policies and procedures were in line with the local authority's multi-agency/multi-disciplinary safeguarding agreements. Senior staff reported safeguarding concerns to appropriate agencies and shared relevant information with them to safeguard people.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed and action taken to reduce or mitigate these risks. Staff supported people by adhering to safe ways of working assessments and Health and Safety legislation. Moving and handling risk assessments gave staff guidance on people's related risks and how to manage these safely.
- Risk assessments recorded how risks were to be managed; these were accessible to staff for guidance. The control measures in place to manage and reduce risks were reviewed on a regular basis to ensure they remained effective in protecting people from harm.

● We reviewed the management of risks associated with falls, potential pressure ulcer development, loss of weight, choking and bleeding. Action had been taken to reduce these.
● Following an accident, such as a fall, or an altercation between people who lived with dementia, the senior staff discussed with the person, or their representative, the incident, why this had possibly occurred and what action had been subsequently taken to reduce the risk of a recurrence.

● The environment was secure and safe. Ongoing maintenance, servicing and auditing arrangements ensured for example, that the building, its safety systems and care equipment remained safe and operational. Action was taken to reduce potential risks related to exposure to legionella bacteria and fire.

Staffing and recruitment
● The registered manager monitored people's dependency to ensure there were enough staff with the right skills and knowledge to meet people's needs. One person said, "People (meaning staff) are always around, I feel safe."
● We observed staff to be meeting people's needs as these arose. People who chose to remain in their bedrooms were checked by staff on a regular basis to ensure they were safe.
● Appropriate staff recruitment checks were completed before staff worked with people. These included references, a check on employment history and a criminal records check.

Preventing and controlling infection
● The home was kept clean; cleaning schedules were in place and followed.
● Laundry was managed safely to reduce potential risks of cross contamination and the spread of potential infection.
● Staff received training on infection control and adhered to safe ways of working. We saw, staff wore disposable gloves and aprons when providing personal care and changed these between supporting people. Staff reported to managers when they suspected people had an infection.
●The kitchen had been inspected by the local authority in accordance with Food Standards Agency regulations and had been awarded the maximum rating of '5' – which means standards of food safety and hygiene were 'very good'.

Learning lessons when things go wrong
● Staff felt able to report things which did not go to plan and reported and recorded accidents and incidents. Senior managers monitored these to identify any trends and patterns, in circumstance or practice that needed to be addressed to prevent similar occurrences from happening.
● Such events were reflected on to identify if any changes were needed to staff practice or people's care, to prevent a reoccurrence. Staff hand-over meetings ensured staff were kept up to date with information about new events and any changes in necessary support.

Good

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.

At our last inspection the provider had failed to ensure accurate records were kept in relation to decisions made on behalf of people who lacked mental capacity. 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; in respect of people's decision-making records.

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

- People were supported to make independent decisions about their care and treatment, including about their social activities.
- Where people had been assessed as lacking mental capacity a record was available of any decision specific mental capacity assessments and of decisions that had been made in their best interests.
- Where people had been assessed as lacking mental capacity and had no legal representation in place, relatives were consulted, although, where needed, independent advocacy support would be organised.
- Where people had been assessed as lacking mental capacity to consent to living in Avalon, DoLS application procedures had been followed. We reviewed authorised DoLS and none had conditions attached.
- Where a DoLS application had been submitted, but the person had not yet been assessed by the supervisory body, staff recorded and provided care in the least restrictive way till the DoLS was authorised. One person lacked the mental capacity to make decisions which maintained their personal safety and

required supervision at times. Staff supported them to go outside for a walk when they wished. This ensured they were not restricted to staying in the home.

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

● People's needs were assessed prior to moving into the home to ensure staff could meet these. Ongoing assessment processes identified people's changing needs and their planned care continued to be reviewed to meet their needs.

● Care plans were electronic and accessible to the care staff. They gave staff guidance on what people's needs were and how to support these. Care plans and other care information was reviewed on a regular basis to ensure it remained up to date.

● People's care was planned and delivered based on national guidance and standards and managers checked to make sure staff followed this guidance. This applied to areas of care such as dementia care, end of life care and the management of texture altered food and drink.

● People had equal access to appropriate healthcare professionals for assessment and treatment.

● The provider promoted equality and diversity in the service through their policies and staff training.

Staff support: induction, training, skills and experience

● People were cared for by staff who had received training and who understood their roles and responsibilities.

● The service's training record showed staff received induction training when they first started work and, training thereafter to keep them up to date with best practice and necessary knowledge. A member of staff said, "It's good on training, there is loads of training, which is helpful." A relative told us the staff are "Very nice and knowledgeable."

