Angelic Care Resourcing Ltd

St Peters Court

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
St Peter's Court is a nursing home providing personal and nursing care to older people with nursing and dementia related needs. There were 19 people using the service at the time of our inspection. The service was purpose built and accommodated up to 24 people.

People's experience of using this service and what we found
At this inspection, we looked at all of the key questions and checked whether the provider had made the necessary improvements to ensure people were safe and received good quality care.

Improvements had been made to the service. This included people receiving person centred care with staff being knowledgeable about their needs and keeping them safe. Accidents and concerns were recorded and dealt with appropriately. Systems and processes were in place to assess and monitor the quality of the care provided. There were enough staff who were trained, competent and supported to provide high quality care.

People and their relatives told us the service was safe. Risks to people's health and safety were assessed and recorded and staff knew how to manage them to keep them safe. People were supported by enough staff who had been safely recruited. People's medicines were safely managed by staff who were trained and competent. People were protected from the risk of infection as prevention and control measures were in place. Lessons had been learnt when things had gone wrong and improvements made as a result.

Staff received an induction, training and supervision and had relevant skills and knowledge to do their job. Improvements to the environment and gardens continued to be completed through an ongoing improvement plan. People had access to a range of food and drink which met their needs and preferences. Referrals to health care professionals were made in a timely way to maintain people's health and wellbeing.

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 who required support with decision making had access to advocacy services if required. Consent arrangements had been put in place for sharing a bedroom and good practice guidance was being explored to ensure people's rights were protected.

Staff treated people with dignity and respect and maintained their privacy. They were kind and caring and knew people well. People were encouraged to be as independent as possible and were supported to maintain important relationships.

People's care plans had been reviewed and updated and were more person centred. They outlined people's physical, health and mental health needs, their wishes and preferences. Work was ongoing in updating and exploring people's life histories. The involvement of people and their families in their assessment and the review of their care had been put in place.

A complaints process was in place, with no outstanding complaints. People's wishes, and preferences had been recorded to ensure their needs were met whilst receiving end of life care.

The manager led by example and was a visible role model for the staff. The provider, manager and staff were aware of their role and responsibilities and staff felt encouraged and supported in their day to day work.

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

Rating at last inspection
In September 2018, we undertook a comprehensive inspection and looked at all key questions. There were multiple breaches of the regulations. The service was rated as Requires improvement and the report was published on 29 November2018.

The provider completed an action plan 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. The overall rating for the service has changed from Requires improvement to Good.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

St Peters Court

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 team consisted of one inspector, a professional specialist advisor, who was a nurse 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.

St Peter's Court 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. The registered manager was in the process of deregistering at the time of the inspection and was not present. The new manager was waiting for their registration to be completed.

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included details about the improvements made and accidents and incidents the provider must notify us about, such as safeguarding concerns and injuries. The action plan was updated and sent to us with improvements made. We received information from the local authority and the Clinical Commissioning Group about their monitoring of the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection
We spoke with four people and five of their relatives. We observed people who were not able to verbally communicate with us, to see how their care was provided to them. We spoke with the manager, the human resources manager; (who had since left at the time of writing the report), the activities coordinator, a nurse and four staff. We reviewed six people's care plans including risk assessments and daily notes, three staff members' recruitment files and quality assurance information about the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included staff training and supervision, staff competence at administering medicines and consent arrangements for sharing a bedroom.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our inspection in September 2018, we found that staffing numbers were not enough to care for people safely which was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- An effective ongoing programme of recruitment had been put in place which had seen ten new staff across the service employed into permanent roles since June 2019. The use of agency staff had been significantly reduced. A dependency tool has been created to calculate the amount of staff needed per shift which was now working effectively.
- There were enough staff to meet people's needs during our inspection. One person said, "Yes, I feel safe because there are lots of staff around." A family member told us, "Yes, [relative's name] is safe and I have no concerns whatsoever. Things have really improved." Another said, "[Relative's name] is very safe as the staff are very good, now that they don't use agency staff."
- We observed staff had enough time to spend with people. They confirmed they were not rushed or hurried. One staff member said, "It's welcoming news that we will have a full complement of staff. This place is progressing and going forward, and I am quite excited about the future." Another said, "We have enough staff for such a small place and we are familiar with people. I would recommend a relative come and live here now."
- Safe systems for recruitment had been improved to ensure staff were suitable to work in the care sector. All the required checks had been completed including taking up references, exploring gaps in work history and completing disclosure and barring checks (DBS). DBS checks are a requirement to make sure staff are suitable to work with vulnerable people.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our inspection in September 2018, we found that risk assessments did not always address people's identified needs, incidents and accidents were not always recorded properly and appropriately investigated, medicines were not managed safely, and infection control practices needed to be improved. This was a breach of Regulation 12 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.

