

# Dr Ramnath Narayan & Mr Harbhajan Surdhar Winterbrook Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on 6 and 7 February 2018 and was unannounced. At our last inspection on 20 and 27 July 2017 the service was rated as inadequate overall and was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the provider demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At the previous inspection we found nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider was meeting the regulations we have rated the service as Requires Improvement as we need to be sure the service can sustain the improvements.

Winterbrook Nursing 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. Winterbrook Nursing Home accommodates up to 41 people in one adapted building. At the time of the inspection there were 26 people using the service.

At the time of the inspection the manager was not registered with CQC. However, they had submitted an application to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found significant improvements in the culture of the service. There was a cheerful atmosphere, where staff were friendly and welcoming. People and relatives were positive about the improvements and were complimentary about the management team. The management team were approachable and promoted an open culture.

Improvements made had resulted in people feeling safe in the service. Risks were assessed and there were plans in place to manage the risks. People's medicines were managed safely and people received their medicines as prescribed.

Methods of communication with people, relatives and staff had improved and they were confident to raise any concerns. Everyone was reassured that concerns would be responded to effectively.

The management team had introduced effective systems to monitor and improve the service and continued

to look for ways to improve the care of people living in the service.

Improvements had been made in the way people were treated. People were supported by staff who were kind and caring, treating people with dignity and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were positive about the food and enjoyed sufficient food and drink to meet their nutritional needs.

The service had employed additional activity staff to ensure people had access to a range of activities to interest them. The activities we saw were enjoyed and created a warm atmosphere with people laughing.

People's care records had improved and included information recognising people as unique individuals. Reviews had been completed which involved people and relatives. Relatives were positive about the reviews and the improvement in the care plans.

There were sufficient staff to meet people's needs. The manager recognised the challenge of recruiting enough permanent staff and worked with agencies to provide consistent agency staff to provide continuity of care for people.

Staff support had improved. There were regular opportunities for staff to access training and the management team gave staff the opportunity to influence developments in the service through team meetings.

The service worked closely with health care professionals and had developed positive relationships with them. This ensured people received appropriate support to maintain and improve their health and well-being.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service had improved to Requires improvement.

Systems were in place to safeguard people from abuse.

Medicines were managed safely.

Risks to people were assessed and there were plans in place to manage identified risks.

There were sufficient staff to meet people's needs.

There were effective recruitment processes in place to ensure staff were suitable to work in the service.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People were supported in line with the principles of the Mental Capacity Act 2005.

Staff were supported through supervision, training and workshops to develop their skills and knowledge to ensure they were able to meet people's needs.

People enjoyed the food provided and people's dietary needs were met.

### Is the service caring?

**Good** ●

The service had improved to Good.

There was a cheerful relaxed atmosphere during the inspection.

Staff were kind and caring and treated people with dignity and respect.

People and relatives were involved in decisions about their care.

### Is the service responsive?

**Good** ●

The service had improved to Good.

People's care plans had improved and contained person-centred information.

There were a range of activities for people. People were involved in deciding what activities they would like offered.

Complaints were responded to in a timely manner and action taken to resolve issues.

### Is the service well-led?

The service had improved to Requires Improvement.

The new management team promoted a positive caring culture.

There were effective systems in place to monitor and improve the service.

Systems of communication had improved and people were kept informed of changes taking place.

**Requires Improvement** ●

# Winterbrook Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The service was previously inspected on 20 and 27 July 2017. The inspection resulted in an inadequate rating and the service was placed in special measures. CQC took action in line with their enforcement policy. This inspection was unannounced and took place on 6 and 7 February 2018.

The inspection was carried out by two inspectors, a pharmacy inspector 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.

Prior to the inspection we looked at information we held about the service. This included information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also gained feedback from commissioners of the service.

During the inspection we spoke with 16 people and 12 people's relatives. We spoke with the manager, clinical lead, a project manager, two nurses, one senior care worker, two care workers, one activity coordinator and the chef. We also spoke with two health professionals who visited the service.

We looked at five people's care records, medicine records, five staff files and other records relating to the management of the service.

# Is the service safe?

## Our findings

At our inspection in July 2017 the service was rated inadequate in Safe. The concerns we found in relation to people's safety resulted in three breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was meeting the regulations.

At the last inspection the provider did not have effective systems in place to protect people from harm and improper treatment. People did not always feel safe. At this inspection people and their relatives told us they felt safe and well cared for. One relative told us, "They take care of her very well". Another relative said, "[Person] is getting the care they need in a safe environment with good people looking after them".

