

BM Care Limited

Albany House - Tisbury

Inspection report

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Date of inspection visit:

07 November 2019

13 November 2019

Date of publication:

02 December 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

Albany House - Tisbury is a residential care home providing accommodation and personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

People had bedrooms with private bathroom facilities on the ground and first floor of the home. There were shared lounge, dining and conservatory areas. People had access to the garden.

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

Since the previous inspection there were some areas where further improvements were needed. There continued to be some shortfalls in ensuring the safe management of medicines. Also, some monitoring systems needed time to embed into practice. However, there were many areas of improvement found at this inspection. The previous deputy manager was working as the home manager. The manager was leading positive changes in the quality of care people received and how their care needs were documented.

People were supported by staff who knew them well. We observed kind, caring and respectful care interactions. People told us they liked the staff who cared for them.

People's needs and preferences were assessed. People told us they had recently had reviews of their care, where they could give feedback about any changes they wished to have made. Care plans were in the process of being developed into a more modernised format. This would enable staff to have access to important information with ease.

At meal times people were offered a choice, from a recently introduced seasonal menu. People also had a choice of drinks and snacks throughout the day.

There was good community engagement. The service regularly held events where people from the community could visit and spend time with people in the home. The visiting priest told us how the home was an important part of the local village.

People liked the location of the home and different people told us they liked how from their bedroom they had good views.

There were meetings for people and staff to attend and share their views about the home. The meeting minutes showed people discussed the food, events, and their suggestions for the service.

The staff team had been through some changes and there had been a period of using agency staff. This had reduced and there was an improved culture of working together as a team with new staff joining the service.

The home was clean, tidy and free from bad odours throughout. People praised the standard of the laundry

service.

The manager had plans for networking and broadening their understanding of how the service could continue to improve. They were supported by a recently appointed senior carer. People and staff spoke positively about how the management team led the home.

People's mental capacity regarding decisions about their care was assessed. 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.

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 Inadequate (published 21 May 2019).

At the last inspection the service was in breach of regulations 12, 17, 18 and 19. The provider had 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.

This service has been in Special Measures since 1 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request a monthly action plan from the provider to identify what they will do to improve their rating to at least good. We will work alongside the provider and local authority to monitor progress until we return to visit. 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 ●

Albany House - Tisbury

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

This inspection was carried out by two inspectors.

Service and service type

Albany House – Tisbury 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 who had started the process to register with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Before the inspection we spoke with commissioners from the local authority for their feedback.

During the inspection

We spoke with eight people who use the service and two visiting professionals. We spoke with seven

members of staff, including the manager and the nominated individual. We reviewed information relating to people's care, including care plans for eight people and their daily records. Also, we looked at information about the management of the service, including three staff recruitment files, audits and team meeting minutes.

Is the service safe?

Our findings

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

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

Using medicines safely

At the last inspection, people's medicines were not consistently managed safely and systems to monitor the safe management of medicines were not being used. The service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvements had been made to address the breach. However, further improvements with medicines management were needed.

- There were continued areas for improvement in how safely people's medicines were managed. Shortfalls remained in accurate completion of medicines administration records. The manager was auditing and identifying areas for improvement. They were communicating with staff when shortfalls were identified. The manager had advised staff, if they did not follow their medicines training they would be identified and supervised to improve their practice.
- The home had been audited by the local clinical commissioning group (CCG) and received guidance on how to improve their medicines management systems. Following the CCG visit, protocols for people's medicines given on an 'as and when required' (PRN) basis were introduced. We saw PRN protocols in place for medicines such as pain relief. These clearly detailed how the person would let staff know they were in pain, as well as dosage guidance.
- We observed medicines being prepared and administered safely.
- Medicines were stored safely. Medicines requiring refrigeration were stored in a secure fridge and the temperatures were monitored.

Staffing and recruitment

At the last inspection, people were supported by staff who had been appointed without following safe recruitment processes. The service was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the service was no longer in breach of regulation.

- Staff were recruited following safe recruitment processes. These included gaining character and employment reference checks, as well as Disclosure and Barring Service (DBS) clearance. The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.
- There were enough staff available to meet people's needs. People told us they did not have to wait long

when waiting for staff to assist them. One person said, "If you ring, they come quite quickly, it feels to be very individual care." Another person told us, "The staffing here has settled down. It is more organised."

- Another person told us the use of agency staff had reduced. They explained, "It is much better now there are less agency staff as you know who is looking after you."

Assessing risk, safety monitoring and management

At the last inspection, risks to people's safety were not consistently identified and assessed. The service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the service was no longer in breach of regulation.