● Risk assessments had been completed for people, where they had an identified need. They were comprehensive and provided staff with the information and action they needed to take. They were reviewed when people's needs changed. The manager told us that risk assessments had been audited and gaps in information had been completed. A staff member said, "If someone has a fall, an incident form is completed. We have a debriefing and lessons learnt are communicated to all staff. The risk assessment is reviewed and updated to prevent it happening again."
● Appropriate tools and guidance were used to identify people's needs. People's risk of falls, mobility, nutrition and hydration, pressure care, choking and the way they were moved and repositioned were all recorded to ensure they were kept safe. These outlined how the risks were managed and what measures could be taken to reduce the risk. For example, one person had been referred to the falls team. We saw professional input and advice within the care plan to reduce the falls, whilst maintaining the person's independence. Another example, where a person had a pressure ulcer. Specialist equipment had been obtained, which was checked daily. They had a detailed plan of care and staff recorded the action taken when the person was repositioned. This ensured their comfort, eased pain and aided healing.
● There was a robust process in place for the ordering, storing, dispensing, recording and disposal of medicines. All medicines were stored and kept at the correct temperature. The provider had introduced an electronic system of recording and the medicine administration records showed that people were receiving their medicines correctly. One relative said, "We are glad the medicines are all sorted now."
● Correct protocols were in place for medicines which were given to people without their knowledge (known as covert medicines) and medicines given as and when required (known as PRN).
● Staff were undertaking ongoing training in the new medicine system and the manager was addressing any temporary shortfalls in the system with the pharmacist. For example, how to record on a body map where a patch had been placed.
● People were given their medicines in an individual and respectful way and the staff member knew people's preferences. For example, one person was given their medicines whilst wandering around the service. This ensured they were comfortable and not stressed by the experience. The staff member told us, "The medicine round in the morning can take some time, but I prefer to be safe than sorry."
● Infection control procedures had been introduced as part of the ongoing improvements. Cleaning audits across all areas of the service, including people's bedrooms, communal areas, the laundry and clinical rooms had been completed and areas identified which needed attention. However, there was one room missed from the audit, which we found was being used for the storage of hoists and several used slings. The room was unclean and untidy. We made the manager aware of this and they immediately had the area and hoists cleaned and all slings washed. The system for storing people's slings was reviewed immediately, with arrangements made to have each sling stored with the person, new ones ordered and marked with the person's name. The moving and repositioning policy was to be reviewed and all staff made aware of it.
● Staff had received training in infection control and were provided with protective clothing to prevent the risk of cross contamination. Staff used gloves and aprons and washed their hands appropriately.
● Laundry facilities and equipment were all in working order.

Systems and processes to safeguard people from the risk of abuse
● Staff had received training and understood their responsibilities to safeguard people and were aware of the provider's procedures. Staff had information about how to report any concerns they had about people's safety. One staff member said, "I would always raise anything I felt was not right with the manager."
● The manager was knowledgeable about the local safeguarding procedures, undertaking investigations and working closely with the authorities and CQC for the protection of people in their care.

Learning lessons when things go wrong

● A system was in place to report and investigate accidents and incidents. People's relatives and representatives were informed and given explanations and apologies. Relevant notifications were made to the authorities when required.

● The manager was proactive and open to learning lessons when things went wrong. We saw examples where lessons had been learnt, processes reviewed, training put in place and the outcome for people improved. For example, there had been reports of poor practice by agency staff which had put people at risk. The manager had investigated these concerns, removed the staff and ensured that only permanent staff would always provide one to one care for people, as they knew their needs, preferences and personalities.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our inspection in September 2018, we found that staff had not all received regular supervision in line with the provider's supervision policy and this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A comprehensive programme of supervision, appraisals, training, induction and support was in place.
- Staff received individual and regular supervision sessions. These covered responsibilities and areas for development and training. Staff members, who had been in the service for longer than a year, had been given forms to complete in preparation for their annual appraisal. One staff member said, "We now have supervision every two months which has been introduced. [Manager] is a very forward-thinking person and very supportive."
- Staff were divided up between the manager, nursing and senior staff so that responsibility for supporting staff was shared. This had made it timelier and more effective for everyone concerned.
- The training programme covered a range of mandatory topics, most completed online and some face to face and practical. Competency checks were undertaken. One person said, "They understand how to look after me. They are well trained." One staff member said, "We have all the training we need to do our job but welcome new courses. I think continence management and dealing with people's behaviour are planned as we wanted them."
- Staff had a range of social care and nursing qualifications. Those without, were encouraged to undertake vocational training as part of a career in social care. Seven staff had signed up to do the Adult Care Worker Apprenticeship course in the next year and would be supported by the service to complete this.
- Staff had a two week induction to the service which worked well. This included health and safety, reading people's care plans and shadowing more experienced staff to get to know people and their needs.