●Staff received regular supervision which gave them the opportunity to discuss with senior staff their learning and development needs. Another relative said, "They do a lot of training here." This relative told us the staffs' knowledge had improved over the last year. They put this down to the registered manager's commitment to ensuring staff were well trained and supported.

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

● People were supported to make mealtime choices and staff were familiar with people's likes and dislikes. People were provided with snacks and drinks in-between meals.

● People were supported to retain their independence at meal times but provided with support to eat and drink when needed.

● Risks to people's nutritional wellbeing were assessed, monitored and action taken to reduce these. People's weight was monitored and any significant changes in this or in their appetite was discussed with the person's GP. Food was fortified with extra cream, full fat milk and butter when people required additional calories to help maintain a healthy weight.

● People's allergies were identified and information about food allergens was available.

● People with swallowing difficulties and those at risk of choking, were known to staff and action was taken to reduce these risks. When needed staff supervised people's eating or drinking, and texture altered foods and drinks where provided according to guidance given by NHS Speech and Language Therapists.

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

● Staff had effective working relationships with commissioners of adult social care and acute care, to ensure people could access support when they needed it quickly. The registered manager completed pre-admission assessments as soon as possible so that external professionals and people, were clear as to whether Avalon could meet their needs or not.

● Staff worked alongside, and with, community-based healthcare professionals and agencies to ensure people received timely care and treatment. This included, emergency and advanced healthcare practitioners.
● People were supported to receive care and treatment in their own home (Avalon) as and when it was at all practicable to do so. Hospital admissions were avoided where possible through the support of, for example, NHS Rapid Response (healthcare professionals who can provide emergency healthcare to people in their own homes – where safe to do so).
● People had access to regular visits by their GP and in-between these when they were poorly. ● Staff ensured people had access to NHS dental and optical services. A chiropodist visited on a regular basis.

Adapting service, design, decoration to meet people's needs
● Improvements had been made to the home's environment since the last inspection in April 2018. Improved signage and the painting of bedroom and toilet doors remained in progress, helping people to distinguish the difference and find their way around the home.
● One of the two lounges had been decorated and re-furbished to provide a homely and comfortable environment for people to sit in. The second lounge was due to be decorated and upgraded soon.
● One end of a large dining room was now screened off (outside of mealtimes) and provided a place for people to have their hair cut whilst preserving their dignity. Hair cutting had previously been carried out in the lounge offering no privacy and compromising people's dignity.
● People were able to personalise their bedrooms on arriving with familiar items, helping them to settle in. A person told us how happy they were with their bedroom, they said, "I thought I was in heaven when I came into this room."
● Physical adaptions had been made to the environment to help people live more easily and safely. A sloped entrance to the front door made access by wheelchair easier and specialised equipment in bathrooms helped those less mobile with their bathing. A passenger lift enabled people to access their bedrooms on the first and second floors.

Good

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 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 as individuals taking into account their diverse needs and disabilities. The provider's policies and procedures were in line with the Equality Act 2010; supporting equal care opportunities and a zero tolerance of any form of discrimination.
- Care was provided in a caring and compassionate way. How people felt mattered and staff responded quickly to any form of distress and illbeing. They helped people to understand the environment around them and the situations going on around them, they supported people to communicate their feelings and wishes to try and reduce periods of frustration and anger and they provided pain relief when needed.
- One person told us how they had felt welcomed and supported by the staff since moving in. They said, "The assistants (care staff) are always helpful and cheerful and the senior assistants, always ready to help." This person had decided to make Avalon their new permanent home.
- Staff took time to get to know people and understand what was important to them. Information about people's life histories, preferences and beliefs was sought to help staff personalise people's care.
- Staff also built caring relationships with those who mattered to people. Family members and friends were welcomed at any time. They were supported to understand people's illnesses and how this affected them, so they could continue to visit and support them. One visitor, who felt both their relative and themselves were well supported said, "There is a diverse group of people here and they (the staff) are doing really well."

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

- Staff showed respect by taking time to listen to people's views and by supporting their choices and decisions (where it was safe and appropriate to do so). A person who used the service told us they were able to make independent decisions. They said, "I can have a shower when I want." They had also spoken to their GP, in private, about their health and future treatment decisions. They were currently making independent decisions about how their finances would be managed when they were no longer able to do this independently.
- A relative was consulted with and included in making decisions about their relative's care as the person's legal representative for health and welfare matters. They told us there had been an improvement (over the last year) in how they received updates and information about their relative's health. They had been invited to care review meetings and these, along with being better updated about changes in their relative's health, had enabled them to make more informed decisions on behalf of their relative. They said, "It's all done properly now, right information at the right time, staff are better informed."

