

# Avery At The Miramar (Operations) Limited

## Miramar Care Home

### Inspection report

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Date of inspection visit:  
14 August 2019  
15 August 2019

Date of publication:  
02 October 2019

### 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

Miramar Care Home is a residential care home providing personal to older people and people living with dementia. Not everyone who lived at Miramar Care Home received personal care. There were 34 people receiving personal care at the time of the inspection. The service can support up to 122 people in one purpose built building.

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

People felt safe and at home at Miramar Care Home. One person told us, "It can be so miserable having to leave one's own home, but I am made to feel so welcome here. There is never a dull moment, and I have settled in marvellously. Even though it will never be like my own home, it's the next best thing".

People were protected from the risks of harm and abuse and any concerns they or staff had, were listened to and acted on to keep people safe. People were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. People had privacy.

Risks to people had been assessed. People were supported to remain independent, understand risks and take them when they wanted to. Staff supported people to remain healthy and were offered a balanced diet which met their needs. People's medicines were managed safely. People were protected from the risk of infection.

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 had planned their care with staff. They were supported to take part in a wider range of activities. People had been offered the opportunity to share their end of life preferences.

The provider and management team had oversight of the service. They completed regular checks on the quality of care people received. People and staff were asked for their views, which were listened to and acted on to improve the service. Records of people's care were now accurate and complete.

The registered manager understood their legal responsibilities and had shared information with us and others when they needed to.

There were enough staff working at the service each day to support people. Staff had the skills they needed to care for people and were supported by the management team. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25 January 2019) 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.

## 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.

# Miramar Care Home

## Detailed findings

### Background to this 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

This inspection was completed by 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.

#### Service and service type

Miramar Care Home is a 'care home'. People in care homes receive accommodation and 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with 15 people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, regional support

manager, the new manager, deputy manager, advanced carer worker, senior care workers, care workers and the chef.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff were recruited safely. Robust checks had been completed on staff recruited since our last inspection. These included obtaining and reviewing information about staff's previous employment history.
- The provider had acted on our recommendation at the last inspection to review staff deployment within the service. There were enough staff to meet people's needs and keep them safe. The management team reviewed staffing numbers weekly and following any accidents and incidents. The regional support manager told us, "For example, if we noticed people were falling more at night time. We would increase our staffing levels."
- When new people came to view the service, they were offered rooms in areas where they would be with people with similar needs. This helped staff to manage people's needs better. A new call bell system had been installed shortly before our inspection to support continued improvements to response times. We will review any improvements this has made at our next inspection. We observed people receiving the support they needed, without delay.
- A system of weekend management support had been implemented. The deputy manager and advanced senior carers worked alternate weekends in a supernumerary capacity, to support to staff, people and their relatives.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe administration of prescribed medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People received their medicines when they needed them. Improvements had been made to medicines management processes and people's medicines were now managed safely. People told us staff helped them to take their medicine. People who managed their own medicines said staff made sure they had taken them.
- Records of the application of prescribed creams and patches had improved. For example, records showed the application and removal of patches, including where on the body the patch had been applied. Staff

followed guidance and placed patches on different areas of the body each time to ensure they were effective.

- Guidelines had been put in place around everyone's 'when required' medicines. These included signs the person may need the medicine and the expected outcomes. When people were not able to tell staff they needed pain relief, staff used a recognised pain assessment tool to understand people's needs.
- New medicine management monitoring systems had been introduced. These were used effectively to check staff were recording medicines accurately and stock balances were correct. Staff's competence to administer medicines safely was regularly checked.
- Staff had worked with the local clinical commissioning group medicines management team to review people's medicines. Some medicines had been stopped and others changed to a more effective medicine for the person. The change to one person's medicine had improved the use of their hands, which had enabled them to be more independent.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that is reasonably practicable to mitigate risks to people. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Effective action had been taken to ensure risks to people were assessed and managed. People and their relatives were involved in planning how to manage risks. One person's relative told us, "The staff are so good at trying to help my relative and keep them safe. It has become rather a dilemma and we are working on it as a team".
- People were moved safely using a hoist. Staff now followed guidance provided by a competent moving and handling assessor around moving people safely. The guidance included all the equipment to be used for each move, the sling size and loops to be used. People told us they felt safe when staff assisted them to move.
- Falls risk assessments were now reviewed and updated when people fell. New care plans were put in place when people's needs changed, including short term care plans while people recovered from any injuries. Any changes had been agreed with people. For example, staff wished to increase the checks they completed on one person while they recovered from a fall. The person agreed to more frequent checks during the day but declined checks at night as they would disturb their sleep.
- The risk of people choking had been assessed. Staff worked with people and healthcare professionals to understand people's needs and prepared foods as recommended.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed regularly to look for any patterns and trends. Where patterns had been identified, such as people falling, action had been taken to reduce the risk of them happening again. This included agreeing increased monitoring with people and referring them to falls prevention specialists. Actions had been effective and accidents had not occurred again.
- On one occasion a person had been sent to hospital with information about someone else and this had had an impact on their care and treatment. Daily checks of the hospital bags were now completed to make sure a similar incident did not happen again. We checked the records for a person who had returned from hospital shortly before our inspection. All the records had been returned to the person's file.

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

- People were protected from the risk of abuse and told us they felt safe. One person told us, "My room is my



home and it is important to feel safe and secure. I am happy to say that I do". Staff had received training in safeguarding and had a good understanding of the different types of abuse.

- Concerns staff had noted had been reported to the management team and immediate action had been taken to prevent a similar issue occurring again. All concerns had been reported to the local authority safeguarding team for their investigation.
- The management team had supported the local authority safeguarding team investigations. Learning from safeguarding concerns was shared with the staff team to try to reduce the likelihood of them reoccurring.

#### Preventing and controlling infection

- Staff had completed training in infection control. Staff used personal protective equipment (PPE) including gloves and aprons when supporting people. There were sufficient stocks of PPE and domestic staff ensured stocks did not run short.
- There were sufficient numbers of domestic staff employed. They followed cleaning schedules to ensure all areas of the service were consistently clean and fresh smelling.

# 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 make sure staff received appropriate supervision and appraisal to fulfil their role. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff now received regular support and supervision to improve and develop their practice. Subjects discussed included learning from safeguarding incidents and specific areas of care. One staff member told us, "We had a supervision recently about oral health which was really helpful".
- Staff had the skills they needed to care for people. One person said, "The staff couldn't be better at what they do. I am 100% confident in their abilities at all times". Staff now completed a programme of basic training and some had completed advanced training courses, including advanced senior carer training. One staff member told us, "I would do the course again tomorrow, it was amazing. It included end of life care, the aging process, insulin, and management. I learnt so much I would recommend it for everyone".
- Staff completed the provider's induction programme. This included staff shadowing experienced staff and completing the care certificate. This is an identified set of standards that staff are expected to adhere to in their daily working life.

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

- The deputy manager assessed people's before they moved into the service. They met with people and their relatives to discuss their needs and wishes and obtained information from health care professionals involved in the person's care. The registered manager used this information to make sure staff had the skills to meet people's needs.
- Information gathered during the assessment period was used to plan people's care before they moved into the service. For example, one person had recently moved into the service. They had become anxious and upset in the dining room of their previous service. The deputy manager had noted the person had acute hearing and the room was very noisy. They had arranged for the person to spend their time in a quiet area of the service. We observed the person to be calm and relaxed on both days of our inspection.
- People had been asked to share information about people's lives before they moved into the service to help staff get to know people and understand what they liked. This included their previous professions, their care preferences and sexuality.
- People's needs had been assessed using recognised tools. This included the Malnutrition Universal

Screening Tool, to understand risks of people becoming malnourished.

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

- People enjoyed the food at the service. They had a choice from the menu and the option to prepare meals in their room if they wanted. People's comments included, "I have plenty to eat and drink, whenever I want it. Cook will always add a little something or another if I ask. I have facilities in my room, but I have no need to cook for myself" and "I can always ask for a little bit of what I fancy on the menu. On the whole, they will go out of their way to provide it".
- When people were at risk of losing weight, staff followed the advice of dieticians and fortified their food with extra calories. Some people were prescribed supplements. These were served between meals so they did not affect people's appetite. Staff knew people's preferences and ordered the flavour of supplement they preferred. These steps had been effective and people had gain weight.
- People who required support to eat received the assistance and encouragement they needed. One person's relative told us, "They need a lot of help and encouragement to eat and the staff give just the right amount of nurture to assist them". People were supported at their own pace by a staff member who sat with them.
- Meals and drinks were prepared to meet people's preferences, including dietary needs and cultural preferences. People were involved in planning the menus. Meals were balanced and included fresh fruit and vegetables. All the meals were homemade.

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

- People were supported to remain physically and mentally well. Health care professionals were contacted promptly when people needed support. People's comments included, "The staff will call the doctor without hesitation" and "My health is their main concern. They are always quick to notice any change in health that requires attention".
- A GP held a surgery at the service twice a week and most people chose to see them. Community nurses also visited to treat people. People were supported to continue to see a GP or nurse at the local surgery if they wished.
- Care had been planned to support people remain mentally well. This included offering people reassurance and planning their care with them to reduce any anxiety. Staff knew the signs that people were becoming unwell and contacted the mental health team.
- People were encouraged to take part in regular exercise. This included as walking around the service and grounds or attending exercise classes.

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.

- People's ability to make decisions had been assessed and staff followed guidance in their care plans. People were offered choices in the way they understood. For example, staff showed people different foods

to help them decide what they wanted to eat.

- The management team had made decisions with others in people's best interests when they were not able to make decisions. Such as to use bedrails to keep them safe in bed or to have the annual flu vaccination.
- Applications for DoLS authorisations had been made in line with the MCA. The registered manager had complied with any conditions on people's DoLS authorisations.

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

- The design of the building met people's needs. The service was purpose built, with several communal areas where people could spend time with others if they wished. People had access to communal gardens, and some people had their own patios or balcony's. All areas of the service were accessible and people moved around freely. One person told us, "I can use the garden when the weather is right and just come and go as I please".
- People were encouraged to personalise their rooms with furniture and other personal items.
- Areas of the service had been re-decorated since our last inspection. The provider had made improvements in communal areas, and people's rooms. A refurbishment of the dementia suite was planned. The provider had sought advice from a dementia specialist on how to make the best use of the space in line with good practice.
- One person told us about the new call bell system, "We have a new, better call bell system to use with larger buttons, although there are the inevitable teething problems". Staff had identified the buttons of the call bell system were hard for some people to push and had order new handsets which would be easier for everyone to use.

# 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

- Staff treated people with kindness. People commented to us, "I couldn't ask for more. I am so well cared for. Kept out of harm's way but not institutionalised" and "The staff always go out of their way to be helpful and friendly. They keep me safe and happy living here".
- Staff knew people well and spent time chatting with them about things they enjoyed. People and staff were relaxed in each other's company and enjoyed chatting together. One person told us, "The care is fantastic. We have a good laugh and a lot of care and pampering". We observed people and staff laughing together.
- People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected.
- Staff spoke with people and referred to them with respect. They described people in positive ways. Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.

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

- People and their relatives had been asked about their lifestyle choices and these were respected. One person told us, "I am listened to and they take heed of my ideas and thoughts".
- Staff knew what may cause people to become anxious and gave them the reassurance they needed. One person became very anxious at times. Staff understood the person's life history and why they became anxious. The person's care was tailored to support them to remain relaxed.
- Staff supported people to communicate their needs and preferences, such as giving them time to reply or showing them items to help them understand the choices on offer. Important documents were in an easy read format.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff encouraged and supported people to do things for themselves. One person commented, "I get a lot of support from the staff and they know when to let me be independent and do things for myself". Another person who had stopped walking, had been supported to begin walking again with a walking aid.
- People were encouraged to maintain relationships that were important to them. Visitors were welcome at any time and were encouraged to continue to care for their loved one when they wanted to. One relative

told us, "I feel welcome at all times day or night. It is the little things that count like a cup of tea and biscuit without having to ask. They always knowing us when we arrive and sit in the lounge area for a family gathering". People's friends and families were encouraged to join in with activities and events.

- People had privacy. One person told us, "The staff are polite and respectful at all times without fail".
- The provider and staff knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure.

# Is the service responsive?

## Our findings

for people

At our last inspection the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user's care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Records about people and the care they received were accurate and up to date. The provider had replaced electronic records with paper records. Staff had completed training in relation to records and understood the importance of accurate records. Daily checks were completed to check records were up to date and any shortfalls were addressed immediately.
- Staff morale had increased since our last inspection and the culture at the service had improved. One person told us, "The staff work well as a team now and all get on so well together. That makes for a happy home".
- The provider had completed their plan to increase standards at the service by deploying an experience manager to lead the service. This had been successful. Staff told us they felt supported by the management team and were confident to discuss any issues with them. People's comments included, "The manager is fantastic. She is always mucking in and her door is always open" and "It runs like clockwork here and we have the manager and her team to thank for that".
- The provider had a clear vision of the service which included supporting people to remain independent and treating them with dignity and respect. Staff shared this vision, which was reinforced by the training they completed. A relative told us, "I did not think that it was well managed before, but I do now".

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 provider and management team had a good understanding of the duty of candour requirements. The new manager told us, "It's about being open transparent and honest. And notifying people of incidents where people have suffered harm whilst in our care". People had received an apology following any incidents.

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

- Staff felt supported by the management team. One staff told us, "Previously we were a long way from other services and managers only came when things went wrong. Now we have people in all the time, and it feels like we are part of a community".
- Staff were aware of their responsibilities and could approach a manager with queries. One staff member told us, "Yeah I am well supported. I always have someone I can ask a question to. Everyone is always really happy to help".
- The management team knew when to notify the CQC of any significant events that happen in the home. We had received notifications as required.

- The provider had conspicuously displayed the CQC quality rating in the reception area and on their website, so people, visitors and those seeking information about the service were informed of our judgments.

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

- People and their relatives felt they were involved in the running of the service and their suggestions were listened to. One person told us, "We are asked for our views and ideas on everything from the toilet paper and soaps, to what is on the menu. After all we are the ones who have to live here".
- Suggestions made at resident and relative meetings had been acted on. For example, people had said they could not read staff name badges as they were too small. The provider was in the process of sourcing buying new name badges in larger print, so people could see them more easily.
- People shared their views of the food and menus at regular food and beverage meetings. Their views had been used to improve the service. At one meeting people suggested the amount of salt in food be reduced and salt and pepper being available on tables so people could season their own meals. This was now in place.
- In March 2019 the provider requested people and their relatives complete a survey about the service. 63% of people said they would recommend the service. An action plan was created to address areas of improvement. For example, in response to delays in waiting times for call bells to be answered, an improved call bell system had been installed.

Continuous learning and improving care

At our last inspection the provider had failed to establish and operated effective systems and processes to assess, monitor and improve the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The action the provider told us they would take after our last inspection had been completed. This had increased the quality of the service people received.
- Effective systems had been put in place to continually monitor the quality of the service and address any shortfalls. These included checks by the regional manager and the provider's quality assurance staff.
- The management team completed monthly checks on all areas of the service. This highlighted any areas for concern, such as an increase in falls, or people losing weight. Any concerns had been followed up by the provider to ensure action taken had been effective.
- The provider offered development days for managers to learn maintain and develop new skills and knowledge. Managers had attended train the trainer refresher training to ensure their skills were maintained. Managers who were also qualified nurses, were supported to complete their re-validation.

Working in partnership with others

- The management team worked with others to continually improve the service and keep up to date with good practice. Staff were working with a clinical nurse specialists for older people to improve their knowledge and skills. This included completing training around wounds and dressings.
- Links with the community had been improved since our last inspection. Local residents had been invited to the service to learn more about the people living there, and conditions some people were living with such as dementia.
- The new manager was a member of skills for care and the registered managers forum. They kept their knowledge up to date through regular updates and attending meetings.



# 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.

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

At our last inspection the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user's care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Records about people and the care they received were accurate and up to date. The provider had replaced electronic records with paper records. Staff had completed training in relation to records and understood the importance of accurate records. Daily checks were completed to check records were up to date and any shortfalls were addressed immediately.
- Staff morale had increased since our last inspection and the culture at the service had improved. One person told us, "The staff work well as a team now and all get on so well together. That makes for a happy home".
- The provider had completed their plan to increase standards at the service by deploying an experience manager to lead the service. This had been successful. Staff told us they felt supported by the management team and were confident to discuss any issues with them. People's comments included, "The manager is fantastic. She is always mucking in and her door is always open" and "It runs like clockwork here and we have the manager and her team to thank for that".
- The provider had a clear vision of the service which included supporting people to remain independent and treating them with dignity and respect. Staff shared this vision, which was reinforced by the training they completed. A relative told us, "I did not think that it was well managed before, but I do now".

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 provider and management team had a good understanding of the duty of candour requirements. The new manager told us, "It's about being open transparent and honest. And notifying people of incidents where people have suffered harm whilst in our care". People had received an apology following any incidents.

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

- Staff felt supported by the management team. One staff told us, "Previously we were a long way from other services and managers only came when things went wrong. Now we have people in all the time, and it feels like we are part of a community".
- Staff were aware of their responsibilities and could approach a manager with queries. One staff member told us, "Yeah I am well supported. I always have someone I can ask a question to. Everyone is always really happy to help".
- The management team knew when to notify the CQC of any significant events that happen in the home. We had received notifications are required.
- The provider had conspicuously displayed the CQC quality rating in the reception area and on their website, so people, visitors and those seeking information about the service were informed of our judgments.

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

- People and their relatives felt they were involved in the running of the service and their suggestions were listened to. One person told us, "We are asked for our views and ideas on everything from the toilet paper and soaps, to what is on the menu. After all we are the ones who have to live here".
- Suggestions made at resident and relative meetings had been acted on. For example, people had said they could not read staff name badges as they were too small. The provider was in the process of sourcing buying new name badges in larger print, so people could see them more easily.
- People shared their views of the food and menus at regular food and beverage meetings. Their views had been used to improve the service. At one meeting people suggested the amount of salt in food be reduced and salt and pepper being available on tables so people could season their own meals. This was now in place.
- In March 2019 the provider requested people and their relatives complete a survey about the service. 63% of people said they would recommend the service. An action plan was created to address areas of improvement. For example, in response to delays in waiting times for call bells to be answered, an improved call bell system had been installed.

Continuous learning and improving care

At our last inspection the provider had failed to establish and operated effective systems and processes to assess, monitor and improve the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The action the provider told us they would take after our last inspection had been completed. This had increased the quality of the service people received.
- Effective systems had been put in place to continually monitor the quality of the service and address any shortfalls. These included checks by the regional manager and the provider's quality assurance staff.
- The management team completed monthly checks on all areas of the service. This highlighted any areas for concern, such as an increase in falls, or people losing weight. Any concerns had been followed up by the provider to ensure action taken had been effective.
- The provider offered development days for managers to learn maintain and develop new skills and knowledge. Managers had attended train the trainer refresher training to ensure their skills were maintained. Managers who were also qualified nurses, were supported to complete their re-validation.

Working in partnership with others

- The management team worked with others to continually improve the service and keep up to date with good practice. Staff were working with a clinical nurse specialists for older people to improve their knowledge and skills. This included completing training around wounds and dressings.
- Links with the community had been improved since our last inspection. Local residents had been invited to the service to learn more about the people living there, and conditions some people were living with such as dementia.
- The new manager was a member of skills for care and the registered managers forum. They kept their knowledge up to date through regular updates and attending meetings.