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

- People's support needs were assessed prior to using the service to ensure their needs could be met. Information was used to develop an individualised care plan which included their history, preferences and choices.
- Care was delivered in line with the relevant standards and the law. The management team kept

themselves aware of current good practice and utilised professional organisations to aid their learning and thinking.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff provided people with a balanced diet and gave them support to enjoy a range of food and drink. The food looked appetising and service was efficient. There was a choice of homemade dishes at both lunch and dinner, with cakes and fruit available.
● People and their families spoke positively about the food. One person said after lunch, "That was lovely." A family member told us, "The staff understand how to look after [relative]. I like [relative] to be with other people, so they always bring [relative] to lunch and [relative] loves the food."
● People who were at risk of choking or had difficulty with eating their meals, had their food cut up, soft or pureed to ensure they were kept safe. This was in line with their assessed needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff could describe in detail people's health conditions and how these were managed, such as support with diabetes, wound care and ways of supporting people with their behaviour.
● People were supported to have contact with specialist services including the falls team, mental health dementia team and speech and language therapy. One health professional told us, "The staff are on board with people's care needs. They make themselves available when I visit and are open to learning and we work well together."
● Checks on people's wellbeing were undertaken and staff followed advice and guidance, working together with professionals to ensure people kept well and their quality of life was maintained. For example, care plans showed staff followed the guidance given by the tissue viability nurse in managing pressure wounds to help them heal and prevent them reoccurring.

Adapting service, design, decoration to meet people's needs
● The premises were safe, clean and in good decorative order. People's rooms and personal spaces were personalised. People could maintain their independence and access different communal areas or small spaces for private time with their relatives.
● An ongoing health and safety maintenance plan enabled weekly, monthly and annual checks and records to be kept on all building and equipment. For example, all wardrobes had been checked to ensure they were attached to the wall and window restrictors were well maintained.
● Plans were in place for the outdoor space to be landscaped so that people could access and enjoy it safely.

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 had a good understanding of people's mental capacity and their sometime fluctuating abilities to make choices and decisions for themselves. Staff understood how and why people were deprived of their liberty and how this was done in their best interests. One family member told us, "[Relative] can get agitated if there is too much noise. Staff cope well with their behaviour which can be challenging sometimes." One staff member said, "We try and make sure that people can do what they want, when they want and try to explain why they can't, such as going out alone. We are all now skilled in distracting people to do other things, you just have to be patient and creative."
● The registered manager had requested authorisation from the relevant authorities when restricting people of their freedom. These applications and people's ability to make decisions was reviewed, as required. The manager was proactive in making applications before people's DoLS were going to expire.
● Some people shared a room with another person. We saw that the rooms were divided by a curtain, with very little privacy being available. We observed one person go into the personal space of another and lay on their bed and, despite staff members trying to distract them, they stayed there for some time. We asked the manager what consent arrangements were in place for people to share a room, for family members to access another person's room and what was in place if a person was at the end of their life. They were unable to find relevant authorisation for those individuals who shared a room at the time of the inspection.
● People and their relatives did not report any concerns about the sharing of a room. However, the manager immediately put a process in place to discuss with people and their families about consent. The manager confirmed with us that families had been contacted about their consent to the current arrangements as well as changing the initial assessment form so that consent to sharing a room was discussed when a person was wanting to live at the service. In addition, they confirmed it had been discussed at the relatives meeting for consideration. They would also seek good practice guidance to ensure people's rights were protected.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 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; respecting equality and diversity

● Staff knew people well, their personalities and preferences and treated them with kindness, gentleness and warmth. We observed supportive interactions between people and the staff, good engagement, patience and sensitivity, such as when one person started singing, staff joined in too. Staff were quick to react if they judged that a person was having difficulty with something, for example, eating their meal, opening their bedroom door or moving around. Staff would assist people but not take over, so they retained their independence. One family member said, "Staff deal with [relative] and their behaviour which is challenging in a sympathetic manner." Another told us, "My [relative] hit a staff member. When I apologised to the staff member they replied, 'Don't worry, that is why we are here.' A third said, "They [staff] are caring and kind to my [relative] and to me as well."