Respecting and promoting people's privacy, dignity and independence

● Opportunities for people to be as independent as possible were provided by staff. People were encouraged and supported to use the daily skills they had retained; being able to wash, dress, eat, drink, walk and socialise. Staff also observed people's non-verbal communication and their behaviour to understand when people wanted support and when they wanted to be independent.

● We observed staff maintaining people's dignity by supporting people's self-esteem and self-worth. They did this by, ensuring people were included, listening to people's views without judgement and by understanding and meeting people's personal choices and preferences (where safe to do so).

● People's privacy was maintained. Personal care was delivered in private. Information held about or generated about people, in paper or electronic format, was kept secure. Consent was sought from people or their representatives for confidential information to be shared with appropriate persons; health and adult social care professionals.

Good

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 Good. At this inspection this key question has remained the same. 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

● The people requiring care, their relatives or legal representatives were involved in planning their care. Staff and people worked in collaboration to ensure people's care was delivered as the person would want it. One person, unable to verbalise how they would prefer their support to be delivered, was supported by a relative. The relative confirmed they had been invited, by staff, to review their relative's care. They had been able to share details about their relative's, likes and dislikes, which were respected and met by the staff when delivering care.

● People's care was planned with the involvement of specialist healthcare practitioners when needed. Aspects of one person's care had been planned with support from the local mental health trust's intensive health outreach team (IHOT). They had advised on the management of behaviours which this person exhibited when they were distressed as well as other complex aspects of this person's care. This had supported a consistent approach to meeting this person's needs.

● Planning care to support people's distress behaviours was completed by the registered manager and dementia lead. This gave staff clear guidance on what may trigger people's distress, how to avoid such situations and how to manage distress which may occur irrespective of this action.

● Senior care staff worked alongside care staff to ensure people's care was provided in line with the care plans; changes were made to people's care where they were required. Staff attended a handover meeting at the beginning of every shift, so that they were informed of any changes to people's required care.

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.

● Each person had their communication needs assessed and documented as part of their care and support plan. People's communication care plans gave staff guidance on how people communicated and the way they needed staff to communicate with them. At mealtimes we saw staff followed people's communication plans and supported choice through verbal explanation and by using visual prompting; presenting each meal option individually plated. The same approach applied to helping people to choose a drink and what activities they wanted to take part in.

● Information, such as care plans, the complaints procedure and other guidance could be provided in different formats; large print, audio and easy read.

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

● Staff supported people to take part in daily activities which were meaningful and which people enjoyed. The information gathered about people's specific interests, preferences and past hobbies helped staff personalise this support.

● We observed staff organising group social activities in the communal rooms but also visiting people who remained in their bedrooms. Staff were aware of the risks of self-isolation, through a loss in cognitive or physical ability and confidence. Some people responded better to one to one social support which was provided.

● People were helped by staff to make a choice about what social activities they wanted to be involved in and which were to take place each day.

● Activity records showed people had enjoyed various activities in the home, including trips out to local parks, cafes and clubs. People were also supported on a one to one basis to enjoy activities in their bedrooms, such as being read to or corresponding with family and friends. One person told us they preferred to remain in their bedroom for most of the time. This person told us they did not feel isolated, they said, "They (the staff) pop in and have a chat." Staff had also taken an interest in this person's life long hobby, which they still pursued in the care home.

● People were supported to continue with meaningful activities which they had previously enjoyed, which were familiar to them and which supported their self-worth. One person enjoyed helping to lay the dining room tables and another liked to fold the napkins and tidy other items away.

● People's level of engagement and enjoyment with each activity was monitored and reviewed so that staff could ensure these remained meaningful and enjoyable to the person.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure in place. The arrangements in the home enabled people, their relatives and other visitors to the home, to feel able to raise a complaint or express their dissatisfaction where needed.

● The registered manager was available and was keen for people or relatives to be able to discuss anything with them. They could be contacted by telephone or email at any time. A relative said, "(Name of registered manager) is very approachable, you can run anything by him."

● A person who used the service told us the registered manager had been to talk with them and had explained that they could raise any area of concerns or dissatisfaction with them.

● The registered manager told us they preferred to take a proactive approach by making sure they spoke with people and their relatives regularly so that any concerns or dissatisfaction could be discussed and resolved at an early stage. There was a process in place to record complaints and the action subsequently taken, however, no complaints had been received since the last inspection in April 2018.

End of life care and support

● People at the end of their life were supported to have a dignified and comfortable death.

● People's end of life wishes, and preferences were explored with them, or with their supporting relative or representative in advance.

● Additional support had been organised by the registered manager to help relatives and staff have these conversations. A specialist healthcare professional in palliative and end of life care had been invited to speak at a relatives meeting, about why it was important for these conversations to be held and to give some guidance around what needed to be discussed.