The home manager had introduced effective systems that ensured people were protected from harm and improper treatment. Where safeguarding concerns were identified records showed that immediate action was taken to address the issues and ensure people were safe. Investigations were completed and appropriate agencies were notified in an open and transparent way.

Staff had completed training in safeguarding adults and had a clear understanding of their responsibilities to identify and report concerns. Staff were confident the new management team would take immediate action to protect people and knew the outside agencies they could contact if they thought people were not being protected. Contact details of external agencies were prominently displayed in the staff area of the service. One member of staff told us, "I am here to protect the residents and if I saw anything I would report to [manager]. I can call safeguarding or use whistleblowing. All of the numbers are in the staff room". Another staff member told us it was important to keep people "Safe from anything that can affect their well-being".

At the July 2017 inspection there were restrictive practices in place. At this inspection we saw staff supporting people in an empowering way and ensuring people's rights were protected. For example, people were free to move around the service and could request support at any time. Staff responded promptly to people's requests for help.

During the previous inspection we found medicines were not managed safely. At this inspection we found that systems had improved and medicines were managed to ensure people received their medicines as prescribed. Medicines were stored securely and access was restricted to authorised staff. Temperatures were recorded daily to ensure medicines were kept at appropriate temperatures. Opening dates of medicines were recorded to ensure these were discarded within the required time range, and were safe to use. There were suitable arrangements for storing and recording medicines that required extra security. There was a system in place for the ordering and disposal of medicines and appropriate records were kept.

Staff administered medicines in a safe and caring way. Nurses used medicine administration records (MAR) to record when a medicine had been given. MAR were accurate and fully completed. Where medicines were prescribed to be taken 'when required' (PRN) there were some protocols in place. However, some PRN

protocols were not in place. We spoke with the nurse administering medicines and immediate action was taken to ensure all protocols were in place.

Medicine audits were completed weekly and monthly. The provider had also recently had an external audit completed by the supplying pharmacy and the local Clinical Commissioning Group (CCG). Action plans following all audits were completed to ensure safe management of medicines.

Although there was nobody on covert medicines or self-administering their own medicines at the time of inspection there was a policy in place to guide staff in how to support these methods of administration. Since the last inspection the medicines policy had been updated. However, we identified some areas of medicine management were not included in the policy. For example, there was no reference to the management of topical medicines. Staff we spoke with understood how to manage these medicines in line with national guidance. We spoke to the registered manager and clinical lead who took immediate action to update the policy.

At the last inspection we found the provider did not ensure the environment was clean. Equipment was not maintained in a way that protected people from the risk of infection. At this inspection the environment was clean and bright. There were no malodours. People and their relatives were positive about the improved cleanliness of the home. One relative told us, "The home is cleaner now". Another relative said, "It was not really dirty before but there has been an improvement in her [person] room in relation to tidiness and cleanliness".

Equipment was clean and well maintained. People had individual equipment which was labelled with their name and kept clean. This minimised the risk of cross infection.

The manager had introduced a cleaning schedule detailing the cleaning tasks that were to be completed daily, weekly and monthly. Records showed that cleaning schedules were completed and audited. This enabled nursing and management staff to monitor the cleanliness of the home and ensure people were protected from the risk of infection. Staff used personal protective clothing appropriately.

At the previous inspection we found risks to people were not always identified and assessed. Plans were not in place to manage risks to people and we could not be sure people were supported in a way that met their needs. At this inspection we found that people's care records included risk assessments. Where risks were identified there were management plans in place. Care plans provided guidance to staff in how to support people in the way they chose and manage assessed risks. For example, one person's care record identified the person used a wheelchair. However, the person did not wish to use the footplates on their wheelchair. The care record identified that the risks had been explained to the person and the person understood the risk but wished to accept the risks. Staff took extra care when supporting the person in their wheelchair. One nurse told us, "This is what [person] wants so we have to respect that".

At the inspection in July 2017 the provider did not have effective recruitment systems in place to ensure staff were suitable to work in the service. At this inspection we found recruitment systems were in place that included recruitment checks. This ensured people were protected and suitable staff were recruited to work with people in the service. Where risks were identified in relation to staff being employed, the manager completed risk assessments to ensure people were protected.

People raised concerns about staffing levels in the service and the high number of agency staff being used. One person told us, "Staff work hard but there are not enough". Another person said, "I would like more regular and continuous staff". Other comments included; "There are lots of new ones. It's difficult, I know



more than them" and "The agency staff got it all wrong. They had to be stopped". However, there was also recognition that some of the agency staff who worked in the home on a regular basis provided good quality care. Comments included; "Some agency staff are exceptional" and "Agency staff are aware of how mum likes her drinks".

