

Hallmark Care Homes (Rugby) Limited

Anya Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Anya Court is a residential care home, providing personal care and accommodation for up to 70 older people, including people living with dementia. The home is divided into three separate floors, the ground floor for residential accommodation, the middle floor for people living with dementia, and the top floor is designated for people who require residential or nursing needs. There were 61 people living at Anya Court when we inspected the service.

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

People's relatives and staff gave us mixed feedback about whether there were enough staff available to always respond to people's needs. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The registered manager addressed this during our inspection visit.

People using the service did not consistently receive support from a well led service. The service was led by a registered manager who had been appointed to the home five months before our visit. However, there had been an inconsistent management team and staff team since our previous inspection, which had impacted on the leadership and consistency of the quality of care people received.

People felt safe at Anya Court. Staff were provided with guidance about how to keep people safe. Environmental risks were identified and mitigated against, and medicines were well managed. Partnership working enabled people to maintain their wellbeing.

People received kind, responsive person-centred care from staff. Staff respected people's privacy. Overall, people and their relatives were involved in planning their care and support. The staff team worked to promote people's dignity and prevent people from becoming socially isolated within the home.

People knew how to raise concerns and provide feedback about the service. The provider ensured people received care at the end of their life, which met their wishes.

There were additional managers of departments, and a deputy manager who supported the registered manager. The new management team worked together to identify areas for improvement at the home.

Rating at last inspection

The last comprehensive inspection report for Anya Court (published June 2017) and we gave a rating of Good in all areas. At this inspection we found the service had deteriorated and have rated the service as requires improvement.

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

Why we inspected

This was a planned inspection based on the rating at the last inspection. During our inspection visit we looked at a notification of a specific incident where a person had developed an injury. This incident is currently being investigated. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns around the safety of people at the home. This inspection examined those risks.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always Effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Anya 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 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.

Inspection Team

The inspection team consisted of two inspectors, an inspection manager, and a specialist advisor in nursing care.

Service and service type

Anya Court is a care home. People in care homes receive accommodation and personal care. 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 (CQC). 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

The inspection took place on 27 & 29 November 2019 and was unannounced on the first day. We told the registered manager we would return on the second day to complete our inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We also requested feedback from the Local Authority quality monitoring officers and the local clinical commissioning team. We used all this information to plan our inspection.

We were unable to use information from the Provider Information Return, as we had failed to request this

before our inspection visit. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We therefore asked additional questions of the registered manager during our visit, to ensure we gathered all the information we required.

During our inspection

We spoke with four people living at the home. Some people, due to their complex care needs and disabilities were unable to give us their feedback about the home. We spent time with people to see how staff supported them. We also spoke with ten members of staff including the registered manager, the deputy manager, two nurses, an administrator, two senior care workers and a chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support being delivered in communal areas of the home on each unit.

We reviewed a range of records, including twelve people's care records and five people's medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the provider's records of their visits to the service; and records of when checks were made on the quality of care provided.

We looked at two personnel files to check that suitable recruitment procedures were in place, and that staff received supervision and appraisals to continue their professional development.

At the time of our inspection visit CQC were looking at how one person had acquired a pressure sore at Anya Court, which occurred before the current registered manager was appointed. As this incident was under investigation at the time of our visit, we did not include evidence regarding the incident in our inspection findings.

Following our inspection

We received feedback from eight people's relatives and eight members of staff, we also received evidence and clarification from the registered manager regarding improvements they had made following our visit and their improvement plans for Anya Court.

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 Good. At this inspection this key question has remained Good. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Overall, people and their relatives told us they felt safe at the home. One relative said, "On those rare occasions when [Name] has been unwell or had a fall, the staff have acted promptly and appropriately and have kept us fully informed."
- Risks to people were assessed, and plans were in place to reduce risks. Where people were at risk of developing sore skin, or were being treated for wounds to their skin, risk assessment and management plans instructed staff on how to support the person to reduce the risks of deterioration. Staff followed the risk management plans and people were cared for safely and effectively to heal their wounds.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks. Equipment was maintained, and the fire alarm system was fit for purpose. One relative commented, "Staff take careful steps to ensure [Name] is in a safe environment, keeping an eye open for potential hazards and taking steps to put things right quickly."

Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, and at provider level, to drive forward best practice.
- Staff who administered medicines reported any errors they made, and these were investigated, so that further training and learning reduced the risks of future errors.

Staffing and recruitment

- We received mixed feedback from relatives and staff about whether there were enough staff to safely meet people's needs and preferences. One relative commented there were times when no staff were visible in the communal lounge areas, which they thought should be staffed at all times. One member of staff also said, "We don't have the time we would like to spend with residents." However, a relative told us, "We have never encountered a time when we felt [Name's] needs were not addressed because of lack of staff. Also, when [Name] presses his call button, staff promptly arrive."
- As staffing levels were based around people's assessed health and care needs, the management team were confident there were enough staff to keep people safe. The registered manager explained staffing levels and the deployment of staff had recently been reviewed and adjusted. This meant staff were now able to move flexibly across all three units, to ensure where staff felt they were rushed, other staff could be called to assist them. In addition to allocated care staff, there were also a number of other staff that could be called on to support care and nursing staff at busy times, such as activities co-ordinators (Lifestyle Team) and managers.
- Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed

and had time to spend with people.

- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home.
- New staff worked with experienced staff to understand people's individual needs.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required by the existing registered manager.

Preventing and controlling infection

- The service was well presented, clean and tidy throughout and there were no odours.
- Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
- Staff understood the importance of using gloves and aprons to reduce risks of cross contamination.

Using medicines safely

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.
- Regular audits, and spot checks on the administration of medicines ensured recent improvements to policies and procedures were being followed by staff.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Mental capacity assessments were carried out for people when a need was identified. The registered manager and staff demonstrated they understood people's capacity could change, according to their health. During our inspection visit one person with capacity told us they wished to return home. We raised this with the registered manager, who assured us a family meeting was already arranged to discuss the person's long-term care options and choices. The person's capacity to make their own decisions had changed, and improved, so this could now be considered.
- Staff completed training in mental capacity. However, we were concerned care staff were overly cautious in enabling people to take positive risks in their lives. For example, to make choices about leaving the home. One staff member told us they would not allow someone with mental capacity to leave Anya Court alone as they would worry about the person falling and injuring themselves. Feedback from some people told us they felt trapped at the home. One person said, "It's like being in a prison, we are not allowed to go out." We raised this with the registered manager who told us staff had received training to ensure they were aware of people's right to make choices. However, they briefed staff following our feedback to ensure people had maximum choice and control of their lives.
- One person who could make their own decisions and understood the risks to their own health, said they wished to go to the local shops and felt they could not do so. Following our inspection visit, the registered manager held a meeting with the person to confirm they could leave the home as they wished.

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

- People's needs regarding their physical and emotional health were assessed in line with their wishes and preferences for their daily routines. Pre-assessments were carried out prior to anyone moving into Anya Court and information regarding people's social and spiritual needs and their sexuality formed part of the

assessments. However, we found examples of assessments not accurately reflecting people's needs which could have caused confusion to staff and daily logs did not always evidence assessed needs were being met. The management team acted during the inspection to clarify some of this information and ensure assessments reflected people's individual needs.

Staff support: induction, training, skills and experience

- The provider offered permanent care staff an induction that met the standards laid down by Skills for Care, a recognised organisation that provides care staff with training standards.
- The registered manager told us temporary staff received a brief induction to the service, and support from permanent staff whilst on their shift. They told us they often used the same agency staff, so they were familiar with the home.
- Permanent staff received relevant, ongoing refresher training for their roles. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills. However, feedback from staff about their training was inconsistent. For example, one member of staff did not feel their training helped them support people living with dementia, who declined care or expressed distressed behaviours. Other staff members found their training helpful and were supported by management to develop their knowledge and skills.
- We received mixed feedback from people's relatives about whether they felt staff had the right skills to support people with dementia. One relative said, "There has been no expertise from staff, and no consistency in the staff team, which affects people with dementia."
- However, we saw staff used their training and skills to support people living with dementia effectively. For example, at lunch time staff gave a visual choice to people living with dementia to help them make decisions about what they wanted to eat or drink. One staff member told us how they used their dementia training to respond to a person who experienced distressed behaviours. They told us how they encouraged the person to help set the tables at lunchtime, to help them feel useful and engaged in everyday activities, which reduced their anxiety.
- Regular supervision meetings and appraisals gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.

