

Belvoir Healthcare Ltd

Belvoir House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Belvoir House is a residential care home providing personal care to up to 39 people. The service provides support to older people and younger adults, some of whom live with dementia. At the time of our inspection there were 29 people using the service. The home is a converted period building with a large garden. People are accommodated over 2 floors in 2 wings known as Nightingale and Kingfisher, each of which have their own communal areas

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

Improvements had been made in the management of risks to people individually and from the environment. People were supported by enough staff who had been recruited safely. The cleanliness of the service had improved and risks relating to COVID-19, and other infections were assessed and managed. Any safeguarding concerns were identified and responded to appropriately. People received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were considered holistically and nationally recognised tools to assess these were used. Improvements had been made to the training and support provided to staff. This meant people were supported by competent staff. People's meal time experience was improved, people were provided with enough food and drink that met their needs and preferences. People's health care needs were assessed and staff worked with external health professionals to help ensure these were met. The provider had started to undertake a refurbishment programme and improvements had been made to the physical environment.

People and relatives told us the care and support had improved significantly. People were supported by kind attentive staff, who encouraged their independence. People's privacy and dignity was respected and promoted. New systems were in place to ensure people and their relatives were able to express their views on the support they received.

People received person-centred care from staff who knew them well, including their individual needs, social histories, and interests. Care plans contained person-centred information about each person, including people's communication needs. Staff ensured people had the tools and equipment they needed to help them communicate effectively. People and relatives praised the activities now on offer, they were consulted on the activities being offered and this had helped ensure they met people's individual needs and interests. No complaints had been made since the previous inspection, the management team had been open, honest, and reflective in response to the concerns identified at the last inspection.

Changes had been made to the management of the service since the previous inspection. The new management team were responsive, effective, and committed to ensuring improvements to the quality of

the service were made. People were supported by staff who understand their responsibilities. Everyone we spoke with told us the service had significantly improved. Relatives praised the homeliness of the service. The culture of the service had changed, staff morale was improved, and the atmosphere was pleasant and welcoming. People and their relatives benefited from a person-centred culture in which staff engaged and listened to them. The management team were open, approachable and supportive. Relationships with the local community had begun to be formed for the benefit of the people using the service. The management team had engaged effectively with other stakeholders who were supporting them to make improvements in the service

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 24 August 2022).

We imposed conditions on the providers registration after the last inspection. This meant the provider had to submit governance documents and assurances every month to CQC.

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 25 July 2022. 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 inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

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 section 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 well-led.

Details are in our well-led findings below.

Good ●

Belvoir House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, a medicines 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.

Service and service type

Belvoir House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Belvoir House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. Following our last inspection in August 2022 the managing director of the provider had taken over direct management of the service. At the time of the inspection the managing director had submitted an application to register as the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed the care and support people who used the service received. During our visit we spoke with 6 people who used the service, 5 relatives and 10 staff. Staff we spoke with included the deputy manager, the chef, team leaders, and support staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a further 10 relatives over the phone following our inspection visit. Records were reviewed both on site and remotely and these included the care records for 3 people and medicines records for 10 people. Records relating to the governance were also viewed and included quality assurance audits, staff personnel files, staff training, and health and safety records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully assess and manage the risks to people who used the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Individual risks to people had been assessed and considered. We checked the care in place around risks such as falls, malnutrition, and pressure ulcers and saw care plans were being followed. This meant we could see actions to prevent and manage these risks were being taken.
- Records showed that people who were low weight and at risk of malnutrition were not losing any further weight. Relatives told us if staff were concerned about their family member not eating, they would make extra effort to encourage this, such as taking the person out for breakfast or a meal. Records also demonstrated where people had areas of pressure damage these were now healing.
- Environmental risks were assessed and managed. We identified some further actions were required to robustly manage the risk of legionella. The provider actioned these during the inspection and we were assured this risk was now reduced.

Staffing and recruitment

At our last inspection the provider had failed to have robust recruitment practices in place to ensure only 'fit and proper' staff were employed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We reviewed the recruitment files of the 3 most recently recruited staff and found improvements had been made. Checks to assess the suitability of the staff recruited had been carried out. This included details on employment history, references from previous employers and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Since the last inspection the provider had reviewed staffing levels. As part of their review this had included

taking in to account the feedback from people and staff. Following their review, they had increased their staffing levels during the day and night.

- People, relatives, and staff told us there were enough staff. One person said, "There is enough staff, day, evening, nights are covered, weekends that's the same. Always staff there to cover, that makes me feel very confident, it is a marvellous place." A staff member told us, "I don't go home tired now, we were running short staffed, now everyone gets on with everyone."
- We observed staff were always present in communal areas where people were. Staff were quick to identify and respond to people when they needed help, this included when people called their call bells for assistance.