- Risks to people's safety and wellbeing were identified and assessed. We saw risk assessments in place for people at risk of falling, and for risks associated with the environment. At the last inspection risks for people who smoked had not been assessed. At this inspection we reviewed where specific concerns were raised previously and found action had been taken. For example, one person who smoked had flammable creams applied at the last inspection and this had not been assessed. At this inspection the person had been prescribed non-flammable alternatives and the service had sought external guidance about managing risks associated with flammable creams.
- Risks associated with the environment had also improved since the previous inspection. For example, there was improved consistency in the monitoring of water temperatures. This meant people were protected against the risks of scalding.
- Risk assessments were in people's care plans and the plans gave guidance for staff to follow to reduce the likelihood of risks occurring. Staff had a greater awareness of the potential risks to people and were confident in how they should be supported.
- We saw and were told of examples of positive risk management. People were supported safely to maintain their independence and hobbies.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe here, safer than where I was before I lived here."
- People were supported by staff who had received safeguarding training. Staff understood their responsibility to identify and report abuse. Staff could tell us the signs they would look for and should be aware of. One staff member explained, "If people stop eating, or change their behaviour or relationship with staff it can show there may be something wrong." Another staff member said, "I would look for anything like bruising or signs of neglect, then report it to the manager." We spoke with staff in a range of different roles who all understood how to raise safeguarding concerns.
- Staff told us they felt the manager and senior carer would act to address any concerning information brought to their attention.

Learning lessons when things go wrong

- Since the last inspection the manager had introduced monitoring systems for when accidents and incidents occurred. Following any accidents or incidents staff completed forms about what had happened, and the manager analysed the information. The details were then transferred to a monthly audit, giving the manager an overview. The manager could easily identify any themes or patterns and look to see if a referral was needed for the person to have additional support.
- The culture in the home of learning from when things went wrong had improved. The manager

communicated with staff using a diary which staff had to read at the start of their shift. In the diary the manager notified staff where areas for improvement had been identified and set expectations of what action should be taken to learn from these.

Preventing and controlling infection

- People told us they were happy with the standard of cleanliness in the home.
- The home was clean and free from unpleasant odours throughout.
- Staff had received training in infection prevention and control. We observed staff using the correct personal protective equipment (PPE) when needed. PPE included aprons, gloves and anti-bacterial hand-gel, to reduce the risk of cross-contamination.

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 staff had not received the induction and supervision to support them in their role. The service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the service was no longer in breach of regulation.

- People told us they felt staff had received enough training to meet their needs.
- People were supported by staff who had received a range of different training. This included areas such as infection control, equality and diversity, dementia care, and falls. The manager was undertaking a review of all staff training completed, to plan upcoming learning.
- Staff felt well supported in their role. Since the last inspection, staff had received two supervision meetings with the manager and had an appraisal. This meant the manager could monitor how the staff were developing and they could discuss any areas for improvement.
- New staff were supported to into their role through an induction process which had improved since the previous inspection. This included working through different training modules and shadowing more experienced staff. New staff also worked through the Care Certificate. The Care Certificate is an agreed set of standards which define the knowledge, skills and behaviours expected of specific job roles in the care sector.

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

At the last inspection records about people's intake of food and drink had not been maintained to provide an accurate overview. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the service was no longer in breach of regulation.

- People were offered a choice of different meals at lunchtime and had a selection of food available in the evening. People told us they could choose an alternative if they did not want what was offered on the menu.
- There had been a new chef appointed and they were working with people and the manager to design new seasonal menus. The menu choices were displayed in the dining room for people to choose from.
- People had access to drinks and snacks throughout the day. We saw staff offering people drinks in the communal areas and in their bedrooms.

- We saw the menu options were discussed at resident meetings and the chef met with people to discuss their likes and dislikes. One person told us, "I couldn't wish for better with the food. It is excellent quality. We have been asked what we like, and we can tell them what we want."
- Records were maintained for people who needed their food or drink intake monitored. This meant an overview of how their needs were being met could be gained with ease.

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

- People continued to receive consistent support from the same GP who was working with the home at the last inspection. The GP visited the home weekly.
- People were supported to attend healthcare and hospital appointments.
- People's specific health care needs were documented in their care plans, with guidance for staff to follow. This included care plans for people with diabetes.
- Each person had an oral health assessment in place. There were plans to implement care plans around people's mouth care, to ensure their dental needs were being met.
- There was improved team work at the service and communication between staff. When people had been recognised as being unwell, other staff were made aware. This meant people were cared for with continuity. People received support from staff who knew their needs and could identify changes in their wellbeing.

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

- Although there had not been a new admission to the home since the last inspection, there were processes in place. Assessment forms were to be used prior to people moving into the service, to ensure the service could meet their care needs.
- People had assessments of their needs and choices in place. At this inspection we found these assessments were being used when planning people's care. People's care plans in place reflected their assessments.

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 told us staff sought their consent prior to any care being given. We saw this in practice with staff being respectful of people's wishes and offering them choices.
- When people lacked the mental capacity to consent to specific decisions the appropriate assessments took place.

- DoLS applications were made to the local authority and were waiting approval. The manager monitored these applications and notified the local authority in the event of any changes.

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

- There were signs up throughout the home to help people find their way around. These included signs with pictures on to show people where the lounge and dining room were.
- At meal times we saw people using different colour cutlery and plates. A staff member explained this helped people with visual impairments to see where their meals were. This support promoted people's independence as they could participate with greater ease in the dining experience.
- We saw people navigate around the home with ease and familiarity. People had their preferred places to spend their time, including in the garden. One person had passed comment in a recent review meeting to say they found the portable ramp helpful. This allowed them to access areas outside the home which they had not been able to access previously.

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

- Each person we spoke with gave us consistently positive feedback about how kind and caring they found the staff to be. Their comments included, "We are like a family here, which is good for everyone." "The staff are wonderful here, I cannot fault them, every care and attention is given for personal care." Also, "The staff care and look after you as if you are special."
- We received feedback from people about how homely and comfortable the service was. One person told us how they had been able to move to the home gradually, with their bedroom being personalised to make it feel more comfortable. Another person explained they felt the home was, "like a five-star hotel" and they thoroughly appreciated how the staff supported them.
- People were supported by staff who knew them well. We saw people being addressed by their preferred name. Staff knew how people liked to spend their time. They started conversations with people based on what they knew about them and things the person would like to talk about.
- Staff had received training in equality and diversity. People with different religious beliefs were supported to attend services or have visits from representatives of their faith.

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

- People were invited to attend the residents meeting to share their views of what was happening in the home. The meeting minutes showed people had given their views on what they would like to see happen in the future. People had also been asked for their feedback about new members of staff. This gave the manager a personalised perspective about how the new staff member was settling in and if they could be doing anything different.
- People told us their preferences about their care were respected. These included the gender of staff they wanted to be supported by for their personal care. One person told us they had asked to have their usual shower day changed because they were watching a sporting event. They explained this had been changed with no problem and staff respected their choice.
- The reception and dining area had forms and boxes for people to submit any feedback they wished to put in writing. We saw one compliment had been received using the compliments box. The compliment thanked the service for the garden party they had held in the summer. Other compliments had been received and these were from family members thanking the staff for the quality of care they provide.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. One person explained they were supported to do what they could do themselves in their personal care. Staff would then support them with everything else.

- Guidance for staff to follow in supporting people to maintain their independence was being included in people's newly written care plans. The care plan for one person detailed how they would identify what creams they would apply to their skin based on the shape and location of the bottle. Staff knew where these items should be to support the person's independence and visual impairment.
- Some people independently accessed the community. One person regularly caught the train from the station close to the home and went shopping in Salisbury. There was a culture of positive risk management and supporting people to maintain their independence.
- People were treated with dignity and respect. We observed dignified interactions, the staff were polite and used appropriate terminology and language when communicating.
- Information and records relating to people and their care was stored securely.

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

At the last inspection people's care plans lacked detail and consistency. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the service was no longer in breach of regulation.

- People's care plans were in the process of being updated, with information being transferred onto a new care plan format. For the people with the new style care plans in place, these plans reflected their needs, choices and what they would like the care staff to know. The information clearly stated what support staff needed to do when meeting people's needs. People told us they had been involved in the writing of their updated care plans and the staff knew them well.
- The new style of care planning was more user-friendly. Staff would be able to access information about the person with greater ease. While the care plans were not complete in their new format, there were management plans in place to continue the development of these.
- The service had some new members of the staff team and they had been given time to read care plan information. This meant they had an awareness of people's needs and preferences prior to delivering their care.

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

- People told us they were happy with the activities provided at the home. These included entertainers visiting, singing sessions, and occasional days out. Activities and social events were discussed at the resident meetings. People could put forward their suggestions.
- People told us they could join activities if they wanted to, but their choices were respected. One person told us, "there is enough going on, I like to knit and sew. There is a lady who comes every Tuesday and plays dominoes or cards with those who want to do it."
- People were supported to maintain relationships. We saw people spending time socially with others in the home or having visitors join them.
- A lot of people told us they liked the location of the home because they could watch village life go by and see who comes and goes. The manager was keen to promote more community engagement because most people and staff were local to Tisbury. The manager explained, "We have been putting our name out there and welcoming people in. We did trick or treating this year, we had families with children come in and see us, spend time in the home and we gave them a goody bag. People really enjoyed it." They also spoke about

the summer party which people told us was a success.

- We received positive feedback about the improvements in the social opportunities at the home, particularly those involving the community. The priest explained people from the community could attend regular church sessions. They said, "People may not be able to go to church, they might need a comfortable chair, to be somewhere warm, or to be close to a bathroom. Coming here gives them the opportunity to still be involved and to blur the lines between what goes on in and out of the home." There were social church services at the home called names such as, 'ballads and buns.'

Improving care quality in response to complaints or concerns

- One complaint had been received since the last inspection. This was investigated and responded to with an open and honest approach. The records of the complaint showed it had been resolved in a way the person was happy with.
- There were boxes in the home for people to submit any written complaints they wished to. However, people also knew they could raise concerns with the manager directly. One person told us, "I get on very well with [the manager], she is here all the time, any concerns I would talk to [the manager] or [the senior carer]."

End of life care and support

- Although nobody was receiving end of life care and support, the service had supported people with their end of life care previously.
- The service was introducing end of life care plan booklets. These gave detailed prompts for staff to follow when supporting people or their relatives to plan and discuss end of life care.
- Records showed the staff were discussing people's future plans in their care plan reviews. This ensured people's wishes were documented and in the event of their needs changing, staff could follow the plans to respect how people wanted to be cared for.

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.

- To help meet people's communication needs, the service provided information in different formats. This included displaying menu options in large print on the wall in the dining room. Also, adapting signage around the home to include pictures. We saw meeting minutes had previously been provided in large print. These examples all helped people with visual impairments to receive information in a way that supported their needs.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had been inconsistent. The culture and the delivery of high-quality, person-centred care was a work in progress.

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 the last inspection the registered manager failed to take accountability for their regulatory responsibilities. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the service was no longer in breach of regulation.

- There had been a change of manager since the last inspection, with the deputy manager of 11 years being promoted to manage the home. There was a recently appointed senior carer supporting the new manager in their post and the provider visited weekly. Both the newly appointed manager and senior carer were developing into their roles and needed more time to embed the positive changes taking place at the home. For example, the monitoring of safe medicines management had not yet proven effective in meeting a good standard.
- The provider had been served a fixed penalty notice for not displaying their rating on their website following the last inspection. The fine had been paid. The provider assured us they would rectify this, and their rating is now displayed.
- We received positive feedback about this change from people and the staff team. People's comments included, "There is excellent leadership with [the manager] and [senior carer]. They have re-organised things and made changes for the better" , "Now [the manager] is in charge, they are working together at the top and it makes a difference." Also, "Things have certainly improved since [the manager] has taken over."
- Staff told us they felt the leadership of the service had improved since the last inspection. One staff member explained, "The atmosphere here has changed, it is more relaxed, [the manager] is approachable and we are behind her to make improvements. She is dedicated and confident in what she is doing." Another staff member said, "[The manager] is determined, focussed, passionate and going the right way. She listens to us and we all feel like this."
- Staff also explained they had noticed a significant improvement in how the staff team worked together. One staff member told us, "We work as a team now, we had not really done that before." Another staff member said, "Team work has definitely improved. We have some new staff members too and they seem to be on board and fitting in well."
- The manager understood their responsibility to act upon the duty of candour in the event of needing to do so. They knew what notifications needed to be submitted to CQC or the local authority safeguarding team

when things went wrong.

- We found the staff and manager to be clear about their roles. The manager understood the importance of working with consistency and monitoring the overall quality of care at the service. Staff were confident in what was expected of them in their job.

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

- A positive and person-centred culture of team work and continual improvement was being developed at the home. The manager and staff team were on board and invested in wanting to address the shortfalls identified at the previous inspection.
- The positive outcomes for people were clear in what they told us. The overall feeling from people was while they had always been happy with their care, they did not realise how much better things could be.
- The manager was developing their own audit tools to gain a managerial oversight of the service. They were looking into different quality monitoring systems to find what would work well for the home and would cover all areas needed. They had already implemented monitoring systems for medicines and care planning. From these, they were identifying where there were inconsistencies or areas for improvement.
- The manager was regularly submitting an action plan to CQC to advise us of their progress.
- Different networking opportunities were being explored by the manager, to broaden their knowledge and learn from others. They understood the home had previously been managed in a very isolated manner, without continuous learning. The manager was attending networking meetings with other home managers and looking at online social media for sharing ideas and resources.
- The managers positive approach and the processes being implemented had potential to promote continuous learning and improvements at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Since the last inspection, people had been kept up to date with what had happened and plans for improving the home. They were invited to a resident meeting and the outcome of the report was discussed. Quotes in the meeting minutes from people showed they hoped to be able to support the manager and staff in making the necessary improvements.
- There was improved community engagement and strengthened relationships between the service and local churches. The manager was identifying ways in which the service could further develop their community relations. They understood the important role the home had for the village and wanted to improve the home's reputation.
- The owner and nominated individual both visited weekly. People told us the owner would spend time at the home regularly. One person explained, "The owner comes and sits and chats, as her late husband did. She is such a nice lady." The manager and senior carer told us how they felt well supported by the owner and nominated individual.