Forest View Care Limited

Forest View Care Home

Inspection report

45 Upper Walthamstow Road
Walthamstow
London
E17 3QG

Tel: 02085202361

Date of inspection visit:
23 January 2019

Date of publication:
11 February 2019

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:
• Forest View Care Home provides accommodation and support with personal care for up to 24 people who have dementia care needs.
• At the time of the inspection it was providing a service to 22 people.
• For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
• People felt safe and were happy living at Forest View Care Home. They told us staff were kind, caring and treated them with respect. People told us staff responded promptly if they needed support. People's health care needs were well managed. Medicines were managed safely.
• People's risks were assessed and strategies put in place to mitigate the risks.
• People's likes, preferences and dislikes were assessed and care provided met people's desired expectations.
• People's care was person-centred. The care was designed to ensure people's independence was encouraged and maintained.
• People and their relatives were involved in the care planning process and review of their care.
• The service had a stable management structure. The provider had implemented systems to ensure they continuously measured the safety of people's care and quality of the service.
• The home was clean and well maintained.
• Recruitment processes ensured staff were suitable to work in the care service. Staff were well trained and supported by a registered manager who worked alongside them on a daily basis providing direction and guidance.
• People enjoyed activities that were offered.
• People, relatives and staff praised the management of the home and spoke highly of the registered manager who they said was approachable and always available. Audits and checks were carried out and used to drive continuous improvements to the service people received.

Rating at last inspection:
• The service was registered by CQC with a new provider on 4 May 2018. This was the first inspection visit to the service under the new provider.

Why we inspected:
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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.
• We made a recommendation in our inspection report, which we will follow up at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Forest View Care Home

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, a specialist advisor with a background in nursing and dementia care 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:
• Forest View Care Home is a care home. People in care homes receive accommodation and nursing or 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. 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:
• Our inspection was unannounced.

What we did:
• Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House.
• We asked the service to complete a 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 spoke with 15 people who used the service and one relative. After the inspection we spoke with two relatives.

• We spoke with the registered manager, the provider, the nominated individual, the administrator, two senior care workers, two care workers, the activities coordinator and the chef. We also spoke to health professionals who visited the home during the inspection. This included the GP for the home, lead nurse for the local GP practice, the district nurse and two speech and language therapists.
• We reviewed seven people's care records, eight staff personnel files, staff training documents other records about the management of the service.
• We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

• People and their relatives told us they felt the service was safe. A person told us, "Oh yes, it is safe here." One relative said, "The manager and the staff provide a safe [service]." Another relative told us, "Oh gosh yes [safe]. I can relax knowing [relative] is there."

Systems and processes to safeguard people from the risk of abuse:
• People were protected from the risks of harm, abuse and discrimination.
• There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
• Staff and management we spoke with had a good understanding of their responsibilities. One member of staff said, "I would report to the manager. I would go the local authority and CQC and complain [if not followed up]." Another staff member said, "I would report it to my senior first. I would go up to the manager if nothing done then I would go to CQC. That is being a whistle blower."
• Staff completed safeguarding training to provide them with knowledge of abuse and neglect.
• Records showed that there had been one safeguarding incident since the service was registered. The service was able to describe the actions they had taken when the incident had occurred which included reporting to the Care Quality Commission (CQC) and the local authority.

Assessing risk, safety monitoring and management:
• The service aimed to obtain as much information about a person before a new care package commenced. Before admission to the home a 'pre-admission assessment form' was undertaken to assess whether the service could meet the person's needs. This included assessments from commissioning bodies, and feedback from people and their relatives. One relative told us, "We went through everything. [Relative] had a trial there. She was asked what she thought about it. We agreed she would stay. She agreed to stay."
• People's care files included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as manual handling, mobility, physical needs, mental health, personal care, environment, medicines, social needs, emotional wellbeing, and room security.
• The care documentation set out the risks and control measures in place to mitigate the risks. For example, one person's risks were related to their emotional wellbeing. The care records stated, "[Person] is a quiet man. Can get emotional at times. His [relative] comes regularly and he enjoys her visits. Ensure [person] is included in social interaction and conversation with staff and service users. Ensure he is involved in daily activities to keep him stimulated."
• The service had contracts in place for the regular servicing and maintenance of equipment. We saw records of maintenance and regular health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out
within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, emergency lighting, fire equipment, call bells and hoists.