● The registered manager told us they had also benefited from this and had, for example, felt more able to explore this subject with one person who lived with anxiety and poor cognitive ability.

● Staff were now focusing on gathering information around people's wishes related to their senses so that positive sensory support could be provided at the end of people's lives. For example, sound; if the person

wanted music to be played or not, smell; the use of a favourite perfume, soap or essential oil during end of life personal care and taste; a favourite flavour which could be provided for drinks and mouth care at the end of life.

● A relative told us they had attended this meeting and had found, by focusing on these areas, it had been easier to have this conversation, on behalf of their relative.

● There were good working relationships in place with community-based professionals, such as GPs, community nurses and pharmacists, to ensure arrangements could be made to support end of life care at any time.

Good

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.

At our last inspection the provider had failed to ensure adequate and effective quality monitoring systems were in place. Shortfalls were not always identified, and improvement actions had not always been completed and sustained. 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 as they effectively monitored the quality and risks in the service.

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

- The registered manager and Nominated Individual (NI) were both clear about their responsibilities in relation to the quality monitoring of the service. The annual programme of audits had remained in place and actions had been completed.
- In addition, the NI's monthly quality audit (of the service) had been improved as seen completed last on 27 July 2019. This improved version examined areas of compliance and service performance in more detail. It was completed monthly and identified any improvement actions for completion and stated who was responsible for this and by when. An ongoing improvement plan was being managed and completed by the registered manager and NI.
- The NI had also completed additional training to help improve their knowledge in the areas they quality monitored. For example, training on the implementation of the Mental Capacity Act and necessary records, had given them a better understanding of what they should expect to see in place when auditing relevant records in the home.
- Effective quality monitoring of the service was also supported by the use of an external quality auditor. This professional also specialised in staff training and support so they had focused on auditing staff training requirements and staff competencies. Improvement had followed in the training provided by the provider and in the use of the electronic records system. This had resulted in a subsequent improvement in the maintenance and content of people's care records. The same applied to people's medicine administration records (MARs) and records relating to guidance for the use of medicines prescribed to be used 'when required'.
- Senior staff had received training on how the Care Quality Commission (CQC) inspected services and what criteria they inspected against, giving senior staff a far better understanding of what was required in practice to meet the necessary regulations.
- A more consistent and effective senior care staff team was also in place, which had resulted in better monitoring of staff practices, such as medicine administration and compliance with the provider's policies

and procedures.
● The NI visited the home on a regular basis each week and was contactable at any time to support the registered manager. A weekly management report, completed by the registered manager, kept the NI well informed about events in the home but also risks associated with people's health or the business.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care
● The registered manager maintained a presence within the home and promoted a transparent, open and empowering culture. Staff felt supported and able to report any concerns they may have to them or the deputy manager.
● The registered manager actively promoted staff empowerment. Senior care staff had been provided with training to be able to supervise and support other care staff. One such member of staff spoke about the support they received from the registered manager to fulfil this role. They said, "(Name of registered manager) is a really good manager, the best manager I have worked for, approachable and is caring." Another praised the registered manager for their leadership skills and support they gave to the staff team. They said, "There is more structure now and all staff are practicing really well now."
● Some staff held lead roles and delivered 'bite size' training sessions to staff. This had included dementia care and equality and diversity to improve staffs' knowledge in these areas and ultimately their practice; resulting in better outcomes for people.
● The NI said, "I feel we have come a long way" when they reflected on the learning and achievements since the last inspection. They told us the staff team and the service overall were more organised and better co-ordinated than a year ago, because all staff were working together and as one team.

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;
● The registered manager and provider were clear about their legal responsibilities and notified the commission appropriately. They managed patient safety incidents well and lessons learned from these were used it to improve the service. When things went wrong, staff apologised, gave an honest explanation of the events and circumstances and provided appropriate support thereafter. This had taken place following one person's fall and a review of the safety measures in place at the time had also taken place.
● The registered manager understood their responsibilities under the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires
providers of social care services to notify people (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The views of people were sought through informal conversation with them and according to their abilities.
● Questionnaires had been sent to relatives and visiting professionals in 2019 to seek their views on the service provided. This was in addition to the conversations the registered manager held with relatives and professionals, on a regular basis, when they visit the home. Half of the questionnaires had been returned and included comments such as, "Positive atmosphere" and "Things have improved greatly."

Working in partnership with others
● The registered manager had a good working relationship with commissioners of care and communicated effectively with them regarding what support the home was able to offer them.
● Relationships had been built with local churches, schools, other care homes and community-based services so people were able to visit these on a social basis or receive support from them.

● The registered manager was a member of an adult social care forum where managers of services could exchange information and ideas, which helped to support improvement and practice in their own service and others.