

Shivshakti Nivas Ltd

Park House Rest Home

Inspection report

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Date of inspection visit:
20 August 2019
22 August 2019

Date of publication:
14 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Park House Rest Home is a care home registered to provide accommodation for up to 18 people. The service provides care to older people and those living with dementia. At the time of our inspection there were 13 people living in the home.

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

At our last inspection of Park House Rest Home in July 2018, we found that risks to people were not always safely managed. At this inspection, we found improvements had been made, but action had not always been taken when required.

Risks associated with people's care were not always fully assessed and care plans lacked detail to support staff in keeping people safe. This included management of nutritional risks that could impact on people's health.

The provider had systems and processes in place to assess and monitor the service provided. However, these quality monitoring systems had not been effective in identifying or acting on the concerns we found.

There were enough staff to safely meet people's needs and provide person-centred care. Staff had received appropriate training and support to enable them to meet people's needs. They received regular supervision to help develop their skills and support them in their role.

Recruitment processes were safe to ensure only suitable people were employed.

People were protected from the risk of abuse. People's rights and freedoms were upheld.

People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

Environmental risks were managed safely. People had access to appropriate equipment where needed.

People and their relatives told us they were happy with the care provided and staff were kind and caring. We observed staff respected people's privacy and treated them with dignity and respect.

People were supported to engage in a variety of activities within the home. These were tailored to people's individual needs.

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.

The manager understood their regulatory responsibilities and shared information when required.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 5 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Park House Rest 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

The inspection was conducted by one inspector over two days.

Service and service type

Park House Rest 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, but they had not yet been registered with the Care Quality Commission, although an application to do so had been made. Registered managers 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

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

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 three people who used the service and four relatives of people about their experience of the care provided. We spoke with five members of staff including the provider, the manager and care workers. The provider is also the nominated individual. The nominated individual is responsible for supervising the management of the service.

We reviewed a range of records. This included eight people's care records and multiple medication records. 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 looked at three staff files in relation to recruitment and staff supervision and reviewed a variety of records relating to the management of the service, including quality assurance processes, policies and procedures. We looked at records of accidents and incidents and staff training records. We spoke with two professionals who were visiting the service.

After the inspection

We reviewed the evidence gathered during the inspection.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection, although risk assessments required updating, further detail adding, and clear actions taken, to ensure risks were managed safely.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and identified how staff should support people. However, action had not always been taken to safely manage risks to people. For example, one person had been assessed by an external healthcare professional as needing a soft diet. The person's care plan did not contain clear guidance for staff to follow and the associated risks were not clearly identified. We discussed this with the manager who told us they were working with external healthcare professionals to address this. In addition, another person was being weighed regularly and had lost a significant amount of weight over the previous year. No action had been taken to review this and consider the causes. Medical advice was not sought. We discussed these concerns with the manager and were assured that action was being implemented to ensure risks to people would be improved and managed safely.
- The environment and equipment was safe and well maintained. Risks from the environment had been assessed and each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Staff had a handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health, any professional visits and if people had declined care was handed over. This meant that staff were fully up to date with essential information.
- Staff knew people well and could recognise how each person expressed that they were unsettled or unhappy about something. We observed staff calmly supporting people using gentle touch and distraction. This meant that any risks around people's behaviours, were promptly recognised and acted upon.

Staffing and recruitment

At the last inspection the provider had failed to ensure there were sufficient staff deployed to meet the needs of people's personal care and treatment. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the provider had failed to follow safe recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and there were enough staff to keep people safe and meet their needs. Safe recruitment practices had now been followed to ensure only suitable people were employed. Therefore, the provider was no longer in breach of regulation.