Preventing and controlling infection

At our last inspection the provider had failed to adhere to the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to the cleanliness of the building. Several bathrooms had been refurbished and these were clean and pleasant. There were no malodours in the building.
- People and relatives told us they had noted improvements. One relative said, "It is pristinely clean" whilst another said, "The home is clean and has improved this year."
- We saw staff had been reminded of good infection control practice in relation to their uniform and presentation. We observed this was followed during our inspection visit.
- Individual risks to people and staff in relation to COVID-19 had been assessed and considered, this included assessing what PPE, such as face masks, should be used and when.
- We observed supplies of PPE in place as well as designated donning and doffing areas. There was improved access to handwashing facilitated throughout the home.

Visiting in care homes

- There were no restrictions on visiting in the service. We observed some relatives visiting throughout the day, including taking part in meals with their family member.

Systems and processes to safeguard people from the risk of abuse

- A system was in place to provide oversight and analysis of any safeguarding concerns. This included making sure any concerns were shared and referred appropriately.
- Staff had received training in adult safeguarding and information was provided to them and people using the service on how to raise concerns.
- People told us they felt safe living at the service. One person said, "It is nice, quiet, staff pop in and see me regularly, I do feel safe, all the staff are kind to me." Another person told us, "I feel absolutely safe here. Staff come and ask if I want anything, bring me coffee in the morning, check on me at night, that is good to know someone is about."

Using medicines safely

- Improvements were found in the management of medicines. Senior staff carried out frequent checks of medicines. Records showed that people received their medicines as prescribed and these were being stored

securely and at appropriate temperatures.

- Staff had received training on medicine management and had been assessed as competent to give people their medicines.
- Person-centred information about giving people their medicines and written guidance about medicines prescribed on a when required basis (PRN) was available for staff to refer to and to enable them to give people their medicines consistently and appropriately.
- For people prescribed topical medicines there were body charts showing staff where to apply these medicines. People prescribed medicated skin patches had additional records showing that there had been appropriate intervals of time before repeating the site of application to avoid the potential for irritant skin reactions.

Learning lessons when things go wrong

- Improvements had been made in this area. The directors, deputy manager and staff demonstrated reflective practice when reviewing and discussing the areas of concern found at the last inspection. Themes and trends had been identified which had supported them to address areas of concern.
- Staff told us there was a learning culture in the home now where they were encouraged to discuss and reflect when things went wrong. One staff member told us, "Lessons are learnt at every meeting, we go through minutes, and discuss any issues."
- A system was in place which supported the management team to review when incidents had occurred and identify any themes and patterns. This included checking what actions had been taken to mitigate future occurrences, such as falls.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to work within the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's capacity to consent to their care, including the use of pressure sensors and other equipment, had been considered and recorded. This had included carrying out mental capacity assessments and best interest decisions in line with the MCA.
- Systems were now in place to check and document where people had appointed others with legal authority to make decisions on their behalf.
- Staff had identified where a DoLS authorisation was required, and these had been applied for appropriately. A system was in place to ensure conditions were met and timely renewals of authorisations were made.
- We observed staff supported people to make decisions around the care they were providing.

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

- People's needs had been holistically assessed, this included areas such as their physical health, their cultural and spiritual needs, social needs, and communication.
- Nationally recognised tools were in place and used to assess people's needs.

Staff support: induction, training, skills and experience

- The management team had recognised much more support in this area was needed. They had put in place a range of additional support and reviewed the training.
- More immersive training was now in place for staff to help them understand and identify with the needs of people using the service. For example, some staff had received practical supervisions with exercises designed to help them experience what it was like to have dementia and require support to eat. The management team were also organising days where staff became a resident and experienced what it was like to experience the care in the home.
- Staff had received a range of training, this included areas such as equality and diversity, person centred care, autism awareness, LGBT aware for care, and oral care. Records showed staff training was up to date and staff spoke positively of the training received.
- Regular supervisions were carried out with staff, who spoke of good support from the management team.
- New staff received a clear induction, with shadowing shifts, and undertook the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Improvements had been made to the mealtime experience. Pleasant music was playing and staff were attentive to people ensuring they had the right support and enough food.
- We noticed staff encouraged people to eat plenty and offered alternative meal options if they felt the person had not eaten either or did not like the meal. One person had declined their meal and we noticed another staff member reoffered this a short time later successfully encouraging them to eat.
- Large picture menus were in place and we observed staff using these and plates of food to help people make decisions on what they wanted to order.
- There was a detailed system in place to make sure staff knew people's individual nutritional needs and preferences. This included person-centred detail around preferred drinks and how people liked their tea and coffee. We observed the support and records which showed these needs were met.
- The service was engaged with a local university research group aimed at encouraging people in care homes to drink enough. We saw drinks were independently accessible to people and staff regularly offered and checked people's drinks. Records showed people in the home were achieving a good level of hydration.
- People told us the quality of the food provided was good. One person said, "Excellent, meals are something to look forward to, very nice, home comfort food." Another person told us, "Food is nice, plain and unadulterated food, you get lots of drinks, hot tea and coffee. They have got a tray in the dining room which has got chocolate, crisps, biscuits and I help myself".

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

- Improvements had been made in this area, records showed staff identified health care concerns and ensured people received support.
- People's health needs were assessed and considered, this included in relation to their oral health as well as access to regular health services such as chiropodists.

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

- Some areas of the home were tired and required refurbishment. The provider supplied us with a clear refurbishment plan. Our observations showed this was underway, for example with improved bathrooms and redecoration of some areas.
- A new visitors themed tea room was in place for people and relatives to spend time together in private. One relative told us, "Get a brilliant welcome when we go, they offer tea or coffee and we sit in a separate room a tearoom, it is a nice room"
- People's rooms were personalised.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were consistently treated with respect, and their dignity and privacy upheld. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Since the last inspection the new management team had made changes to the staff team and worked closely with them to ensure they understood and delivered kind and compassionate care. People and relatives told us this had greatly improved the care people received.
- One relative told us, "Caring has gone from zero to 100%", whilst a person using the service said, "Staff are kind, they all help, have a bath every week 15-20 minutes and I have a soak, that is nice, it is warm enough, I never feel embarrassed."
- We observed staff were attentive to people, gently supporting them whilst encouraging independence. For example, we saw one person filling up glasses of water, and a staff member checking what they wanted to do. The person had wanted to water plants in a communal lounge. The staff member then helped them achieve this in a respectful manner which supported the person's independence.
- Another relative told us how staff sensitively understood their family member's desire to work and help in the service. They told us staff supported their family member to complete tasks around the home and help in the kitchen which supported the person's overall well-being and gave them a sense of purpose.
- We noted after meals people were provided with napkins and encouraged to clean themselves. Staff were attentive to people's comfort, for example ensuring people were dressed properly and comfortable.
- Staff were mindful of people's privacy, we observed them knocking on people's doors and maintaining their privacy when supporting personal care.

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

- The management team had implemented new systems to help ensure people and their relatives could express their views. Monthly reviews with people and their relatives were now in place. Relatives told us they were regularly involved in formal reviews of the care provided.
- Resident meetings were being held and the minutes to these showed people were asked their opinions on

the support they received. In particular we noted people would ask for certain activities and these were added to an activity action plan to ensure these were carried out.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; End of life care and support

At our last inspection the provider had failed to ensure people received person-centred care and failed to ensure people, and those lawfully acting on their behalf, were involved in the planning, management and review of their care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements had been made in the involvement of people and relatives in care planning. This had ensured the care plans now in place contained detailed guidance for staff that was person centred. For example, people now had clear life histories in place as well as care plans that detailed their preferences around personal care or their daily routines. One person told us, "I go to bed and get up when I want, I am pretty independent."
- Since the last inspection a comprehensive overview of people's needs had been put in place, this contained accurate and person-centred details about the support people required. This provided an easy and quick reference sheet for staff, including agency staff, to ensure the support they were providing met people's needs.
- In each bedroom people now had an about me information sheet which contained details about their life history, family, interests, and care needs.
- Staff knew the people they supported well, and we observed they spoke with people about their families and interests during our visit.
- At the time of our inspection no one was receiving end of life care. People had end of life care plans. This included very person-centred details such as what music people might like to hear, and their favourites smells to scent their bedroom.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and care planned. Written information on a range of areas was displayed around the home, and this included service user guides in people's rooms. One person required additional support to communicate, and we observed staff had put in place communication tools to help them.
- Relatives told us staff were much more attentive to people's communication needs. One relative said, "[Family member's] hearing aids would be lost, now they have got new ones, the manager was responsible for them and now [family member] is wearing them all the time."

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 activities on offer and support around social isolation had increased significantly. People and relatives praised the range of activities. One person said, "I go to almost everything they put on, do the film shows, get together and chat and they bring me out of myself, I have my mags and books." Whilst a relative said, "It is exceptional in entertainment and looking after [family member]."
- A regular activities plan was in place throughout the week with planned activities such as baking club. One relative told us their family member had participated in activities such as, "cuddling a rabbit, doing flower arranging, cheese and ginger beer, magic, petting animals, it is something to encourage them." An activities action plan was in place which showed people suggested types of activities they wanted to do and how these would be put in place.
- People also received individual 1 to 1 support which included activities outside of the home. These were often very person centred and focused on people's individual needs and preferences. For example, going out to places of their choice to eat, a trip to look at the boats at the nearby marina, a Christmas shopping trip, and one person had visited one of the provider's other homes.

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints. Information on how to complain was provided to people, this included how to explain outside of the service if needed.
- A significant number of concerns had been raised following the last inspection. The new management team had been honest, open, reflective, and accepting of the changes that had needed to be made.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure the systems in place to assess, monitor and improve the quality and safety of the service was effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improved governance systems had been put in place, this included good oversight of people's individual needs and associated risks. A new electronic care management system was in place. Some further work was required to ensure this was fully embedded and effective. We discussed this with the management team who provided us with examples and assurances of how this would be supported.
- Since the last inspection the provider had made changes to the management team. The managing director was managing the service directly to oversee and embed the improvements needed. Staff told us they appreciated this and valued the commitment the senior management team showed in ensuring improvements were made.
- The provider's systems demonstrated they were effective as issues had been identified and actions taken to make improvements. For example, two relatives told us they had witnessed their family member wearing clothes that were not their own on some occasions. The provider's systems showed they had already identified this as a potential issue and had taken actions to address it. They had discussed the issue with members of the laundry team and were purchasing individual name labels to be used for each person's clothing.
- The improved governance systems also ensured there was more opportunity for people, relatives, and staff to provide feedback on the support provided. This had helped the management team reflect and improve the quality of care provided.
- The management team had reviewed how shifts were run and staff responsibilities. Staff told us this had made significant changes. One said, "We know what we are doing on a daily basis, we have 2 handovers each day which is really good, and everyone knows their job roles now, it is more positive here now."
- The management team had reflected on the previous inspection, identified lessons learned and made improvements. Everyone we spoke with praised the improvements in the quality of the service provided. One relative told us, "The turnaround is amazing, absolutely now I would recommend it 100%." Whilst

another said, "A year ago it was not so good, now it has improved, now it is exceptional." They went on to say, "Used to be no uniforms, no name badges, it is now good as I know who is a resident, who is staff, creates a community and the care workers are part of it and [family member] says it is my home. That is good, I like that."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the previous inspection, significant concerns had been identified regarding the culture within the service. Since the inspection the management team had placed a strong focus on changing this. This had included reviewing and making changes to the staff team and clearly communicating their vision and values. Staff told us this had improved the culture and they understood the behaviours that were expected of them. A staff member said of the culture, "A lot better. Now management have monthly meetings, anything going on can be raised or we can go to management team, and they will speak to all involved and make it civil. Everyone is acting much more professional, no more bickering. Everyone has mutual respect."
- We received a number of comments from relatives praising the "homely" and friendly atmosphere.
- A range of measures to gain feedback from people, relatives, and staff had been put in place. This included regular meetings, formal care plan reviews and quality assurance questionnaires.
- The culture within the service was much more person centred. For example, the management team had implemented a key working system and people were asked to choose the member of staff they wanted to be their key worker. For those who were unable to choose, the management team had asked the staff team which member of staff had a good rapport with the person so they could be the keyworker.
- Care plans contained improved person-centred detail and we saw people were at the heart of activities which were planned around their wishes and needs.
- People, relatives, and staff told us the management team were approachable, listened to them, and communication had improved. A relative said, "I get letters saying the manager changed, changes in management and who is who, I am kept well informed."

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 provider understood their responsibilities under duty of candour.
- Relatives told us when something went wrong the management team were open and honest. One said, "Any falls or episodes they are quick in bringing in the paramedics and immediately they tell me. Communication is superb, cannot fault them on communication." Another said, "Before [family member] went there I saw on the internet it was not a very good CQC report, but I was pleasantly surprised. They said management had changed, they didn't try and hide anything and asked if I had read the report."

Working in partnership with others

- Since the previous inspection the management team had been supported by the local authority to make improvements in the service. They had engaged well with this support and acted on feedback given to them.
- The management team had worked hard to build up relationships within the local community which benefited people using the service. Relationships had now been established with local schools, and intergenerational activities has been established, such as a homework club in the service. A relative told us, "It is wonderful, animals are allowed in, Chester the dog comes in, children come in once a week and the residents relate to the children."