• People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. People's safety in the event of an emergency had therefore been considered

Staffing and recruitment:
• Through our discussions with the registered manager, staff and relatives of the people who used the service, we found there were enough staff to meet the needs of people who used the service.
• Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. People told us their needs were met by the staff. One relative said, "Definitely [enough staff], normally four or five carers and the manager."
• Staff told us there was sufficient staffing levels and their shifts were covered when they were on sick and annual leave. One staff member told us, "I would say yes [enough staff]. We normally can get cover a shift. We are not rushed." Another staff member said, "I think there is enough staff as they have just employed two more staff."
• The provider followed safe recruitment practices.
• Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely:
• Medicines were managed safely and staff followed a medicines policy.
• All medicines were stored securely in a locked room and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. All medicines were disposed of safely.
• Clear records were kept of all medicines that had been administered. The records were up to date and had no gaps showing, and all medicines had been signed for.
• Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent. Medicines audits were carried out on a regular basis.

Preventing and controlling infection:
• Staff completed training in infection prevention and control. Records confirmed this.
• Staff had access to personal protective equipment such as gloves and aprons. One staff member told us, "We wear gloves and change between residents. Don't wear gloves in the corridor." Another staff member said, "I wear gloves and aprons. We have yellow bags for soiled pads. Red bags are for urine."
• Staff were required to complete training in food hygiene, so that they could safely make and serve meals and clean up after preparation. Records confirmed this.
• People and their relatives told us the service was clean. One relative said, "They have a cleaner that comes in every day. My [relative] always comments how clean the home is. I have spoken to other family members and they are positive about it."

Learning lessons when things go wrong:
• Lessons were learnt when things went wrong. We saw an example where a person had an accident in their room. This was recorded and analysed with actions taken to ensure people's environment was safe. This showed the provider wanted to keep people as safe as possible.
• Accidents or incidents were monitored and procedures were reviewed, including review of people's care records. Discussions took place, including in staff meetings and handovers to learn from these.

Good

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

• One person told us, "I enjoy being here as [staff] are kind and helpful. I do not have a problem with anybody as all friendly." One relative said, "The support staff are very good."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Assessments of people's needs we saw were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
• Staff knew people's preferences, likes and dislikes. Information available included meal choices, and personal hygiene routines.

Staff skills, knowledge and experience:
• When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "They told me about the home and all about the residents, and care plans to read. I shadowed [staff member] for a little bit. I already know a lot about care. It was more about getting to know the residents. My induction was for about a week." However, the service did not always record when a staff member had completed induction and what topics had been covered. We spoke to the registered manager who advised they would start recording completed induction programmes for new staff.
• Training was provided in subjects including food hygiene, medicines, manual handling, first aid, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards , dementia, aggression, diet and nutrition, risk assessments, fire safety, equality and diversity, stroke awareness, diabetes, mental health, safeguarding, health and safety, infection control and record keeping. Records confirmed this.
• Staff told us the training provided helped them to perform their role. However, one staff member told us they would prefer more classroom training than online training. One staff member said, "At the moment we are doing the Care Certificate. The training is good because it explains new information like for safeguarding. It is good to get refreshments." The Care Certificate is a set of standards that social care and health workers use in their daily working life.
• Staff felt supported and received supervision and annual appraisals. One staff said, "Supervision is good because it tells what you are doing right and wrong and if you need to step up." Another staff member told us, "I have it with [registered manager]. You can talk to her and get feedback."

Supporting people to eat and drink enough with choice in a balanced diet:
• The kitchen was clean, food items were stored appropriately and labelled. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good.

• People were supported to have a balanced diet that promoted healthy living. People had access to snacks and drinks throughout the day and fresh fruits were available for them.
• The service had a monthly rotating menu. We looked at the menu and found that choices of food and drinks were varied and nutritionally balanced including fruits and vegetables.
• The chef had a good system to know who had a special diet and was able to cater for those who had swallowing difficulties and those who were diabetic.
• People and their relatives told us they enjoyed the food. One person said, "He's a good cook. He does it all himself." Another person told us, "The food is very good here." A relative said, "They give [people] a variety. [Food] is more healthy [like] fruit, vegetables and fish. My [relative] is diabetic and staff are aware of that. They have two chefs there. They are encouraged and supported to eat. Some people are assisted."

Staff providing consistent, effective, timely care within and across organisations:
• The service worked with other agencies and professionals to ensure people received effective care.
• Where people required support from other professionals this was supported and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as GPs, health services, social services, and dementia organisations.

Supporting people to live healthier lives, access healthcare services and support:
• People were registered with healthcare professionals. A GP visited regularly or when required to ensure access to treatment and medicine. On the day of our inspection we saw a GP, district nurse, chiropodist, and speech and language therapist visit people at the service. A health professional told us, "[Registered manager] liaises well with the [GP] surgery."
• Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin.
• Relatives told us the service supported people with health needs. One relative said, "The doctor is on call. They do [chiropody]." Another relative told us, "[Health appointments] all organised by the home. The diabetic nurse comes in to see [relative]. The chiropodist comes into the home."
• Records showed the service worked with other agencies to promote people's health such as district nurses, GPs, pharmacists, speech and language therapists, opticians, and chiropodists.

Adapting service, design, decoration to meet people's needs:
• The service was a converted building not originally designed as a care home. There were several floors which could be accessed by stairs and a lift.
• The premises were homely, and pleasantly decorated. People enjoyed sitting in the communal lounge and dining room at the front of the building.
• There was planned and ongoing maintenance of the environment. The new provider told us about their plans to improve the premises. They had started to refurbish bedrooms. The dining room had recently been refurbished.
• There was a secure access to a well-kept garden for people's use.
• Specialised equipment was available for people such as a hoist and walk in showers.
• People and their relatives had been involved in discussions about the refurbishments for the service. One relative told us, "They are refurbishing the premises. They have got plans. My [relative] just moved into a new refurbished room."

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, MCA and DoLS. One staff member told us, "I will ask if they need any help."
• Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
• DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager, and renewals submitted to local authorities and the Care Quality Commission as needed.
• The registered manager understood their responsibilities in terms of making an application for deprivation of liberty safeguards to the authorising authority and sending notifications to us about those applications being granted.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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:
• We observed staff being kind to people and being involved with the tasks and activities they wanted to do. One person told us that staff were, "Very nice [and] kind to us." Another person said, "I feel at home here." A relative said, "I think [staff] do [care] definitely." Another relative told us, "The staff are lovely and extremely nice. Extremely caring. [Relative] talks about that all the time. They are brilliant. [Staff member] brought in a massive bag of wool for her."
• Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "I enjoy my job looking after the residents as I class them as my own family." Another staff member told us, "I have a good relationship with [people who used the service]. I am [person's] favourite [staff member]. I bring in her wool and knitting needles. She is knitting me a scarf."
• People did not always express their views verbally, but through gesture and physical touch. For example, we saw a person who was showing signs of being upset. A staff member gently held the person's shoulder and said, "What is wrong with you today? Are you not feeling good? Let me give you a cup of coffee." The person smiled and calmed down.

Supporting people to express their views and be involved in making decisions about their care:
• People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
• Records showed people who used the service and relatives were involved in care planning and reviews. One relative said, "I have seen the care plan and I have input on it."
• People and their relatives were involved in making choices about their care. One staff member told us, "[People] can choose what they want to wear, if not, show them what they could wear. Always give a choice." A health professional told us, "[People] have a choice here, [regarding] getting up when they want and what room they want to go in."

Respecting and promoting people's privacy, dignity and independence:
• People and their relatives told us their privacy and dignity were respected. One person said, "Given respect, no complaints." A relative told us, "They do [give respect]. Whenever [staff] enter my [relative's] room they always knock and are very polite. They understand we like to have quality time. They show respect on how they clean [relative]."
• Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "If they are in their room we will knock on door and introduce myself." Another staff member said, "I knock on the door and I will say good morning and see if they want to get up. Some people don't like to get up early. I will leave them for a while. [Personal care] I shut the door."

• The service promoted people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence. One staff member said, "There [are]people who do things for themselves. Like the [person], she washes herself, changes her clothes, and does her own [medicines]. She is very independent."
• Promoting independence was reflected in people's care plans. One care plan stated, "[Person] is able to wash himself but will need prompting with his shaving and also changing of clothes."

Good

Is the service responsive?

Our findings

Responsive – this means that the service met people's needs

People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships:
• All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
• The care documentation clearly showed that the service identified and record communication impairments.
• People with hearing impairments had access to audio books. People with sight impairments had access to larger print documents such as newsletters and presentations during resident meetings.
• Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "If it was [a same sex couple] we would try and accommodate them in the same room. We have double rooms. It wouldn't have an impact on anyone of us here. We have [LGBT] staff." A staff member said, "[LGBT] people need to be respected just like anyone else in the home. They are human just like anybody else."
• Training records showed staff had completed diversity and human rights training.
• People and relatives were positive about the person-centred care they received. Staff showed us they knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. One person told us, "If I am upset about anything [staff] will help me." Another person said, "Had to call [staff] at night and they came immediately." A relative commented, "Biggest thing is the way that [staff] talk to [relative]. Seem to know individuals."
• People had access to planned activities and local community outings. During the inspection we saw people playing bingo in the morning and a group game in the afternoon.
• People and their relatives told us they enjoyed the activities provided. One person told us, "I get involved in the bingo, skittles, drawing, painting, knitting and colouring activities. I get my own newspaper delivered here." One relative said, "They have a lot of activities with the new management. They are motivated to get involved in lots of activities." Another relative told us, "I think [relative] partakes in everything that is going. She does word games and scrabble. They have people come do to activities." A third relative said, "The activities coordinator always has something going on."
• Despite this positive feedback we found that care plans lacked detail and guidance for staff to follow when supporting people. We saw there were assessments in place provided by the commissioning authorities and these contained essential information about each person.
• The care plans had information on people's personal, social and medical history however they did not always describe peoples likes and dislikes. Also, the care plans were task focussed and lacked detail.
• This meant the records of personal care support were not person-centred and did not reflect people's personal preferences. However, staff we spoke with had a good understanding of people's needs. Also

feedback from people and relatives confirmed they felt they were receiving personalised care that met their needs.
We recommend that the service seek advice and guidance from a reputable source, about recording people's support that is person-centred, detailed and reflects their preferences.

Improving care quality in response to complaints or concerns:
• There was an appropriate complaints management system in place.
• Staff knew how to provide feedback to the management team about their experiences which included supervision sessions and team meetings.
• People and relatives were aware of how to make a complaint. One relative said, "First I would speak to the manager and one of the directors. I know what to do." Another relative told us, "If I had a major problem I would go directly to [registered manager]."
• The registered manager told us there had been no complaints since the service was registered.

End of life care and support:
• There were plans in place for people's end of life care. However, they were sometimes lacking in detail. In many cases the plans quoted from the service's end of life policy and was not specific to that person's wishes.
• The service had not always recorded end of life preferences or wishes.
• The service had an end of life policy which was appropriate for people who used the service.
• The registered manager recognised the need to improve the documentation of people's end of life preferences. They explained the plans they had in place to improve this detail in people's end of life care plans. This included asking for the information during the pre-admission assessment, so that it was recorded promptly. The registered manager told us end of life care training was to be provided to staff a few days after our inspection.

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:
• People and their relatives told us they felt the service was well run and responsive to their concerns and needs. One relative told us, "I think [registered manager] is one of the best managers." Another relative said, "[Registered manager] will talk to me when I visit or phone to discuss things."
• Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, staff meetings were held on regular basis. One staff member said, "Staff meetings every month. They are quite good. People can express their views. They do listen." Another staff member told us, "They ask if you have any questions. You can say what you are concerned about."
• The service had a policy and an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• Staff spoke positively about the registered manager and working for the service. One staff member said, "I think she is a good manager. She is like a friend but if something needs to be done she is a manager. It is a good balance." Another staff member told us, "[Registered manager] is terrific. She does help everyone as much as she can. She has been very good to me. Couldn't get a better manager."
• The registered manager had worked for the service for a long period of time and had a clear understanding of her role and the organisation. The registered manager told us, "Everyone who comes here love Forest View. I feel I have done a really good job for 30 years and I am really proud of that."
• The service had been operating for a number of years. A new provider took over the service in May 2018. Feedback from staff, people and their relatives were positive about the new provider. A relative said, "I have seen the handover period with the new provider. They are on the right track." A staff member told us, "[New providers] have brought in a few good changes. Decorated the dining room and some of the bedrooms with new flooring and furniture. Also done the front of the building, [and] new locks on the windows." Another staff member commented, "I think the home has improved since they started. With new decorating, things are a lot better. They are aiming to achieve a lot. They are putting a lot of hard work into it."
• The service notified us before the inspection that the registered manager was leaving the service. The

provider had advertised the position and was in the process of interviewing new applicants. Staff, people and relatives had been informed of the changes. One staff member told us, "It will be a big loss."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The registered manager and the staff team knew people and their relatives well which enabled positive relationships to develop and good outcomes for people using the service. One relative told us, "[Registered manager] will phone me up for a little chat concerning my [relative] and ask how I feel. They run everything past me."
• The quality of the service was also monitored through the use of annual surveys to get the views of people who used the service and their relatives. The last annual survey was conducted in 2018. Overall the results were positive. Comments included, "The staff have very good communication and are kind to me" and "If I need help I just ask for it."
• The quality of the service was also monitored through the use of annual surveys to get the views of staff who used the service. The last annual survey was conducted in 2018. Overall the results were positive. Comments included, "I believe the home is going to have some positive changes. The owners are doing an amazing job so far. They have the resident's' best interests at heart" and "The environment is stimulating for the residents and the staff know each service user extremely well."
• Records showed that the registered manager carried out regular audits to assess whether the service was running as it should be. The audits looked at the medicines, training, supervision, appraisals, care plan reviews, staff meetings and surveys.
• The service also involved people and their relatives in the development of the service through regular meetings. One relative told us, "The residents' meetings are like socials and free to say anything." Another relative said, "We visit every week and have visited when staff and resident's meetings on. We are asked if we want to participate."
• The service had created a social media page where relatives and friends could access updates on the service. The activities coordinator told us, "Relatives can tap into it and highlights what we have done all week. I put in a collage of activities and if we have had a visitor. Each week I update it and do a little blurb."
• The service had created a newsletter for people and their relatives. The newsletter was in larger print for people who were sight impaired. The newsletter covered topics such as activities, Christmas day, birthdays, how to make a complaint, and an update of the home refurbishments.

Continuous learning and improving care:
• Throughout our inspection we saw evidence the provider and the registered manager were committed to drive continuous improvement.
• Feedback from people using the service, relatives and staff consistently told us the service had improved under the direction of the new provider.
• The new provider had a business plan to track and consistently improve the service. For example, the business plan laid out a five-year plan to refurbish and modernise the premises.

Working in partnership with others:
• The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with the local authority, health services, advocacy services and dementia organisations.
• Feedback from visiting health professionals on the day were positive. One health care professional told us, "We have a good working relationship. This and [another care home in the community] are the best homes. I have recommended [people] to come here." Another health professional said, "[Registered manager] is good. Nice working with her. The home is good and knowledgeable about the residents. There has never

been any indication of abuse or such like, it would not happen in this home, it's a really nice home."