- Staffing levels were based on the needs of the people living at the service. The manager told us they assessed this using a dependency tool to determine how much support each person needed. Our observations showed that there were enough staff to safely meet people's needs. One staff member said, "There are enough of us now, if we have more people move in, the manager recognises that we would need more staff, but I am sure that will happen."
- Where people had known risks, staff remained nearby to observe and intervene when needed. For example, some people were at risk of falls and some had behaviours that could be difficult to manage. One staff member remained in the communal lounge, to provide prompt support when needed.
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

At the last inspection the provider had failed to ensure risks relating to the safety and welfare of people using the service in relation to safe medicines management, were assessed and managed. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 from the previous inspection. Improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Medicines were managed safely. There were suitable systems in place to ensure that medicines were stored safely, ordered and disposed of correctly.
- Staff received training in medicines administration. The provider and manager had recently been supported by a local NHS medicines team, to check staff competency to administer medicines and review the systems in place. Where it was identified that improvements were needed, the provider and manager acted promptly to implement the recommendations made. For example, weekly audits of medicines had commenced, where they had previously been completed monthly and spot checks were being introduced. In addition, where poor practice was identified, staff were supported to re-train and ensure they were following the provider's policies.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.
- People who were prescribed medicines to be administered on an 'as required' basis, had clear guidance for staff about when they should receive them, the time between doses and when to review if they had been effective.
- There were systems in place to ensure the application of topical medicines, such as creams was completed safely. The date creams had been opened was recorded, to ensure that they were disposed of when they reached their 'use by' date.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies in relation to safeguarding and whistleblowing and staff had received training based upon these.
- Staff understood their responsibilities to keep people safe and knew how to raise a safeguarding concern. All staff we spoke with, demonstrated they were passionate about keeping people safe. One staff member said, "I would report any concerns to the manager and if I was still concerned I would report to CQC."
- Staff knew each person well and could recognise how they expressed that they were distressed or unhappy about something. They were able to recognise changes in people's behaviour and support them

appropriately, which we observed during our inspection.

- People and their relatives told us they thought the home was safe. One person said, "Yes I am very safe here." A relative said, "They [staff] know what they are doing and keep [relative] safe."

Preventing and controlling infection

- The service was clean and well maintained. However, some kitchen worktops had damage to them, which meant they could not be effectively cleaned to prevent infection risks. We discussed this with the provider, who took immediate action to arrange for them to be replaced.
- Domestic staff were employed and completed regular cleaning tasks in line with set schedules.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons, which we saw they wore when needed.
- The laundry room was clean and organised, with a process for ensuring there was no cross contamination.
- The manager had completed regular audits to ensure that suitable standards of hygiene were maintained in the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the manager. The provider had oversight of this and any themes or patterns were analysed and discussed.
- The manager was working closely with an external NHS local homes improvement team, to ensure that action was taken where needed. For example, choking risk assessments were being completed for people living at the home and falls risk assessments and care plans, were being updated.

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 the last inspection the provider had failed to ensure staff were supported, skilled and assessed as competent to carry out their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- New staff received an induction into their role and shadowed more experienced staff whilst they got to know people.
- Staff received training that enabled them to meet the needs of people living at the service. A staff member told us, "The training is so much better now, we get loads."
- Staff received regular supervision which enabled the manager to monitor and support staff in their role and to identify any training opportunities. Staff were kept up to date through handover meetings between shifts.
- Staff told us they felt supported in their roles by the manager and the provider. One staff member said, "The manager is so supportive and approachable, they are really great."

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

- People's food and fluid intake was monitored. However, action had not always been taken to address concerns. As previously described in the safe section of this report, action had not been taken for one person who had lost significant weight. The manager was continuing to work with external healthcare professionals to improve the systems in the home to monitor people's food and fluid intake and take action when needed.
- Meals were provided by an external company, who delivered people's chosen food choices daily. Staff supported people to make choices the day before and people were given a choice of two options for their lunchtime meal. Additional food was ordered so that if a person changed their mind on the day, an alternative could be offered. Staff supported people to have choice for their breakfast and tea time meals, which were prepared by staff in the home's own kitchen.
- People told us that the food was good. One person said, "The food here is lovely, you get a good choice."