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

- People's nutritional needs were assessed to ensure they received food and drink in line with their nutritional requirements. Each person who required a specialist diet had a 'dietary book' which was kept in the kitchen. This information ensured food was prepared in line with people's individual needs. Staff responsible for preparing and cooking food could tell us what they did to fortify food with extra calories for people nutritionally at risk.
- Overall, people and their relatives told us they were satisfied with the quality of food provided. One relative said, "We have joined [Name] for meals, and we agree the food is good, varied and well cooked."
- Food and fluid charts were completed by staff for people who were at risk of weight loss, or required their fluid intake to be monitored. However, the charts in place did not consistently or accurately show the amount of food people had eaten. For example, one person was described as having eaten "half of the meal" but the food given was documented as a chocolate bar. This meant it was not always clear how much food people had eaten throughout the day which meant staff might not identify when people were not eating enough calories to maintain their weight.
- We brought this to the attention of the registered manager during our inspection visit. On the second day of our visit staff had been briefed about the importance of filling in the charts accurately. Where people were losing weight or underweight, the registered manager had plans to hold regular events and support groups to encourage them to eat more calories, by meeting frequently and eating high calorie food and discussing how an increase in weight might improve their health.

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

- People's oral healthcare needs were assessed, and plans developed to promote good oral hygiene. The management team planned for further training in oral care to take place in January 2020, with a focus on effective oral care for people living with dementia.
- Regular staff handover meetings shared key information about people's needs, accident and incidents, hospital admissions, any changes in their health, and whether follow up referrals to other health professionals were needed. Reminders were given to staff on how to support people safely in response to a change in their health or being unwell.

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

- The home was a purpose-built residence offering people a number of areas, rooms and lounges, which gave people opportunities to socialise and meet people, family and friends. Signs were used around the home to direct people, to ensure people with memory problems or confusion were able to easily find their way around the home.

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

- Relatives told us staff were kind and caring. One comment was, "An example of a little human touch that meant a lot, one member of staff took the trouble to print off a poem she knew Dad liked."
- Records showed further positive feedback relatives had given staff at the home. One relative wrote, "I have been really impressed by how kind, helpful and patient you have all been with my Dad." Another relative commented, "[Staff member] goes above and beyond purely out of the kindness of her heart."
- Staff were thoughtful and helpful in their approach and were observed to take time and patience supporting people. For example, we observed people living with dementia being supported at lunchtime. Warm, empathetic and respectful interactions were observed between staff and people. Staff were quick to respond to people's requests for interaction and used non-verbal communication such as touch and smiling for people who struggled to communicate verbally. One person said, "Staff on the whole are very nice."

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

- The lifestyle team used regular feedback from people when planning lifestyle events and outings to ensure these were responsive to people's enjoyment.
- Food and drinks surveys enabled people to express their views and rate meals in terms of choice preference, nutrition, presentation of food, flavour and presentation of the dining room.
- Records showed people's views on their care were obtained, and in some instances, this was very personalised to the individual. For example, care planning for one person showed their sleep preferences and personal bedtime routine which included having a drink at night, the light on and windows closed.
- The management team ensured people were involved in making decisions about their care as much as possible.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to protect people's dignity. For example, when being supported to eat and drink, people were offered wipes for their hands before eating. People who needed help to eat were not rushed and care was taken to ensure their dignity was maintained throughout their meal.
- People who did not need help to eat were left to eat independently but still checked on by staff, offering drinks and bread to go with their meal.
- Staff could explain what they did to protect people's privacy during personal care routines.

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 Good. At this inspection this key question has remained 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