● Staff enabled people to maintain relationships with their friends and family members who were encouraged to visit at any time. The manager confirmed, since the last inspection, the policy about families visiting had been updated.

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

● Staff offered people a choice about their daily routines for example if they wanted a shower or bath, what clothes they wanted to wear, where they wanted to have their lunch and if they wanted to watch a film in the cinema room. One family member said, "The staff always chat to [relative] and treat them as an individual."

● People were given one to one attention focused on them. For example, a staff member was holding hands with a person in their room, engaging in some good-humoured banter, despite the person's limited ability to communicate with the staff member.

● The manager was an effective advocate for people, representing their best interests with health and social care professionals. For example, challenging health staff about a person's change to their medicines when they returned to the service after a hospital stay and requesting additional support for people when their needs change.

● People and their families were involved and enabled to have their say through meetings and in discussions with staff.

Respecting and promoting people's privacy, dignity and independence

● People were encouraged to maintain their independence. Care plans reflected people's likes and dislikes, interests and described tasks they liked to do themselves. One person said, "I am undoubtedly treated with dignity and respect. The staff are very good. We have lots of chats, particularly about football." Another said, "Staff are very friendly. They do chat with me and treat me with dignity." A family member said, "Yes, they

treat [relative] with dignity and respect. This place is very family-oriented. Every person is treated as part of a large family."

● People were free to move around the building as they wished. However, there were a small number of comments from relatives and professionals regarding people going in and out of people's rooms. We asked the manager to consider ways in which this could be prevented.

● Staff had a good understanding of people's individual abilities. One staff member told us, "[Person] likes to wash in the morning, dress themselves and choose their own clothes. It doesn't matter how long it takes, it's the fact that they are doing it for themselves, that's important."

● People were treated with dignity and their privacy respected. Staff gave us examples of how they protected and respected people's need for privacy whilst ensuring their continued safety and wellbeing. For example, asking people discreetly if they required the toilet, knocking on people's doors before entering or putting the curtain across in shared bedrooms and, making sure people's faces were clean after a meal.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 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; 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

At our inspection in September 2018, we found that people's care records had not always been updated in a timely manner and were not fully reflective of their current needs. People's weight was not being adequately monitored and people did not have access to meaningful activities and stimulation. We identified this as a breach of Regulation 9 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.

● People told us the service was responsive to their needs. One person said, "They [staff] will do things with me, we get along and work together, that's the way to do it." One family member said, "The staff are definitely responsive. They are open and transparent. All good. No concerns."
● Care plans had been improved to be more consistent in content and style and were comprehensive and written in a person-centred way. They were based on an assessment of people's needs and contained people's physical, mental health, psychological and emotional needs and their history, preferences and wishes.
● Where people needed their weight, food and fluid intake and output monitored, these were recorded to ensure they kept well. Reviews of people's care were completed in discussions with their families or representatives, so that staff would know people's updated needs.
● People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. Staff encouraged people to enjoy the cinema area of the service or to enjoy quiet time in the conservatory. There were weekly visits by outside entertainers and the hairdresser.
● An activities coordinator had been recently employed and, through getting to know people, their personalities and interests, they were creating individualised ways of giving people purpose, interest, stimulation and enjoyment. They told us, "I am so enthusiastic about this role. Given the complex needs of individual people, group activities will not work well. I am building up a good knowledge of people's preferences and devising activities to meet their individual needs." We saw evidence of this during our inspection, where one person was being supported to do art, whilst another had some word puzzles to do. They also told us, "I regularly spend time with people in their rooms. I am determined to make a difference to their lives." A relative told us, "The activities person is very keen to get people active which is great. They are really interested in everyone as individuals."

● The service did not engage as much as they could with the local community and all that it offered, despite being near a town. The manager told us it was part of the service's action plan to develop links and utilise facilities and resources over the coming year to benefit people who used the service.

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 service was complying with the AIS and was able to provide information about the service in a range of formats people needed including large print.
● People's sensory and communication needs were known and understood by staff.