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

- Assessments had been completed and care plans identified people's needs and the choices they had made about the care and support they received.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. People's diverse needs were detailed in their care plans which included their needs in relation

to culture, religion, diet and sexuality, including gender preferences for staff support.

- Staff completed training in equality and diversity and the manager and staff were committed to ensuring people's equality and diversity needs were met. One staff member said, "It is their [people] home and I always treat them with respect."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- Where necessary, a range of healthcare professionals including GP's, district nurses, speech and language therapists, chiropodists and occupational therapists had been involved in supporting people to maintain good health.
- Guidance provided by professionals was being updated in people's care plans to ensure staff followed it. An external healthcare professional told us, "I'm not concerned about people here now, the manager is very receptive, and we are working together to improve things, I'm reassured by how much she listens and is making the changes needed."
- When people were admitted to hospital, information about the person was sent in with them and given to the medical team, to help ensure the person's needs were understood.

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

- The building had been adapted to meet the needs of the people living there. The dining room and lounge had new flooring, which considered the needs of people living at the home who were at risk of falls or had cognitive impairments. The room had been designed to be a relaxing, homely and comfortable space.
- Stairlifts gave access to the first and second floors of the home and we observed staff supporting people to use them safely. All areas of the home were accessible to people and lighting levels were good. People's bedrooms contained personalised items and they were involved in decisions about the premises and environment.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- There was an accessible garden outside, which people used regularly and enjoyed. For example, the garden had been used to hold a party for a person's birthday, during our inspection period.

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.

- Staff were knowledgeable about how to protect people's human rights. Staff told us they sought verbal consent from people before providing care and support. One staff member said, "Everything we do is about treating people as individuals. I always offer choice when supporting people, like what clothes they want to

wear or if they want a bath or a shower."

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the service's policies and systems supported this practice.
- MCA assessments and best interest decisions were completed and recorded appropriately, where required.
- The provider and manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to CQC about those applications being granted. There were systems in place for monitoring these and ensuring they were kept up to date.

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.

Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider had failed to ensure that people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Staff understood their responsibilities when respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms.
- People's care plans were kept securely. The manager had clear systems in place to ensure confidentiality, which staff were aware of and adhered to.
- People's family and friends could visit when they wanted, and we observed staff and relatives speaking to each other in a way that demonstrated they were comfortable in the home.
- People's independence was encouraged, such as supporting people to do as much as possible for themselves during personal care and to go out into the community. For example, one person had recently been supported to go to their bank, so they could manage their finances.

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

- Care plans identified people's preferences and protected characteristics.
- We observed people were supported by staff who knew them well and treated them with kindness and compassion. Relatives of people were positive about the staff. One relative told us, "They [staff] are very good, I can't fault them, they are so kind." Another said, "[Person's name] struggled to settle when they first moved in, but staff were patient and worked with them, so they felt at home."
- Staff were knowledgeable about, and sensitive to how people preferred to be cared for and we saw that they demonstrated this in practice. For example, we saw staff supporting one person to use a bathroom. The person had a cognitive impairment and was clearly anxious and unsure about what they needed to do. Staff were patient and kind and used gentle touch to reassure the person they were safe, whilst supporting them.
- People told us they felt cared for and staff knew them well. One person said, "Yes, they [staff] look after me. The girls [staff] are great they are so kind, and the boys [staff] too."
- Staff told us they enjoyed working at the home and supporting people to receive the care and support they needed. One staff member said, "I really care about the people here, I love my job."
- Relatives we spoke with all made positive comments about the care people received. Comments included, "I think the staff are doing a marvellous job", "I am happy because [person's name] is happy, staff always let me know what is happening" and "We have definitely seen improvements here recently. We are very happy

with the care [person's name] receives."