- Each person had care records to show their health and support needs. Care plans covered topics such as people's life history, so staff knew people's cultural needs and preferences. However, on the first day we found not all care records contained consistent and accurate information about each person. Of the twelve care records we reviewed, two had inconsistent information. However, staff were able to tell us about each person's individual nursing and support needs. On the second day of our inspection visit the provider showed us evidence they had updated the two care records.
- The registered manager explained the provider had recently introduced a new care records system, which meant all records had been transferred to an electronic system. They explained the inconsistencies in the care records we reviewed were due to the implementation of the electronic system. The registered manager told us the system was still being reviewed for its effectiveness, and improvements were being made to ensure consistency of records. The software was also being developed to focus more on the personal needs of each person.
- Care records were written with the person, their family members and professionals. Records were reviewed monthly. The provider had regular care reviews scheduled for each person living at the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home employed four members of staff (Lifestyle team) to support people with group and individual activities at the home. Group activities were organised daily. Activities included coffee mornings, scheduled exercises, social groups and clubs, daily games and reminiscence. A member of the team said, "We do our best to provide activities that people like and enjoy and are person centred."
- Relatives gave positive feedback about Lifestyle staff. Comments included, "There is some excellent loving care from many grass roots carers and the Lifestyle team", "The work of the Lifestyle team has been of a high order, when it is present." One relative said, "The social activities organised at Anya are innovative and creative, for example the play sessions with toddlers and the recent development of the choir."
- Each person was informed about the scheduled activities in a weekly planner, posters and newsletters displayed around the home. When an activity was taking place, staff approached people to see if they wanted to join in. One relative told us, "We get the regular programme of events via email and individual members of staff tell us about activities [Name] might enjoy. For example, we mentioned at a review meeting [Name's] love of poetry. A week or so later we were delighted, a poetry club was to be started and this has been running successfully for the last 6 months."
- Where people did not want to participate in group activities, staff organised one-to-one time with them to chat or pursue interests of their choice. However, some staff members told us they would like more time to

spend with people. One staff member said, "There is not enough staff to always take residents out when they want to. However, our lifestyle team bend over backwards and work with the care team to ensure that they can organise trips for the residents to do things they would like."

- There were areas within the home which provided people with social opportunities to mix with others in the home, visitors, and people from the local community. There was a hairdressing salon, beauty parlour and small shop. People could meet their friends and families in the café, which was stocked with drinks and snacks, newspapers and games. Every Tuesday the home opened their door to visitors from the local community for a weekly tea party.
- People could use an on-site cinema which was stocked with a large range of films and provided access to film channels. People could spend time watching scheduled films or use the room to watch what they chose.
- Activities were inclusive of the local community who were invited to take part in regular planned activities. This gave people opportunities to make friendships outside the home. For example, a weekly 'songs and smiles' group visited the home which included children aged up to 4 years and their parents, to sing with people who lived at Anya Court.

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 carer.

- Staff demonstrated they knew people well and what support each person required to make decisions about their everyday lives. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, and pictures.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise concerns or complaints with staff and the management team if they needed to. One relative said, "The complaints process has been made very clear to us."
- The provider had a complaints policy and procedure that was on display in the reception area of the home. There was also a suggestion box in the reception area and people were encouraged to leave their feedback.
- The service had a complaints log where all complaints were recorded. The newly appointed registered manager acknowledged that previous complaints had not always been investigated in a way that led to learning and an openness to change. They had reviewed complaints which had been made before their appointment, to ensure any learning from feedback was not missed.
- Where learning was acquired through people's feedback, the registered manager shared this with the provider and staff, to ensure improvements were made.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care. Some people had a DNAR CPR form in place, which meant staff and emergency services knew the person should not receive resuscitation in the event of a sudden cardiac arrest. We saw one person's DNAR CPR form needed to be reviewed and discussed with the person, we brought this to the attention of the registered manager.
- Following our inspection visit, the registered manager implemented a new auditing procedure to check and review all DNAR CPR documents on a regular basis. This would ensure they were still valid, and people had given their consent for them to remain on their care records.
- No-one at the home at the time of our visit was receiving palliative care. Advance planning took account of

people's wishes to meet their individual cultural and religious preferences. One relative told us how their relation's end of life journey had been at Anya Court, saying, "One member of staff became our support at a difficult time, and stayed with us throughout the night in my relative's final hours. We can't thank her enough for her care, kindness and friendship. She is one in a million."

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service was not always consistently managed and well-led. Leaders and the culture they created did not consistently promote high-quality, person-centred care.

