Red Homes Healthcare Grantham Limited

Red Court Care Community

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Red Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for older people including people living with dementia. The home can accommodate up to 49 people. At the time of our inspection there were 23 people living in the home.

People's experience of using this service and what we found
Arrangements were in place to monitor and manage medicines. However, medicine records were completed inconsistently. Where people received medicines covertly (in drink or food without their knowledge) arrangements were in place according to good practice guidance.

The service placed people at the heart of the service and its values. It had a person-centred ethos. We saw evidence of caring relationships in place, and a commitment to support people at difficult times with compassion.

Staff were aware of people's life history and preferences and they used this information to develop relationships and deliver person centred care. People felt well cared for by staff who treated them with respect and dignity.

There was a process in place to carry out quality checks. These were carried out on a regular basis to ensure the quality of care was maintained. There were arrangements for communicating with people. We have made a recommendation about involving people and their relatives in the running of the home.

There was a range of activities on offer. People were supported to access the local community.

Care records were personalised and had been regularly reviewed to reflect people's needs. Care plans contained information about people and their care needs. People were supported to make choices and have their support provided according to their wishes.

People said they felt safe. There was usually sufficient staff to support people and appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people. People, their relatives and staff expressed concerns about staffing at weekends. We have made a recommendation about the management of staffing at weekends.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

People were supported by staff who had received training to ensure their needs could be met. Staff had

begun to receive regular supervision to support their role.

People had good health care support from professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. The provider and staff worked in partnership with health and social care professionals.

The environment was adapted to support people living with dementia. The home was clean, and arrangements were in place to manage infections.

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

The provider had displayed the latest rating at the home and on the website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection
The last rating for this service was inadequate (18 March 2019) and there were multiple breaches of regulation. This service has been in Special Measures since March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At this inspection the rating was requires improvement.

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not consistently safe Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our effective findings below.	**Good**
Is the service caring? The service was caring Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not consistently well led Details are in our well-Led findings below.	**Requires Improvement**

Red Court Care Community

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by a single inspector, an assistant inspector, a specialist advisor. And an Ex pert by Experience. The specialist advisor was a nurse. 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
Red Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. We inspected the service on 30 July 2019.

What we did
Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed 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 took this into account when we inspected the service and made the

judgements in this report

During the inspection we spoke with three people who lived at the service four relatives, four members of care staff, a nurse, the administrator, the housekeeper, the improvement manager and the registered manager. We also spoke with a visiting professional. We looked at four care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to have arrangements in place to ensure the safe delivery of care including the administration of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely
•Peoples' allergies were not recorded consistently on the medicine administration records (MAR). Where allergies were recorded they did not always match those recorded on the medicine front sheets. There was a risk people could receive medicines they were allergic to. We spoke with the registered manager who told us they had recently put in place a process with the pharmacy around this, but they were still experiencing problems.
•Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given 'as required' (PRN). However, we observed the guidance did not consistently detail how staff could recognise when people required the medicine. This was important where people were unable to communicate verbally to ensure people received their medicines when they required them.
•Temperatures of the medicine rooms and fridges were recorded consistently to ensure they remained within normal limits
•Where medicines were being administered in food or drink without people's knowledge(covertly) protocols were in place to ensure they were being administered as required and in peoples best interests
•Medicines which required specialist arrangements for storage were stored correctly.
•Medicine records contained photographs of people to reduce the risk of medicines being given to the wrong person.
•Staff told us they had received training about medicines and had been observed when administering medicines to ensure they were competent to do so.

Staffing and recruitment
At our last inspection the provider had failed to ensure there were sufficient suitably skilled and knowledgeable staff available to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

•There were usually enough staff available to meet the needs of people. One person said, "I have both a buzzer and an emergency buzzer close by me. My buzzer is always answered within five minutes which is

good and a big improvement as a few months ago I could have waited up to 15 minutes. The night staff are also very responsive." However, a relative told us, "There are issues with staffing at weekends as my mum will press her buzzer and often has to wait a long while before someone comes. This is having the affect that she now won't drink enough as she is worried."
•Staff told us that weekends were often a problem due to short notice absences. However, they said that usually arrangements to cover were made. For example, the previous weekend a nurse had come in to assist with personal care and the nurse currently on duty had also assisted with this. They said, "We pull together here, nurses and carers alike, it wasn't always that way, but things are certainly improving.''
•We looked at the staff rotas for June and July 2019 and saw that despite sickness and absences staffing numbers had usually been maintained. We spoke with staff about this and they told us because at a weekend staffing was minimal and did not include managers and the activity co-ordinator people did not feel they received enough attention other than the basic care they required. They told us this meant people remained in their rooms more at weekend because there was less interaction and activity for them. For example, a relative told us, "The food is very good, but there does seem to be an issue with mealtimes at weekends as the residents all stay in their rooms to eat. No one is assisted into the dining room."

We recommend the staffing levels are reviewed to ensure consistency across the seven days.

•The registered manager had undertaken the necessary employment checks for new staff. These measures are important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. This included checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Systems and processes to safeguard people from the risk of abuse
•Systems and process were in place to protect people from abuse. People told us they felt safe living at the home. One person told us, "I feel safe here because of the staff, I have nothing to worry about because of them." A relative said, "I feel that my [family member] is safe at the home as he has had several serious illnesses recently and the staff have looked after him very well."
•We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow and where to access information if they suspected bad practise or observed altercations with people who used the service. Staff told us they had received safeguarding training. Records showed that care staff had completed training.
•Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us and the Local Authority of the action they had taken. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.
•The provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Assessing risk, safety monitoring and management
•People were protected from risks associated with their care needs. We found that risks to people's safety and the environment had been assessed.
•Comprehensive and compassionate risk assessments were in place and included how people wished to maintain their independence safely. These told the staff about the risks for each person and how to manage and minimise these risks.
•People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
•Where people utilised specific equipment to assist them with their care appropriate checks were made regularly to ensure it was safe.

Preventing and controlling infection

•Suitable measures were in place for managing infections. Good infection control practice was in place. Staff had access to protective clothing and used it according to the provider's policy. Staff told us that they were trained in the use of PPE, and that they had external trainers bought in to teach them about changes and COSHH regulations. We also observed staff washing their hands on a regular basis to reduce the risk of cross infection. Staff were aware of the special precautions that needed to be taken in the case of an infection outbreak.

•The home was clean, and arrangements were in place to maintain this. A relative told us, "The home is very clean, and it always smells very fresh. The flooring in the home has recently all been changed which is good."

Learning lessons when things go wrong

•Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so that the registered manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff, so they could work together to minimise risk to people.

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 'Good'. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
•Staff had had access to regular updates on topics such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care.
•Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
•Specialist training was also available for example, a recent course had been organised about behaviour that challenges in dementia. A member of staff who had attended this told us, "'I have a much better understanding why people behave as they do and how to approach the problem since doing this course.''
•Supervisions had taken place and provided staff with the opportunity to review their performance and training needs.
•An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

Adapting service, design, decoration to meet people's needs
•Arrangements were in place to assist people with orientation around the home. For example, there were signs in words and pictures and memory boxes outside people's rooms. These contained items and photographs of things which were important to people to help them to recognise their rooms.
•People's rooms were personalised and where people required specific equipment to assist them with their care this was in place. Records detailed when checks had been made to ensure equipment was fit for purpose.
•The outside areas were safe and secure and people were able to access these if they wished

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•Care plans were regularly reviewed and reflected people's changing needs and wishes. Most people and relatives said they had been involved in discussions about their care plans. One person said, "I do have a care plan in place. I recently had a care plan review which my daughter was able to attend." A relative told us, "I am involved in my [family member's] care plan and it has changed a number of times recently due to my dad's condition."
•Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.
•Staff provided care in line with guidance and standards. For example, we observed people prescribed medicines which should be given before food were administered at 07.00hours prior to breakfast. This is

good practice and ensures the efficacy of the medicine.

Supporting people to eat and drink enough to maintain a balanced diet
•We observed lunchtime. People were given a choice at the meal time. One person said, "The food has definitely improved. We are offered a choice of what we would like to eat at lunchtime during the morning and if I don't fancy the choice on the menu, I can have something else such as an omelette or salad."
•Staff were familiar with people's needs and likes and dislikes. Where people required adapted cutlery and plates, to help them eat independently, these were available, and we observed them in use during meal times.
•Where people had specific dietary requirements, we saw arrangements were in place to ensure people received this.

Staff working with other agencies to provide consistent, effective, timely care
•People's care records evidenced all the people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.

Supporting people to live healthier lives, access healthcare services and support
•Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. One person told us, "The staff will always call a doctor if needed. Recently my blood pressure was a bit low, so they contacted the GP to review it."
•Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. We found where DoLS were in place conditions were being met.

•The service was acting within the principles of the MCA. Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support with when making some more complex decisions.
•Arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible.
•Records showed that when people lacked mental capacity to make specific decisions a decision in people's best interests had usually been put in place.
•Where people were unable to consent, the provider had ensured records detailed where relatives had legal

responsibility to make decisions on people's behalf.

Good

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 requires improvement. At this inspection this key question had improved to 'Good'. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
•People were involved in their care planning and expressing their wishes about their care. We observed staff interacting positively with people who used the service throughout our inspection. A person told us, "The care has got a lot better over the past 6 months."
•Staff gave each person appropriate care and respect while considering what they wanted. For example, one person told us, "The staff are absolutely lovely; it is though they are my own family." Another said, "The staff are very kind; they help me a such a lot."
•Staff knew how to care for people who needed support to prevent any distress. For example, a care record detailed how to support a person who lowered themselves to the floor when they became distressed. The care record explained how staff should sit with the person and support them until they had calmed down.
•A member of staff who was administering medicines spend over 10 minutes with a person to explain why they needed to take their medicines and how they would help the person to feel better.
•Staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided and respected by staff. A member of staff said, "I treat the residents like I would my mum or nan."
•The provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. Where people had expressed a preference in the gender of carers this was detailed in care records and adhered to where possible.

Supporting people to express their views and be involved in making decisions about their care
•People had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, we observed a member of staff serving a person their meal. They checked if it was what the person wanted and asked if they required assistance to cut up the food. They also asked if the person was comfortable and reminded the person if they needed anything to use the call bell.
•When administering medicines to people we observed the member of staff checked whether people wanted their bedroom doors open or closed.
•Where people had specific communication needs staff were aware of these and arrangements had been put in place to support them. For example, we observed a member of staff lip reading to communicate with a person. Another person's care record explained the need to use pictures when communicating with a person.
•Most people had family, friends or representatives who could support them to express their preferences. Furthermore, we noted that the provider had access to advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

•People's dignity was consistently respected. For example, people were called by their preferred names and this was documented in the care records. Bedroom doors had signs in use to indicate whether personal care was happening. This helped to prevent entry to the rooms and protect people's dignity. One person said, "The staff always knock on the door before they enter my room. I do appreciate that as this room is my home and the staff understand that." We observed a person sitting in a wheelchair said that they did not feel comfortable. Two staff members immediately responded and asked the person if they would like to go to their room so that they (the members of staff) could support them to get into a more comfortable position in privacy.

•Staff enabled people to be as independent as possible while providing support and assistance where required. For example, a person told us, "The staff know that if I have a plate guard and my food is cut up, then I am able to eat independently as I can only use one hand." Another person said, "Once the staff have supported me to get up, then I am able to be pretty independent as I have all my things around me such as my laptop, phone and television." A relative told us, "My [family member] is limited in their ability to do things for themselves, but the staff really encourage them to do the things that they can still do."

•Suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to 'good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People's care needs had been holistically assessed and regularly reviewed. If people required support, then staff had clear guidance on how to support them.
•Assessments outlined what people could do on their own and when they needed assistance. They also gave guidance to staff about how the risks to people should be managed.
•Care records included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
•People's lives continued to be enhanced because of a responsive approach to providing access to hobbies and activities during the week. For example, a person who had previously remained in their room continuously was described as, ''gradually beginning to enjoy life more' by going outside for periods and listening to visiting musicians where previously they had remained in their room. In addition, provision was made for a close relative to stay overnight in an adjoining room when on visits.
•People told us they had access to a range of activities. One person said, "There is plenty to do. I like to go to bingo and word searches and the staff know my preferences and the kinds of activities I like." During the morning the Activities Coordinator had arranged a cake icing activity and people were also doing dominoes and word searches. During the afternoon there was a visiting band. Staff were observed singing and dancing and encouraging and supporting people to join in. One person who did not want to leave their room had their bedroom door ajar, at their request, so they could hear the music.
•Staff were aware of people's past experiences and used their knowledge to make a more comfortable environment for people. For example, a relative told us, "The staff know the kinds of things my [family member] likes to do; they always attend the physical activities. They (the staff) meet their needs very well."
•Care records include life histories which were written in words and pictures and included photographs of places and objects which were meaningful to people. This is important because it helps staff to understand people's experiences and include them in day to day care.
•People were supported to make and maintain links with the local community. Links had been made with the University of the third age (U3A) and the local primary school. Children visited the home on a weekly basis. In addition, staff supported people to go to the local shops and have walks in the local community.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

•Care plans and other documents were written in a user-friendly way in accordance with the Accessible Information Standard so that information was presented to people in an accessible manner.
•Specialist equipment was in place to assist people with their communication, for example a person had a computer and a touch pad.

Improving care quality in response to complaints or concerns
•There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. At the time of our inspection there were no ongoing complaints. Complaints had been responded to appropriately and resolved.
•A policy for dealing with complaints was in place and available to people and their relatives.

End of life care and support
•The provider had arrangements in place to support people at the end of their life if required. Where appropriate records detailed people's wishes in the event of a deterioration of their condition. In addition, care records detailed whether people had funeral plans in place and what their wishes were in the event of their death.
•Do not attempt pulmonary resuscitation orders were in place. We observed these clearly recorded the reason for the decisions and where appropriate there was an advanced plan.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to 'requires improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider had failed to ensure that there were systems in place to monitor and manage the quality of care people received and to drive improvements. The service lacked the systems to provide sustainable improvement and good quality care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
•The provider did not always ensure that lines of accountability for staff were clear and effective. For example, we spoke with an ancillary member of staff who was not clear about their line manager and who to go to when they had concerns.
•Additionally, the registered manager was not always included in discussions about the development of the home. For example, we understood the home was due to be sold however the registered manager did not know the detail of this and therefore was unable to reassure staff.
•There were processes in place to monitor the quality of care people received and to drive improvements. Regular checks were in place for a variety of issues including environment, health and safety, fire, moving and handling, accidents and training. A relative told us, "There have been a significant amount of improvements recently and it does seem as though the improvements made are now being sustained."
•The registered manager carried out spot checks at weekends and evenings to monitor the quality of care. At our previous inspection we had identified fluid and turn charts had not been fully completed. The registered manager had introduced a system of daily checks for these and we found they were completed appropriately.
•Arrangements were in place to analyse results of quality checks so that trends could be identified to avoid incidents occurring again.
•The service had an open culture. An open-door policy was operated by the registered manager. Staff told us the registered manager was supportive and they felt able to raise issues.
•The previous inspection ratings poster was displayed on the provider's website as is required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•There were limited methods of engagement for people who lived in the service and specifically their relatives. Meetings were organised for people and their relatives however we saw these were poorly

attended and there were no attendees at the most recent meeting on 28 June 2019.
•Some people and their relatives told us they would speak with the registered manager if they had any issues. A relative told us, "Relatives meetings are held, but if I have any issues, I tend to raise them there and then." However other relatives felt that communication was not always as good as it could be and said that often they had raised issues with a member of staff and did not feel they had been addressed and communicated to more senior staff. They also told us that on occasions they were not informed about changes which had been made to the home or their relative's care.
•Staff were engaged in discussions and the registered manager had put a number of initiatives in place to facilitate for this. Including regular staff meetings and daily update meetings. However, we saw that staff meetings were poorly attended.

It is recommended the provider review their communication arrangements with people and their relatives to facilitate more engagement in the running of the service.

•Staff told us the registered manager was open and visible. A staff member told us, "Couldn't wish for a better manager or a better Deputy Manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The registered manager had appointed a number of staff as champions to ensure there was leadership in key areas. For example, infection control, dignity and medicines. The champions were responsible for bringing new ideas into the home around the topics and sourcing training and support for staff to ensure continuous development of the service. Staff told us they found these roles helpful to their work.
•A deputy manager had recently been appointed to lead on clinical issues. We saw they were given time when they were supernumerary to the rota numbers to allow them to concentrate on developing the service. For example, they were in the process of reviewing care records and changing them from an electronic to a paper format. This had improved the quality of the records and staff told us they were more comfortable with this system.
•The service had a manager registered with the Care Quality Commission in post. However, the registered manager had recently resigned from their post and was due to be leaving. The provider had started to look at recruitment options to ensure their regulatory requirement was met and the service continued to be led.

Continuous learning and improving care
•An effective system was in place to monitor and analyse accidents and incidents. The information allowed the registered manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service.
•The provider had notified CQC of accidents and incidents as required.
•The registered manager had engaged with external organisations to provide advice and training to staff on issues which affected people who received support.
•The registered manager was a participant in a local organisation which supported care home managers and provided access to learning and resources.
•The provider had recently employed an improvement manager to support the home to improve and main the quality of care.

Working in partnership with others
•The registered manager worked with other organisations, health and community professionals to plan and discuss people's on-going support within the service and looked at ways on how to improve people's quality of life. They used information they gathered to make positive changes to people's daily living.
•Working relationships had been developed with other professionals to access advice and support. For

example, the GP and local pharmacist. During the inspection we spoke with a visiting professional who told us staff were responsive and worked in partnership with them.