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

- Care records demonstrated the person who received care or their family members, had been involved and were at the centre of developing their care plans.
- Staff spoke to people in a way they could understand and showed patience when supporting people living with dementia. Where people had limited ability to verbally communicate, staff observed people's body language and general presentation to interpret what they needed.
- We observed staff asking people's permission before assisting them and involving them in decisions about their care. For example, staff asked people if they wanted to join in with activities or if they were ready to sit at the table for lunch. One staff member told us, "I always ask people what they want to do and involve them as much as possible."
- People told us they felt involved and could speak to staff if they wanted to do something. One person told us, "I like the staff they are all so nice and helpful."
- Relatives told us they felt involved and were consulted when people needed support to make decisions. One relative said, "I trust them [staff], they always phone if there are any problems or we need to make a decision together."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People's needs were assessed prior to admission to ensure the service could offer the support they needed.
- People's needs were recorded in care plans that were reviewed and updated every month or more frequently, when needed. However, the manager recognised that although people's care plans contained relevant information, they were not as person-centred as they could be. The manager was working with an NHS local care homes improvement team, to address this and develop more person-centred care plans for people. The manager and staff team were going to receive training in how people's care plans could be developed to reflect best practice.
- Nevertheless, staff knew people well and care and support was provided in line with people's wishes.
- Daily care records were completed by staff to show what support and care they provided to each person. Staff continued to monitor people's needs to ensure they were being met.

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.

- Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards.
- People had communication care plans, that identified their communication needs. People were wearing hearing aids and glasses as required.
- Staff understood people well and could interpret their needs if they were unable to verbally communicate. For example, we observed one person who was unable to verbally converse but made vocal sounds. Staff replied to them and used their knowledge of the person to make educated guesses about what they were communicating. The person responded positively when staff appeared to understand them.
- People had information presented in a way they found accessible and in a format they could easily understand. For example, pictures were available to support people to make choices around their meals and staff supported people to decide what to wear, by showing them items of clothing.

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

- The home employed an activities coordinator to provide a variety of activities for people and consider

people's wellbeing. We observed staff supporting people to participate in activities if they wished. For example, recent activities included baking cakes, making pizzas and a regular keep fit class with sitting exercises. The home also employed a gardener who supported people to be involved in planting and watering plants.

- People and their families were involved in celebrations in the home. They recently had a garden party with a musical entertainer and had regular events and parties including, for people's birthdays, Easter and Christmas. One person described a birthday party that had taken place during the week of our inspection. They said, "We had such a lovely time dancing in the garden, it was wonderful and made me so happy."
- The manager evaluated the activities provided and spoke to people to seek their views about what they enjoyed and anything they may wish to do. They told us they had found that the activities were a really good social opportunity for everyone and people that used to stay in their rooms, now came down and joined in. They were looking into developing more frequent trips into the community including trips to the local beach, a donkey sanctuary and pubs. The manager said, "The activities have really improved, and it's been great as people get to know each other and seem to really enjoy it."
- Relatives told us they were always welcome in the home and invited to events. We observed staff greeting relatives with warmth and they were offered drinks and to sit privately with their loved one, if they wished. One relative said, "The entertainment is good here. They have had singers and they had some baby ducks for people to stroke. The garden party was great and good fun. We are always welcome."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and information about how to complain was given to people when they moved in. The manager had acted on formal complaints received, in line with their policy and understood their responsibilities.
- The provider, manager, and staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly. Feedback was sought through formal questionnaires and through daily conversations and observations of people.

End of life care and support

- Staff provided appropriate support to people who need end of life care. Information was captured within people's care plans, but this was not detailed. However, the manager was in the process of working with an NHS local care homes improvement team, to make improvements and develop people's end of life plans, to ensure they were person centred.
- The manager told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.

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 remained the same. This meant the service management and leadership required further development. Leaders were working to develop the culture in order to support the delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to operate effective systems to assess, monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action had been taken and the provider was no longer in breach of this regulation; however, we found further improvement was still required.

- Quality assurance and governance systems were in place to assess and monitor the quality and safety of the services provided. The manager completed regular audits of systems and processes and was working with an external NHS care home's improvement team, to review the effectiveness of the service. It was evident that the service provided had been developed and some parts of the auditing process had been effective in driving improvements in the home. However, some issues we found during the inspection required action to ensure risks to people were safely managed. You can find more information about this in the Safe section of this report. Therefore, we could not be assured that the auditing process in place was promptly identifying issues and ensuring prompt action was taken, where required.
- People's care plans contained relevant information, but they required additional details to develop them into person centred care plans. A detailed care plan audit was completed for each person, every month. However, these systems had failed to identify or act upon the concerns we found about the management of risks to people.
- Although significant improvements had been made in other areas, further time was needed to ensure these changes were fully embedded in practice and sustained.
- There was a management structure in place, consisting of the provider and the manager. They were clear about their roles and responsibilities.
- The manager had an action plan that identified where work was required, to ensure systems within the service were developed to improve effectiveness. The manager and provider welcomed our inspection feedback and took immediate action in response to the issues we found.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. Staff told us the management of risks had improved and the culture at the home was better as a result of the manager's appointment. One staff member said, "[Manager's name] is really easy to talk to, their commitment is unbelievable."
- There were policies and procedures in place to aid the running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.

Continuous learning and improving care

- Quality assurance surveys were used to obtain the views of people, their relatives and staff about the standard of care. The surveys we observed were consistently positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- The manager completed 'care tracking' of two different people each month. This involved them monitoring people's care plans, their medicines records, any falls and their health needs.
- The manager told us they felt supported in their role by the provider, who was present in the home several days each week. They said, "[The provider] is always available on the phone and they visit the home several times a week. We are working together to address any concerns and improve the service people receive."

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

- People and their families were positive about the service they received. One person told us, "The staff are very good here and the manager knows what they are doing, I can talk to them whenever I want." A relative said, "We have definitely seen improvements here recently. We are very happy with the care [relative's name] receives."
- Staff demonstrated that they cared about the people they were supporting and had the skills and knowledge to meet their needs. For example, we observed staff engaging people living with dementia, with kindness and compassion whilst recognising changing behaviours. Staff used gentle touch and distraction naturally and this meant that when people became unsettled or agitated, staff quickly and calmly supported them to avoid escalation.
- Staff told us they enjoyed working at the home and felt supported by the manager and provider. One staff member said, "[Manager's name] is really supportive, we all care about the people that live here and it shows."
- Friends and people's relatives could visit at any time. They were made to feel welcome and were offered refreshments. One relative told us, "We ring up and get weekly updates about anything that is happened, and we are always welcomed when we visit."

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 manager and provider were aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner, which meant that the CQC could check that appropriate action had been taken.
- The previous performance rating was prominently displayed in the reception area.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. Records confirmed that this policy was being followed.

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

- The people and relatives we spoke with, all knew who the manager and provider were. We observed positive interactions between people, their relatives and the staff, who all appeared to be comfortable with each other.
- The manager was very visible in the home and regularly spent time talking to people and observing staff interactions. The manager told us they wanted to ensure people and staff could approach them and could express their views and wishes.
- Staff confirmed they felt listened to and the manager was approachable. One staff member said, "If I go to the manager with something, they always listen and will support us. They are doing a great job."
- Staff meetings took place to inform staff of any updates, discuss issues, concerns and consider best

practice.

Working in partnership with others

- The manager and provider had recently started working with an external NHS care homes improvement team. The manager said, "I feel really supported and more positive since we have had the external support, to address issues and develop and improve the service."
- We observed that both the manager and provider were very open to advice from external professionals and sought to implement new ways of working as a result.
- The manager told us they were joining a local care homes forum, where they could seek advice and support from other care homes in the local area. In addition, they had joined private social media groups for care home managers, which provided additional support, guidance and advice.