Staff we spoke with told us there were enough staff but recognised the impact of agency staff on people. Staff comments included; "We have enough staff every day" and "I think we have enough today. They're [management team] struggling. The agency are more permanent".

We spoke to the manager about the staffing levels and the use of agency staff. The manager told us all nursing staff were permanent members of staff and this provided a stable clinical team. The manager told us they were actively recruiting care staff and that this was their biggest challenge. The manager recognised the impact of high use of agency staff on people and tried to minimise the impact by requesting the same staff from the agencies to provide consistency. The manager was clear they would not tolerate poor practice and showed evidence that where concerns were raised about agency staff practice, the agency staff member would not be accepted back to the service. Senior staff confirmed this and gave examples of reporting concerns to the manager and immediate action being taken.

The manager used a dependency assessment tool to monitor people's needs and this was used to determine required staffing levels to meet people's needs. Rotas for a four week period showed that these staffing levels were always met and often exceeded. During our inspection we saw people's requests for support were responded to promptly. Staff responded in a timely manner when people's behaviour indicated they required support. For example, one member of staff brought an additional layer of clothing for someone who appeared to be feeling cold. There were sufficient staff to meet people's needs.

All accidents and incidents were recorded. The manager had implemented some systems to monitor accidents and incidents and look for ways to share learning as a result of investigations. The manager and clinical lead had recognised that recording of accidents was not sufficiently detailed and were developing an improved system to enable closer monitoring and improved learning.

The service has now been rated as requires improvement in this key question. This is because the service was previously rated as inadequate. Therefore, we need to be satisfied that these changes are being sustained. We will do this by following up these concerns at our next full comprehensive inspection, which will look at the five key questions we ask about services, which are: is the service safe, effective, caring, responsive and well-led.

## Is the service effective?

### Our findings

At our inspection in July 2017 the service was rated requires improvement in Effective. People were not supported by staff who had access to regular training, supervision and support to ensure they had the skills and knowledge to meet people's needs. People were not supported in line with the principles of the Mental Capacity Act 2005 (MCA) and their rights were not upheld. These concerns resulted in two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was meeting the regulation.

People and their relatives told us that permanent staff knew them well and that regular agency staff were knowledgeable about people's needs. One relative told us, "They [staff] understand. They observe carefully".

Staff told us they were well supported and had access to training and development. One member of staff said, "Clinical lead is the overall seer of the clinical side. She's our line supervisor and helps me in managing the care".

Records showed staff had completed some training which included: safeguarding; dementia care; food safety, end of life care and manual handling. The clinical lead had also completed workshops and group supervisions to improve practice relating to: record keeping; infection control; mental capacity and dignity. These session provided staff with opportunities to reflect on current practice and where improvements could be made and ensured staff had the skills and knowledge to meet people's needs. The manager was aware that some staff required additional training and the project manager was creating a training matrix which would enable the manager to have all training information centrally stored. This would enable the manager to have an overview of training undertaken and that required to keep staff skills and knowledge up to date.

Staff received regular individual and group supervision. Where issues were identified in relation to performance these were addressed with staff and clear goals set for improvement. The manager and clinical lead observed staff practice and provided feedback to promote improvement.

At the previous inspection we found people were not always supported in line with the Mental Capacity Act 2005. 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.

At this inspection we found people's care plans included mental capacity assessments relating to specific decisions. Where people were assessed as lacking capacity to make a decision, a best interest decision had been made. Records showed that appropriate people had been consulted in relation to best interest decisions. Where people had a legal representative appointed to act on their behalf, this was recorded in their care record and the legal representative was involved appropriately in decision making.

Some staff had completed training in MCA. Although not all staff were able to describe their responsibilities in relation to MCA they were able to give examples of how they would support people in line with the principles of the act. One member of staff told us, "You can't say someone doesn't have capacity unless an assessment is done. If they lack capacity a best interest decision is made".

At the previous inspection the provider had installed a CCTV without considering the best interest of people who were unable to consent to the use of CCTV. Following the inspection the provider stopped using the CCTV. At this inspection the CCTV continued to be inactive.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people's liberty was being restricted we saw that the manager had submitted applications to the supervisory body for authority to do so. Where authorisation had been granted this formed part of people's care plans to ensure they were supported in the least restrictive way.

People were positive about the food and drink they received. People were given a choice of meals from the menu. If they didn't like the options offered, alternatives were available. One person told us they had specific dietary needs and these were catered for, the person said, "I just ask for fish in sauce [when fish was on the menu]. That is good for me".

During the morning of the inspection the kitchen assistant spent time speaking with people, explaining what the menu choices were, ensuring people understood what each choice was.