Improving care quality in response to complaints or concerns
● There was an effective complaints system in place and people knew who to go to if they had a complaint. People were encouraged by the staff to give their views and feedback about their experiences. People's relatives told us they had raised concerns and had been satisfied with the manager's response. One person said, "The manager looks after any concerns, they are really nice." A family member told us, "The manager was very responsive to my concerns about agency staff." Another said, "I appreciated the way they [manager] listened to me and took my views seriously. It has put my mind at rest now."

End of life care and support
● Staff provided end of life care to people and worked closely with healthcare professionals to ensure people experienced a comfortable, dignified and pain free end of their life.
● People's care plans recorded their preferences, wishes and any cultural or spiritual needs. These included if they wished to be resuscitated in the event of a cardiac arrest, where they wanted to spend their last days and any funeral arrangements they had made.
● The service communicated sensitively with people's family throughout the time of the person nearing the end of their life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Require 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.

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

At our inspection in September 2018, we found the management was inconsistent and did not have oversight of the service. The service had not been monitored effectively, it's policy and procedures were out of date and care plans had not reflected people's needs. There was lack of communication between professionals and concerns had not been investigated. We identified this as a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

● Significant improvements had been made to the management and quality of care for people and for staff. The provider had worked closely and acted on advice and information given by the Local Authority and the Clinical Commissioning Group to improve service delivery. They had learnt lessons identified at the last inspection and had acted on their duty of candour to make the service better for all those who worked and lived there.
● A comprehensive action plan for the ongoing management and development of the service was in place and being used effectively across all departments. All policies and procedures were in the process of being reviewed but had been updated in the name of the company.
● The new quality assurance process included daily, weekly and monthly audits of care records, medicines administration, risk assessments, infection control and accidents and incidents. People's care was being properly checked and monitored for their protection and wellbeing.
● The provider had evaluated all job roles within the organisation and created a new structure of clear lines of responsibility and accountability. A recruitment drive to employ permanent nursing, care and housekeeping staff and to reduce the use of agency staff had been successful. This included the employment of a full-time activities coordinator who was creative and delivering on people's social and leisure time.
● Staff were clear about their roles and responsibilities. One staff member said, "It is so much better with more staff who have the right attitude. I feel very valued now and want to stay and make it work well for the people here." One health professional told us, "The manager and nurses are very knowledgeable and respectful about people's needs and give very good feedback whenever I request information."

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

● A new manager had been employed to oversee the management of the service. They were visible, led by example, enthusiastic and passionate about improving the service for everyone. They promoted honesty, responsibility and accountability and the culture of the service had changed as a result. One health professional told us, "[Manager] is a breath of fresh air and is bringing the service round."

● People and their relatives were very positive about the improvements made and the new manager's way of working. One person said, "The manager is really nice and approachable." A family member told us, "If I have a concern, I know they will listen. They are upfront. If there is a problem, they will address it." Another said, "They get stuck in, if staff need extra help." A third said, "[Manager] is very proactive. They treat their role as a vocation, not simply a job."

● Staff were supported and received training, information, supervision and support to provide good care for people. They worked as a team, communicated well and were very positive about working at the service. One staff member said, "I just hope this manager stays. I feel really good about the future." Another said, "This is a lovely place to work. I go home looking forward to coming back to work tomorrow."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

● People were involved in making choices about their day to day life. However, people and their relatives were not always fully involved in their care plan arrangements. The manager told us staff talked to people and their relatives about the care being provided but did not give them sight of the care plan or ask them to sign their agreement to the content. The manager immediately put measures in place to review people's care plans, with people and their relatives, and provide a copy of the updated care plan for signing to show their agreement. This would then remain on file whilst people's updated needs, wishes and preferences were recorded on the computerised care plans.

● Meetings with people who used the service and their relatives were now in place to discuss ongoing improvements to the service and to hear their views and ideas for the future. Discussion and agreed actions had been recorded for feedback at the next meeting. Relatives showed their appreciation at the recent meeting in October 2019 for this new open and honest approach to the delivery of care.

● The manager had analysed accidents, incidents, safeguarding concerns, the clinical oversight of the service and staffing issues. They had gained an understanding and insight into how these had come about and had put systems in place to prevent them from happening again at both a management and staffing level.

● Effective partnership working with a range of health, mental health and social care professionals meant that people had joined up person-centred care which was responsive to their needs. People had good outcomes as their individual needs were being met through the provision of safe, good quality care.