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

- The service was led by a registered manager who had been in post for five months at the time of our inspection visit and an experienced deputy manager. In addition, there were other department managers supporting the home including housekeeping, hospitality, customer relations, maintenance and lifestyle. Each unit of the home was also assigned a senior care leader, and on the nursing unit a nurse provided 24-hour clinical support to the staff team.
- We received mixed feedback from relatives and staff about whether the home was well managed. Relatives and staff told us that despite the large management team, and the provider's values to deliver high quality care, the number of leadership changes at the home had impacted on the care people received. Staff described low morale with an inconsistent staff team because of a high turnover of staff. One relative explained how this impacted on their family member. They told us, "People with dementia need consistency in order that they may be understood as individuals and be able to build supportive relationships with familiar people."
- One relative commented that the inconsistency of managers meant they did not have confidence in the stability of the current management team. Another commented, "The problems faced by Anya Court over the last five years is due principally to the failure of top management to provide competent local leadership. No explanation has ever been offered to residents or relatives for previous mistakes." Other comments included; "For people living with dementia, it is very confusing that there has been such a long period of change" and, "The inconsistent management team has impacted on staff morale."
- People and staff told us senior staff and managers were accessible to support staff and people living at the home. However, we received mixed feedback from staff about whether they felt the new registered manager was approachable. We raised this with the registered manager who explained they were making changes at the home, and staff did not yet know them well, so might feel reticent about approaching them. They reiterated they welcomed feedback and conducted daily 'walk rounds' to get to know people and staff. We saw one person enter the registered manager's office during our visit and ask for a special lunch arrangement, which meant some people were comfortable in approaching the registered manager. We also saw regular contact with staff at all levels by the registered manager during our visit.
- Since starting their role at Anya Court the new registered manager had made changes to staffing deployment, and in communication tools between departments and teams to improve the quality of care people received. Electronic care records and audits had been introduced, to improve care records and ensure they accurately reflected people's individual needs. The changes at the home had already resulted

in a more stable staff team, with staff retention rates increasing by 20%.

- Overall, comments from staff and relatives were positive about the changes being made at the home. A relative said, "We feel that recent changes in management has led to further improvements. We would suggest that now is therefore a good time to re-instate the general meetings between management and families, which have been very helpful in the past." Other comments included; "Feels the home now has a soul and community" and, "We are definitely on an upward trend now."

Continuous learning and improving care

- The provider had systems and processes to monitor the quality of the services provided which the registered manager implemented. The management team and senior staff undertook audits and looked for continuous ways where improvements could be made. Audits included checks on medicines, care records, infection control and health and safety.
- The registered manager was supported by the provider's quality assurance auditors, who also undertook service audits to ensure compliance with regulations.
- All actions from audits were added to an action plan the registered manager and provider oversaw. Changes were being made based on recent audits, to make improvements at the home and embed new procedures.
- The provider shared learning across their group of homes, through regular governance meetings with their management team. Items discussed included learning from accidents and incidents, and best practice guidance.

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

- Staff did not always understand how best to support people, taking into account their diverse needs. We found there was a culture at the home where care staff were risk averse, they discouraged people from taking risks such as leaving the home unaccompanied. This did not promote people's independence and right to make their own decisions, where they could. However, the registered manager was acting to address this culture.
- The provider organised regular meetings and stakeholder surveys for people who lived at the home, to provide them with an opportunity to give them feedback. For example, people attended a meeting in September 2019 where a memory section of the garden was suggested and, this had been created.
- The management team held regular staff, team and departmental meetings, to provide staff at all levels to give them their feedback about the home and any ideas for improvement. Heads of department met each morning to discuss the management of the home, and any incidents, accidents or changes. Information and improvement plans were shared with staff across each department.

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

- Systems measured and monitored outcomes for people with a view to making improvements where possible and making people's lives better.
- Senior staff worked alongside staff, where they demonstrated best practices. For example, during weekly shifts they assisted people and staff to help them develop relaxed, positive relationships with people, and discreetly observe staff's support of people, so performance was continuously reviewed.
- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed in the home and on their website and, there were systems in place to notify CQC of incidents at the home.

Working in partnership with others

- The service had links with external services, such as government organisations who provided links to renewed best practice guidance, charities, commissioners of services, nurses and health professionals. These partnerships demonstrated the registered manager sought best practice to ensure people received good quality care and support.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local charities to increase people's opportunities for social interaction and employment in their local community.
- The provider was working with Worcester University to assess whether people living with dementia would benefit from an evening meal, rather than a large lunchtime meal. The management team felt this would be more in keeping with people's past routines and less likely to impact on people's tiredness in the afternoons.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager and provider understood their responsibilities to share information under the duty of candour regulations.