People were involved in determining the menu choices. For example, following feedback from people, the chef had arranged for a cooked breakfast to be made available each day. This was clearly enjoyed by people.

People were supported to have access to health professionals to ensure they received effective care, support & treatment. One family member told us how a nurse had attended a hospital appointment with them and their relative so the nurse could receive training in how to support the person in line with professional guidance. The nurse then cascaded the information to other members of staff. The family member was very reassured and impressed by this.

# Is the service caring?

## Our findings

At the inspection in July 2017, the service was rated requires improvement in Caring. People were not always treated with dignity and respect. Staff were not always kind and caring. These concerns resulted in a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

People and relatives were positive about the improvements in the culture and atmosphere since the last inspection. One relative told us, "There seems to be a lovely calm atmosphere about the place these days. The staff are always welcoming and very helpful. It might sound like a small thing, but when you arrive and are greeted by a member of staff who immediately asks how you are feeling it makes you realise they know how tricky it is to have one's loved ones in a nursing home, no matter how good it is". Other comments included; "The way people speak to each other is nicer" and "It's become more of a family".

People told us staff were kind and caring. One person, who was starting to feel more settled since the last inspection told us, "They have been understanding of me. I have been helped". Another person said of one member of staff, "She is such a good nurse, a real carer. I'm so lucky she's here". Relatives told us staff were compassionate and understanding. One family member told us, "Staff genuinely care about mum and me". "Another family member said, "They [staff] are very conscientious and very dedicated".

We saw some kind and caring interactions throughout the inspection. For example, one person became anxious in a communal area of the home. A member of staff sat down with them, holding their hand and reassuring the person. The person smiled in response and was clearly reassured by the interaction. This showed staff understood the importance of emotional support for people. However, staff did not always take opportunities to speak with people other than when they were providing support to a person.

People were supported with dignity and respect. For example, a person required support by staff to transfer to a chair using a hoist. Staff ensured the person's legs were covered with a blanket during the transfer to maintain their dignity. The clinical lead and manager were working with the Care Home Support Service (CHSS) to access specialist chairs for people to reduce the instances of people requiring hoist transfers in communal areas of the home.

We saw that people were given choices in relation to their care and that their choices were respected. For example, we saw people being asked where they would like to sit, what they would like to eat and whether they wished to join in activities.

People and their relatives were involved in decisions about their care. One relative told us, "We are very involved in [person's] care". Another relative said, "I had a two hour meeting with [nurse] to look at mum's care plan. It's more thorough and concise now". Care plans showed that relatives had been involved in regular care reviews and comments showed they felt care plans reflected people's needs.

## Is the service responsive?

### Our findings

At the inspection in July 2017, the service was rated requires improvement in Responsive. People did not always receive support that met their needs. Care plans were not always up to date and accurate. Complaints were not always fully investigated and recorded. These concerns resulted in three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

Relatives told us staff supported people in a way that valued them as individuals and met their needs. One relative told us, "Staff understand. They allow [person] to walk and always know where he is. They observe carefully". Another relative said, "[Person] likes to look lovely and always does".

The service was responsive to both the needs of people and their families. One relative told us the service had been extremely supportive when they had taken [person] home for a visit. They had struggled to meet the person's needs and had telephoned the service for support. The relative told us "They were very kind". The family member was extremely grateful.

Care plans had been rewritten since the last inspection and were person-centred. Care plans included information about people's life history, their likes, dislikes and how they liked to spend their day. For example, one person's care plan detailed the time they wished to get up and go to bed, how they wished to have their personal care provided and how they liked to eat their meals. We saw the person was supported in line with their care plan.

The service was responsive to people's changing needs. For example, one person's mobility had reduced. The person had been referred to the Care Home Support service (CHSS) who gave guidance about how the person could be supported to maintain their mobility. A 'walking' log had been introduced where staff recorded how often the person was supported to walk. This enabled nursing staff and the person's relative to monitor their mobility.

People and relatives told us they knew how to raise complaints. Relatives were confident that any concerns would be dealt with effectively. Complaints records showed that complaints had been investigated and action taken to address issues. Responses were sent to complainants apologising for the issues and detailing what action had been taken to rectify the complaint. For example, a complaint had been raised about the laundry system and a person's clothing not being laundered effectively. The manager had investigated and introduced a new laundry system to minimise the risk of a reoccurrence. One relative told us, "The new system [laundry] seems to be better".

There was a range of activities arranged for people. During the inspection we saw people enjoying an exercise to music session. This session was run weekly by someone external to the service and was supported by staff. It was clearly popular with people, who joined in smiling and laughing.

