

Selly Park Healthcare Limited

Selly Park

Inspection report

95A Oakfield Road
Selly Park
Birmingham
West Midlands
B29 7HW

Tel: 01214714244

Date of inspection visit:
29 October 2019
30 October 2019

Date of publication:
27 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Selly Park is a care home providing nursing and personal care for 29 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

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

The provider's governance systems to monitor the delivery and quality of the service provided for people were not consistently robust and required further improvement. For example, ensuring risk assessments and care plans were reflective of all medical conditions such as epilepsy/seizures and clear consistent protocols in place to support staff on what they need to do to support people effectively.

Most of the people, relatives, and staff we spoke with said the staff provided good quality care.

People were safe using the service. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. At the time of our site visit, we found there were enough suitably recruited staff on duty to meet people's needs and to keep people safe. People were supported by staff who knew their needs well. Staff supported people with their medicines and this was done safely. Staff understood how to prevent and control the spread of infection.

People had been assessed before being accepted to the service to ensure the provider could meet their needs. Assessments addressed people's physical and health needs, their cultural and language needs, and what was important to them. Staff received training which helped them to deliver personalised care. People were happy with the choice of food available and where appropriate, received additional support with their dietary needs. The provider worked well with external health and social care professionals and people were supported to access these services when they needed them to ensure their health was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service required some improvement to ensure the provider continued to support this practice.

Staff were knowledgeable about people's care and support needs. Most of the people and relatives told us how friendly and caring the staff were. Staff enjoyed their work and got on well with the people they supported. Staff encouraged people's independence, protected their privacy and treated them with dignity.

Some of the people using the service at the time of the inspection could not always tell us about their experiences. However, whilst on site, we saw positive interactions between people and staff and people looked comfortable with the way they were being supported. Relatives we spoke with gave us positive

feedback on the service and the way the staff supported their family members to remain safe. Staff provided responsive care to people in line with their preferences and choices. If people communicated non-verbally staff knew how to engage with them.

People were supported by staff who knew their preferences. Complaints made since the last inspection had been investigated and families knew who to contact if they had any concerns. Relatives and staff were happy with the way the service was being led and there was a culture amongst the staff team in providing person-centred care.

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

Rating at last inspection: The last rating for this service was inadequate (published 29 May 2019) and there were multiple breaches of regulation. This service has been in Special Measures since 29 May 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.

Why we inspected

This was a planned inspection based on the previous rating.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Selly Park

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience on the first day and one inspector and an assistant inspector on the second day. 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

Selly Park 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. This means they 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 on the first day with an announced visit on the second day.

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 and professionals who work with the service. We used the information the provider had previously sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed feedback available through Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the home and three relatives about their experience of the care provided. We also spoke with six staff including catering, care and senior roles, the registered manager and the operations manager.

We reviewed a range of records. This included five people's care records and eight medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to ensure:-

□(i)□all risks to people were robustly assessed and managed effectively to maintain their □□safety;
□(ii)□all medicines were managed and administered safely in accordance with best □□□practice.
This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had failed to ensure there were enough numbers of staff deployed effectively to support people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there had been enough improvement made to the service and the provider was no longer in breach of regulations 12 and 18.

- Daily checks had been introduced to monitor the settings for pressure mattresses to ensure they were correctly adjusted to reduce the risk of people developing sore skin. All the staff we spoke with gave a clear account how they supported people with sore skin to reduce pressure. One staff member said, "You have to change their (people's) position say two or four hourly and record it in the book, it's also in the care plan."
- We saw people that required support to move from their lounge chair to wheelchair with the use of a hoist, was conducted safely for example, the brakes were applied to the wheelchair. Staff gave the person lots of reassurance and encouragement during the transfer. One person told us, "I have to be hoisted I always feel safe there is no problem at all with that." Another person said, "They (staff) know exactly what to do with the hoist."
- Although there had been an improvement to the content of risk assessments, there was further improvement required. There was some inconsistency in risk assessments for three people at risk of seizures. For one person, there was no recovery plan or clear protocol in place to instruct staff how to support the person safely in the event of a seizure. For example, how long staff should wait before contacting the emergency services, what symptoms the person would display in the event of a seizure. We saw from the person's care plan, they had not had a seizure for some time, however, the nursing staff said they would make sure all risk assessments for people at risk of seizures would be reviewed for consistency.
- People at risk of dehydration had appropriate risk assessments in place and were being monitored by staff. However, for one person we saw the risk assessment had not reflected the monthly review notes. For example, the care notes had reported additional two hourly support to encourage drinking but this had not

been regularly recorded; therefore, we could not be sure the person was being encouraged to drink on a regular basis. We raised this matter with the nursing staff and registered manager at the time of the inspection; assurances were given measures would be put in place to support the person to try and increase their daily fluid intake.

- Body maps had been completed for people that had acquired bruising or marks to their bodies and these marks were being monitored regularly.
- Discussions with staff showed they had a good understanding of the risks to people and we saw they took care to keep people safe.
- We saw from care records, changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.
- At the time of the inspection, the registered manager and the maintenance staff member were in the process of completing work place fire risk assessments. Everyone living at the home had a revised personal evacuation plan in place in the event of a fire and staff had undergone fire safety training.

Using medicines safely

- Staff had recorded on body maps where people required their prescribed topical creams to be applied. On reviewing medical records, we found staff were recording when creams had been applied.
- We saw the provider had requested input from a pharmacist for medicines to be administered disguised in food or fluids to make sure it was safe to do so. This was for people who may not always want to take their medicine and lacked the mental capacity to understand the consequences of missing their medication.
- Some people required medicines 'as and when required' and could not always verbally indicate when they might be in pain. There were protocols in place to help staff understand when a person might be in pain although some more detail was required. Discussions with staff demonstrated they were aware of signs to look out for, however, we explained to the nursing staff if agency staff were on duty they may not always know and there was the potential risk of people not receiving pain relief.
- Where staff supported people with their medicines, records showed there were no areas of concern. Medicines were safely stored and disposed of in accordance with best practice. We saw staff administering medicines to people in a safe way.
- At the time of the inspection, training in relation to safe administration of medication had been completed for most staff with two new nursing staff still awaiting completion.

Staffing and recruitment

- There were some mixed opinions about staffing levels expressed by people living at the home and staff members. We saw one person on our first day had not received their morning care support until 11.35, they told us, "I have this sometimes I have to wait." Another person said, "The problem is not enough staff, sometimes you don't have a wash until nearly lunch time." Staff we spoke with told us, "We used a lot of agency staff but of late we haven't and we are managing." "I think we have enough of us for the number of people in the home, if we have a full house then we won't because a lot of people need support with eating and drinking and that takes time." "Sometimes, it's difficult when people phone in sick." We discussed the staffing arrangements with the registered manager and operations manager. They explained how staff were deployed and how many staff were usually on duty. Our own observations at the time of the inspection site visits, showed there were adequate numbers of staff on duty to support people and the issues may be due to how staff were being deployed. For example, two staff taking a break at the same time, which was immediately addressed by the registered manager.
- People, relatives and most of the staff told us the staffing levels had improved but explained there were times of the day when an additional staff member would be beneficial. For example, first thing in the morning to support people to get up.
- The provider had a recruitment process in place to prevent unsuitable staff working with vulnerable

adults. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Learning lessons when things go wrong

- There had been some improvement in the provider's processes to record, investigate and monitor incidents and accidents but there was further improvement required. For example, where some actions had been identified following incidents, there were some inconsistencies with the recording of information to say they had been completed.

Systems and processes to safeguard people from the risk of abuse

- One person had shared a personal experience with us that led to a safeguarding being raised. We shared this information with the registered manager, who had not been previously made aware of any issues. The registered manager acted promptly and ensured appropriate measures were put in place to safeguard people.
- People and relatives told us they felt the home was a safe place to be. One person said, "I saw a lady fall out of bed I called them (staff) and they came and picked her up. They only take a few minutes to come if I press this (call bell)." Another person told us, "I do feel safe here they keep my room clean."
- The management team and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "You look out for bruises and sometimes their (people's) eyes will tell you." Another staff member told us, "I'd report any concerns to the nurses or managers."
- There were effective systems in place to monitor and manage allegations of abuse or harm.

Preventing and controlling infection

- Staff told us personal protective equipment (PPE) was readily available for them to use.
- The home environment, although in need of some redecoration in places, was clean and free from any unpleasant smells.
- Regular audits were conducted to, for example, monitor people's mattresses and cleaning of wheelchairs. The provider had employed a new staff member to help maintain the home and we saw regular checks were carried out on equipment, people's rooms and the home environment to ensure any repairs were completed in a timely way.
- At the last inspection there had been issues around the use of disposable slings used to transfer people with a hoist. The registered manager explained everyone that needed to be moved with a hoist now had their own, permanent, sling that was regularly laundered, reducing risk of cross infection.
- No concerns were raised by people, relatives or staff about the provider's infection control.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received, support, training and professional development to be able to fulfil their role effectively. This was a breach of regulation 18 (Staffing) 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 18.

- Staff we spoke with told us they thought the training they had received was 'good'. One staff member told us, "It's good, we have face to face (training) as well as on the computer, I prefer the computer but sometimes you don't have enough time, it's (training) four hours long, you can't come off the floor for four hours."
- People and relatives told us they were confident staff had the right level of experience and knowledge to support them effectively and safely. One person said, "I am well looked after, all the staff are helpful."
- We saw oral healthcare training had not been completed by any staff members. We discussed with the registered manager how people were supported with the oral health care. We were told monitoring checks were completed on people's toiletries such as toothpaste, toothbrushes and mouth wash to make sure people had enough supplies. We also noted only five staff had completed training in 'death and bereavement' and no training had been completed in relation to 'falls'. The registered manager explained since their appointment to the service in July 2019, they were in the process of arranging training for all staff and this would be an ongoing priority.
- Staff confirmed they received support from the registered manager that included an assessment of their competencies and supervision.

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

- People told us they were given a choice of meals available. One person told us, "The food here is quite good we always have a choice but I would like more variety." Another person said, "The food is ok I have trouble with onions and fish they (staff) always find me something else they try hard to please."
- Meals and snacks were prepared and staff were aware of people's individual preferences. One person told us, "The kitchen staff are very good they try to give you what you like. A little while ago I had an illness I didn't eat for three weeks (chef) came to see me from the kitchen and made me soup every day nice and hot then I started to get better."
- We saw people were encouraged to eat their meals and received support if they were having difficulty with supporting themselves to eat.

- People had drinks left in their rooms. We saw on occasion these were not always within easy reach for two people. We discussed our observations with the registered manager and we were told staff were reminded daily to check everyone had access to drinks and they would continue to monitor the situation and remind staff again.
- People at risk of weight loss were monitored and provided with a fortified diet (extra calories) to help them gain and maintain a healthy weight.
- People at risk of choking had received appropriate assessments from healthcare professionals (Speech and Language Therapist – SALT).

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

- At the time of the inspection, the service was not admitting new people into the home. The registered manager explained they were reviewing their assessment process to make sure the support needs of any new people admitted to the home could be met safely and effectively.
- We saw pre-existing assessments had considered people's needs including assessing people's protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

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

- People and relatives spoken with confirmed there was access to healthcare professionals when needed to maintain and improve people's health.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members, the management team and others, including health and social care professionals, and seek urgent medical help for the person if necessary.

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

- There were areas of the home not conducive for people living with dementia that may require a safe space to walk around. For example, open staircases posed a potential risk because people living with dementia may not recognise the dangers of walking up and down stairs and could cause injury to themselves. The registered manager explained they were aware of the potential dangers of the open staircases and their assessment process took account of people's cognitive ability when being assessed to live at the home. At the time of the inspection, there was no risk to people because most people were either being cared for in bed or had the mental capacity to understand probable dangers. People were being supported to move safely between floors with the use of a lift.
- There was an electronic call bell system in place but it did not have a facility on it that allowed for the monitoring of call times. The registered manager explained there were spot checks where a staff member would activate an alarm from different parts of the home and record the length of time it took care staff to respond.
- People we spoke with said they liked their bedrooms and were able to choose to spend time alone or with others.
- There were communal areas available for people to relax in.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have the mental capacity to make some decisions, the service had ensured decisions were taken in people's best interests in line with the MCA.
- Staff had received training to aid their understanding of the MCA and DoLS.
- We saw the service had applied for DoLS where appropriate and were waiting for some of these to be authorised by the local authority.
- Staff understood the importance of giving people choice and asking for their consent. People told us staff would always seek their consent before supporting them.

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 has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) 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.

- Generally, people told us staff would treat them with dignity. For example, one person told us, "When I have a wash they (staff) always shut the door and close those curtains." A second person said, "Not all of them (staff) shut the door when they (provide personal care)."
- Staff told us how they respected people's privacy and we saw people could spend time on their own if they so wished.
- Care plans were person centred.
- Staff explained to us how they encouraged people to try and do some tasks for themselves to maintain some level of independence. One staff member told us, "I give some people knives and forks to try and encourage them to eat by themselves and then watch them to make sure they can." One person told us how they kept the (lounge) calendar up to date with daily events.
- People were supported to maintain and develop relationships with those close to them.
- Relatives told us they were free to visit anytime and always made to feel welcome by the staff.

Ensuring people are well treated and supported; respecting equality and diversity

- Our own observations showed staff treating people with patience, humour and respect.
- Relatives we spoke with told us they were happy with the way care and support was delivered. One relative told us, "I have never seen anything that has concerned me." Another relative said, "I feel [person] is well looked after, it's (the environment) very homely and I like that."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after.
- People's equality and diversity was respected. For example, there were arrangements in place for members from the local church to visit people in the home.

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

- We saw people were given opportunities and asked to make choices about everyday life in the home such as what drink and food they wanted and where they wanted to sit.

- Staff told us they would always do their best to involve people in decisions about their care. One staff member said, "I will always ask people what they want, giving them a chance to make a choice about what they want me to help them do."

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 has now improved 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

- Care plans we looked at were person centred and we could see people and their relatives had some involvement with the planning of care and support.
- Staff we spoke with were knowledgeable about people's care and support needs.
- Staff provided responsive and flexible care. One relative told us, "I have seen [person's] care plan and it is reviewed."
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices. One staff member told us, "I try and explain what it is I am going to do and sometimes this is difficult to know if it's okay to carry on (with the support) but the person will make a noise or move their hands so you can get an idea what they are saying from their body language."
- Staff responded to changes in people's needs. For example, pressure relieving mattresses were being monitored to ensure they were at the correct settings to match people's weights. This meant the risk of sore skin was mitigated.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.

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 we spoke with told us they were able to find things to do and we saw some people engaged in activities during the inspection, for example in gentle exercise. One person told us how they were supported to attend regular theatre shows. Another person said they were supported to go shopping.
- The provider employed a full-time staff member to provide meaningful activities for people. Some people were cared for or chose to remain in their room and we asked what was in place to reduce social isolation for them. The staff member explained they tried to encourage people to participate in activities but this was not always what people wanted to do. They told us, "I use the time I take teas and coffees to people (in their

rooms) as an opportunity to spend some 1:1 time. They look forward to me coming."

- People we spoke with and their relatives told us they were happy with how they spent their time.
- There were opportunities for people to attend religious services should they wish.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint.
- The provider's procedures outlined the process for dealing with complaints. We saw there was a process in place to monitor complaints and record action taken to identify trends and improve the service for people.

End of life care and support

- The service was not supporting people with end of life (EOL) care at the time of the inspection. The provider had appropriate processes in place to ensure people would be supported in a dignified, personal and sensitive way.

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.

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

At our last inspection the provider had not ensured their governance processes were robust to effectively monitor the quality and delivery of the service. This was a breach of regulation 17 (Good governance) 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.

- Although there had been improvement since the last inspection, the provider must ensure they sustained the improvement with robust quality assurance systems in place to prompt action to be taken. For example, audits had not identified there were inconsistencies when checking gaps in employment for new starters. Audits had not ensured the most recent and up to date protocols for medical conditions were in people's care records. Training for all staff was reviewed regularly and where necessary staff were to redo training where they had failed to reach the acquired level. Risk assessments had improved but there remained some inconsistency with protocols for some health conditions not being reflected in the care plans. For example, protocols for staff to support people with seizures.
- The provider was requested to submit monthly reports to us after the last inspection. The registered manager had submitted the reports to meet the provider's registration requirements.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed in the hallway of the home.
- The registered manager had notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People and relatives had shared with us their views on the management team. One person told us, "I know the manager [name] they are very good, they pop in to see me to ask how things are going." Another person told us, "I have a problem and [registered manager name] sorted it out, it was a great relief to me."
- Staff we spoke with felt supported by the registered manager and operations manager and told us they were approachable. One staff member said, "My manager is amazing, secretly we were planning a little party for her, it was a resident's idea, said they wanted to show her how happy they were she's got the job to manage the home, then other residents got together and agreed."
- Staff we spoke with demonstrated they were motivated and shared an enthusiasm to provide good quality

care. One staff member said, "I love the residents, I like the staff we have, we work much better together and I like the new manager."

- