

Ernehale Lodge Care Home Limited

Ernehale Lodge Care 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

Ernehale Lodge Care Home is residential care home which provides accommodation for up to 30 people who require nursing or personal care. At the time of the inspection 14 people were living at the home.

People's experience of using this service:

Since our last inspection improvements had been made in all areas where we had highlighted significant concerns to people's health and safety.

Improvements had been made to the way risks associated with people's care were assessed and acted on. People were now provided with safe care and treatment. People were now protected from the risk of avoidable harm and abuse. The provider ensured the relevant authorities were now informed of all incidents that could affect people's safety. People told us they felt safe with staff. There were enough staff to support people safely. The risk of the spread of infection was now safely managed. The provider had systems in place to help staff to learn from mistakes. People's medicines were safely managed.

People were now 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.

People received care in line with their assessed needs. Staff were well trained and felt supported to carry out their role effectively. People received the support they needed to maintain a healthy diet. People had access to other health and social care agencies where needed. The home was well-maintained and adapted to support people living with dementia or disability.

People praised the approach of staff. They liked them and had formed positive relationships with them. People and staff commented on an improved atmosphere at the home. Our observations supported this. People were treated with dignity and respect and their independence was supported and encouraged. People felt able to give their views and they would be acted on.

People now received care and treatment in accordance with their likes, dislikes and preferences. Care records were improved and provided staff with person-centred information which enabled them to care for people in their preferred way. Activity provision had improved and people no longer felt socially isolated. Efforts had been made to provide people with information in formats they could understand. People felt staff responded to complaints or concerns raised. The complaints procedure did not contain the correct details of who could investigate complaints if they were not satisfied with the outcome. End of life care was provided where required. Efforts were being made to ensure that all people had the opportunity to have their wishes recorded.

Significant improvements had been made in the way the home was managed. Quality assurance processes had improved since our last inspection. The registered manager and provider now worked together to identify and act on risks to people and the environment. We had confidence that these improvements were

sustainable.

The registered manager had been in place for almost twelve months; people and staff commented on the positive impact they had had on the home. Our observations supported this. The registered manager and provider had a good knowledge of the regulatory requirement to report concerns to the CQC and had improved the reporting process. People's views about the quality of the service provided were requested and acted on to aid continual improvement and development.

Rating at last inspection and update:

The last rating for this service was inadequate (published 10 July 2019). The service's rating has now changed to good.

This service has been in Special Measures since 17 December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below

Good ●

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 well-led.
Details are in our well-led findings below.

Good ●

Ernehale Lodge Care 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. 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 was carried out by two inspectors and a nurse specialist advisor.

Service and service type

Ernehale Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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 and was completed in one day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. 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 this information to plan our inspection.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share

information they felt was relevant.

During the inspection

We spoke with five people and one relative and asked them about the quality of the care provided. We spoke with three care staff, clinical lead (nurse), activities coordinator, cook, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included all or parts of records relating to the care of seven people as well medicine and nutrition records for others. We reviewed staff files, training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the registered person to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to protect people from risks associated with their care. Safe medicine practices were not always followed. The provider had failed to appropriately act on incidents that had occurred at the home to reduce the on-going risk to people's safety. People were not protected from the risk associated from the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their support. The risks to people's health and safety were now appropriately assessed, acted on and reviewed. Risk assessments had been completed in key areas such as choking, falls and the development of pressure sores. These assessments were amended when the risks to people's safety changed. This meant people now received care and treatment that reduced the risk to their safety.
- People were now protected from the risk posed by the behaviours of others. Robust risk assessments were in place that guided staff on how to support people who displayed these behaviours and to prevent this affecting other's safety. Where more support was needed, referrals to health and social care agencies such as the dementia outreach team were made. Recommendations made by these agencies were recorded in people's care records and staff acted on them. This helped to keep people safe.
- Improvements had been made to the assessment of the risks associated with the home environment. Storage rooms that contained hazardous materials were now locked, reducing the risk of people accessing materials that could cause them harm. Risk assessments had been completed to enable staff to have enough information to support people safely in an emergency. This included how to evacuate people from the home in an emergency.

Learning lessons when things go wrong

- There was now a process in place that ensured when accidents and incidents occurred these were appropriately recorded, investigated and areas for improvement identified and acted on. Referrals to external agencies were made when needed. This included referrals to the Local Authority 'Falls Team' who offered advice on how to reduce the risk of people falling. This helped to keep people safe.
- The registered manager checked all incidents logs and made recommendations to staff to reduce the risk recurrence. The registered manager told us they checked to see whether these recommendations had been acted on. However, we noted this had not been recorded. The registered manager told us they would address this. Robust recording helps to identify any continued areas of risk to people's safety.

Preventing and controlling infection

- People were now protected from the risks associated with the spread of infection. Equipment used to support people, such as pressure relieving equipment and hoists, were now clean. The home was visibly clean and tidy. Domestic staff told us they had enough time to ensure the home and people's bedrooms were clean and tidy. This helped to reduce the risk of the spread of infection.

Using medicines safely

- People now received their medicines safely and when they needed them. One person said, "The nurses have all my medicines in hand." Improvements had been made to the way medicines were administered, and stored, and people's records were now robustly and comprehensively completed. This meant the risks associated with medicines were now reduced.
- Dates of opening of liquid and topical medicines were recorded. This reduced the risk of medicines being administered that were past their safe use by date. We observed a staff member administer medicines and they did so safely and in line with best practice procedures. Protocols were in place for medicines prescribed to be given only 'as required', this helped to ensure they were administered safely and consistently.
- Staff had received training on how to ensure people were supported safely with their medicines. They received competency assessments which assured the registered manager that staff practice remained safe and in line with current best practice guidelines and legislation.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not acted to protect people from improper treatment and abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were now no longer at risk of unsafe and restrictive practices being used during physical intervention. These practices were no longer used at the home. People's care records contained clear guidance for staff to support people in a safe and less restrictive way.
- People told us they felt safe at the home and when staff cared for them. One person said, "There is always someone there for me."
- Staff were aware of the signs of abuse and could explain how they would report any concerns they had and felt these concerns would be acted on by the registered manager.
- The provider had the systems in place to ensure the local authority 'safeguarding team' and the CQC were notified of any allegations of abuse or neglect.

Staffing and recruitment

- People felt there were enough staff to care for them safely. Our observations throughout the inspection supported this.
- No agency staff were used to cover shifts when staff were off work through illness or holiday. Staff were on hand to cover any shifts that were needed. This helped to provide people with consistent care and treatment.
- People's needs were assessed to assist the provider with ensuring that enough staff were in place to meet people's needs. Rotas showed the required number of staff needed to support people safely were in place.
- Safe recruitment practices were followed. There were procedures in place that ensured new staff were appropriately vetted before they commenced their role. This helped to reduce the risk of people being cared for by inappropriate staff.

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 protect the rights of people who lacked capacity to consent to decisions about their care and treatment. This was a breach of regulation 11 (Need for consent) 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 11.

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 application of the MCA was now effective. At our last inspection we found some people were sharing bedrooms. Whilst capacity assessments had been completed the less restrictive options about protecting people's privacy had not been considered. At this inspection we were informed that people no longer shared bedrooms. This protected people's right to privacy.
- Mental capacity assessments were now in place where needed. Records showed when people were unable to make decisions for themselves, there was now a robust assessment and best interest decision in place. These detailed what decision was being made, why and who by. Records showed that where relatives had made decisions on behalf of their family member, they had legal authority to do so.
- We did note in one person's care record that a staff member had signed a person's care record 'in [name's] best interest'. We advised the registered manager that this was not permitted, and if decisions

needed to be made for the person then a formal mental capacity assessment would be required. This would ensure the person's rights were respected. The registered manager told us they would address this.

- Improvements had been made to the way DoLS were implemented at the home. It was now clear who had a DoLS in place and whether they had conditions attached which must be adhered to by staff. This ensured people's rights were protected.
- People's care records also contained examples where people had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.

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

- People's physical, mental health and social needs were assessed and supported in line with current legislation and best practice guidelines. We saw examples of this guidance in place to give staff in depth information about people's health conditions. This included dementia and diabetes.
- People's care records now followed a structured process of pre-admission assessment, care records, risk assessments and best practice guidance. These records provided staff with all the information needed to support people with specific health conditions.

Staff support: induction, training, skills and experience.

- People were cared for by staff who had the appropriate skills, training and experience to provide them with safe and effective care and treatment. Records viewed supported this.
- People praised the staff and found them to be knowledgeable, well-trained and experienced. One person said, "The staff are good, they listen to me. The home is holding its own now, everyone has different needs, but, for me, it is good (care)."
- Staff felt well supported to carry out their role. They felt access to training had improved since the last inspection and they felt they now had the skills to support people effectively. They welcomed the approach of the registered manager and felt they received enough supervision to enable them to discuss their progress and any concerns they may have. This helped to ensure people received care from competent and well-trained staff.
- Staff were encouraged to develop their role through gaining externally recognised qualifications such as diplomas in adult social care. The further development of staff increases staff knowledge and skills, resulting in better quality care for people.

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

- People received the support needed to eat and drink enough to maintain a healthy and balanced diet. People told us they liked the food provided. One person said, "The food is very good, it is very nice. You can have as much as you want."
- Nutrition risk assessments and care plans were in place. These contained information about the risks to people's nutritional health and how staff could reduce those risks. This included supporting people to eat healthier foods as well as foods designed to help people safely gain weight where needed. Staff monitored people's weights. Weight charts prompted staff to identify significant weight gain or loss and to make a referral to dieticians or GPs if needed. This helped people to maintain a healthy weight.
- Daily records documented people's food and fluid intake and the daily total was recorded. We noted one person reaching the end of their life had a low intake; however, staff explained they slept a lot and we identified some "hidden" fluid intake within food was not being recorded. As a result, we concluded the person's needs were being met and more robust recording was required.
- The provider had measures in place to ensure that food was stored safely. On the 7 December 2019 the Food Standards Agency had rated the home as 'Very Good' for food hygiene standards. This is the highest mark possible.

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

- People had access to their GP and other healthcare agencies to help them lead healthier lives.
- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

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

- The home had been adapted to support people living with dementia and/or a physical disability.
- Some signage was in place to help people orientate themselves around the home, helping people to identify communal areas. Bathrooms had specially adapted equipment to support people with using the facilities safely.
- The home was well-maintained, and the downstairs communal areas had recently undergone decoration to make the home more appealing for people. It was evident that the first floor also required decoration and the provider assured us this would be taking place in the new year.
- The home had a safe and accessible garden area, with outdoor seating for people who wished to use the garden.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- People were well treated and enjoyed living at the home. One person said, "The staff are all very nice, there are not any bad ones." A relative we spoke with agreed and felt staff treated their family member well. They welcomed the consistency of the staff and felt this had contributed to the good care their family member received.
- There was a relaxed and happy atmosphere in the communal areas during the inspection. Staff chatted with people and involved them in a range of activities. Staff regularly involved people in conversation and it was clear from people's responses that they had built positive and meaningful relationships with the staff.
- Staff cared for people in a calm, reassuring manner. When people showed signs of distress or became unduly agitated, staff were patient and supported people offering reassurance through a gentle touch or kind words. We observed staff supporting a person with transferring via a hoist. They spoke with the person throughout and the process was completed calmly and successfully. Staff showed a respectful approach throughout.
- People's diverse needs were discussed with them when they first started to use this service. Where people had expressed their chosen religion, this was recorded within their care plans to ensure staff were informed. Representatives of local churches were invited to the home to provide church services and spiritual guidance to the people living there.

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

- People felt able to make decisions about their day-to-day care and felt confident that staff would respect their wishes. People commented on the fact that staff listened to their views and acted on them. We observed staff doing so throughout the inspection. People were regularly offered choices, such as where they would like to sit, and those choices were always respected.
 - People's care records contained examples of people signing their care plans to say they agreed to the content. The clinical lead told us they involved family and their relatives wherever possible to ensure decisions were made with people and not for them.
 - Information about how people could access an independent advocate was provided in the service user guide. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf.
- Respecting and promoting people's privacy, dignity and independence
- People felt staff treated them with dignity and respect. People commented on the respectful way staff

supported them with their personal care. We saw people were well presented; hair, nails and clothes were all clean. Staff responded quickly when people had spilt food or drink to ensure their clothes were protected and their dignity maintained.

- We observed staff treating people with dignity. When discussing people's care, they did so quietly and discreetly to promote people's right to privacy. People had access to private space in the home if they wished to have quiet time to themselves or to meet with family and friends.
- People's independence was encouraged and promoted. Care records contained guidance for staff on people's ability to undertake tasks for themselves and the level of support they needed from staff.
- People's care records were treated appropriately to ensure confidentiality and compliance data protection legislation.

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.

At our last inspection the provider had failed to ensure people received person-centred care and treatment. This was a breach of regulation 9 (person-centred care) 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 9.

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

- People now received care and treatment in their preferred way. People had more control over their lives and people's preferences were considered and acted on when care was planned. One person said, "The staff listen to me."
- Improvements had been made to the care planning process. People's care records were now more reflective of their current needs and provided personalised information about the person's needs and wishes. For example, a person's hygiene care plan was clear and detailed, providing information about their support needs, their preferences in relation to toiletries and other aspects of personal hygiene.
- People's care records contained details about people's likes and dislikes and staff provided care in accordance with their wishes. Staff found the new format of care records useful and informative and helped them to provide a more personalised service for people. People's care was regularly reviewed to ensure the care provided continued to meet their needs and preferences.

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

- Activities provided at the home had improved since our last inspection.
- People felt they were now able to take part in activities that interested them and, in some cases, activities were provided in line people's personal choices, hobbies and interests. One person said, "I get involved with games and quizzes, I never feel bored."
- An activities coordinator was now in place. Although relatively new in post, it was clear they had the skills to provide people with meaningful, engaging and relevant activities, designed to also support people living with dementia. People and other staff spoke highly of this staff member and welcomed the improvements they had made.
- People were encouraged to maintain links with friends and family and were supported to meet with them in the home or if able, outside of the home where possible. People who were cared for in bed or preferred to spend more time in their bedroom rather than in communal areas told us they did not feel isolated. They told us staff regularly went to see them and to sit and talk with them. This made them feel valued and respected. This also helped to reduce the risk of people experiencing social isolation.

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.

- The provider had made provisions to ensure they were compliant with the AIS. Larger print documentation was provided for people that needed it. The registered manager told us they would continue to look for ways to make information more accessible for people.
- These processes helped to ensure that people were not discriminated against because of a disability or sensory impairment and would further improve people's ability to understand documents and records that related to them.

Improving care quality in response to complaints or concerns

- People felt able to make a complaint. They understood the process and felt confident that the registered manager or other relevant staff members would respond accordingly.
- The provider had the processes in place to act on any complaints that had been received. No formal complaints had been received since our last inspection.
- The complaints policy included guidance for who to report concerns to if people were unhappy with the outcome of their complaint. However, the policy incorrectly stated the CQC was the only body that people could report their concerns to. The Local Government and Social Care Ombudsman has the statutory authority to consider complaints about adult social care providers. The registered manager told us they would ensure this process was amended to reflect this.

End of life care and support

- End of life care and support had improved since our last inspection.
- Detailed end of life care plans were now in place. We checked the care plans for two people who were coming to the end of their life; they contained details about anticipatory medicines, pain relief and aspects of their daily care. They also contained information about the person's preferences in relation to the environment and that they would like to have someone with them at the end of their life. Funeral wishes were also documented. This meant people's wishes were now appropriately acted on.

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 inadequate. At this inspection this key question has now improved to good.

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 systems and processes in place to assess monitor and review risks, safety and quality were found to be ineffective. This placed the health and safety of people at risk. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the provider had failed to act quickly enough to address the wide-spread shortfalls at the home. This had led to people being at risk of receiving unsafe care and treatment. Improvements were needed in the way the risks to people's health and safety were assessed, monitored and acted on. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

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

- The registered manager and the provider now worked together to help identify any risks to people's safety. A full review of care records and risk assessments had resulted in relevant, robust documentation that assessed people's needs and risks. They now provided staff with clear guidance about how to care for and support people safely.
- Robust quality assurance systems were now in place. These were effective in helping the registered manager and the provider in identifying risks and acting on them, before they impacted on people. Whilst these systems had only been in place for two to three months, we had confidence that if they continued to be adhered to, improvements would continue in the quality of the care provided for people. Our findings in the other sections of this report support this view.
- Staff now had a clear understanding of their roles and how they contributed to the on-going improvements and success of the home. Staff welcomed the approach of the registered manager and provider and this had resulted in them having the confidence to provide people with safe and effective care treatment. Our observations throughout this inspection supported this.

At our last inspection the provider had not ensured the CQC were notified when the local authority had granted an authorisation to restrict people of their freedom and liberty. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider was now aware of the notifications that were required to be sent to the CQC. This included notifications such as serious incidents and deprivation of liberty safeguards. Records showed this had been done when needed; although, we did note one incident that had not been referred to the CQC. The registered manager rectified this immediately.
- It is a legal requirement that a provider's latest CQC inspection rating is displayed at the home where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed.

Continuous learning and improving care

- There was an improved focus on learning from mistakes, improving the quality of care provided and supporting staff to develop their roles and skills.
- Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates.
- At the last inspection there was a 'Resident of the Day' system in place that was designed to assess all aspects of their care and experiences at the home. However, this was not effectively implemented and did not result in improved care. This system was now more robustly implemented and monitored. A wide number of staff across all parts of the home such as the cook, housekeeper, maintenance and nurse all reviewed how their 'department' impacted on the person. Where improvements were needed these were now monitored closely by the registered manager. This had contributed to people receiving more positive outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff commented on the improved, positive atmosphere at the home. They praised the registered manager and the changes they have made to the home. A staff member said, "It is the best I've seen it here." Staff told us they felt confident that people were now receiving person-centred care.
- Our observations throughout this inspection supported this view and have reported on in other sections of this report.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured when mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that concerns were acted on. Where needed, staff learning, and development was implemented to help reduce the risk of incidents recurring.

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

- People felt able to give their views about the service and that they would be acted on.
- Results from the survey sent to people in October 2019 showed positive feedback in most areas. Where there was less positive feedback in a small number of areas, the provider had an action plan in place to make improvements.
- Staff felt able to raise any issues with the manager and that any concerns would be acted on. Regular team meetings were held where staff input was valued and welcomed.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all.