During the afternoon the activity coordinator arranged a craft session, making cards. This created a calm

and happy atmosphere with some gentle teasing and joking between people and staff. People who were sat in the lounge also enjoyed the atmosphere even though they had chosen not to participate in the activity.

The activity coordinator was passionate about their role and engaged with people to identify what activities they would enjoy. A recent meeting had identified that people would like a film afternoon and a cheese and wine afternoon. The activity coordinator had received approval from the management team to buy a DVD player and popcorn machine and was enthusiastically organising the first film afternoon with a film chosen by people. A date had been arranged for the cheese and wine afternoon and the activity coordinator was talking with people to ensure people's favourite cheeses were available.

Records relating to activities showed people were supported to enjoy group activities if they wished. People who did not enjoy group activities were supported on a one to one basis. Records showed people had been supported with playing board games, doing crosswords, reading the newspaper and having hand massages.

Some people's care plans identified their end of life wishes. For example, one person's care plan stated they wished to be kept comfortable and pain free and only to be transferred to hospital if recommended by the GP. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents in place which had been discussed with the person or relatives where appropriate.

## Is the service well-led?

### Our findings

At the inspection carried out in July 2017 the service was rated inadequate in well-led. We found systems to monitor the quality of the service were ineffective. A bullying culture had developed throughout the service and the management team had not protected people from abuse. These issues resulted in a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made. There was a new manager and clinical lead in the service. The provider had recruited a compliance consultant company to support the manager and clinical lead to introduce effective systems to monitor and improve the service.

People and their relatives were positive about the new management team and the improvements made. One person told us, "We've now got things organised better. We've certainly been watching what's been going on. Now I'm pretty happy about the way things are going". One relative told us, "[Person] is happier now. Before, there was sometimes tension in the air". Another relative said, "The current manager is promoting stability". Other comments included: "[Manager] is easy to talk to. She seems to be in control"; "Communication is better now"; "The manager is approachable. We can talk to her"; "I find the manager approachable. They are good at communicating and call us if there is anything to tell us" and "I feel very happy about the relationship we have been able to establish with them [manager and clinical lead]. It's a massive relief to know that [relatives] are in the hands of such diligent and caring individuals".

Relatives told us the atmosphere had improved. Comments included: "It's like home in a positive sense"; "There is more cheerfulness now" and "There's a different atmosphere but it will take time".

Health professionals were positive about the improvements made and the new management team. One health professional told us, "It certainly seems as if things are going in the right direction. The improvement is being driven by the manager and clinical lead".

Most staff were positive about the changes made and the new management team. One member of staff told us, "I can talk to the new manager. They are approachable. Things are getting better. It will be better when we have more regular staff".

There were effective systems in place to monitor and improve the service. A range of audits were in place and where issues were identified there were action plans detailing what actions were needed and who was responsible. Audits included: medicines; falls; accidents and incidents and care plans. The care plan audit identified where records weren't up to date or accurate. An allocated nurse was then responsible for updating the care plans and this was monitored by the manager and clinical lead. Where action had not been taken nurses were supported through supervision to understand the importance of completing the actions. Workshops had also been organised to ensure staff had the skills and knowledge to complete records effectively. The manager held monthly clinical governance meetings with all clinical staff to discuss the outcomes of audits and improvement plans.

Regular relative and resident meetings were held and people felt involved in the service. Where issues were raised the manager took action to address them. For example, the records of one meeting showed concerns had been raised about the deployment of staff at mealtimes. The manager had introduced changes and was currently reviewing the changes to ensure the dining experience had improved as a result.

The manager was looking for additional ways to involve people and their relatives in the running of the service. One relative told us they had asked if they would like to be involved in recruiting new staff. They were clearly pleased to be invited to become involved.

Regular staff meetings were held to enable staff to be involved in the improvements in the service and to be kept informed of any changes. Records of meetings showed how the manager and clinical lead were working to develop staff skills and knowledge. For example, records of a nurses meeting noted that the manager had provided clear guidance about the roles and responsibilities of the nurses. The manager also supported the nurses to 'empower themselves' and take responsibility for monitoring all elements of care.

The manager and clinical lead were proactive in developing positive relationships with other services and was working closely with the GP, the Local Authority and Care Home Support Service to ensure the service developed in line with best practice and to ensure the improvements continued.

The service has now been rated as requires improvement in this key question. This is because the service was previously rated as inadequate. Therefore, we need to be satisfied that these changes are being sustained. We will do this by following up these concerns at our next full comprehensive inspection, which will look at the five key questions we ask about services, which are: is the service safe, effective, caring, responsive and well-led.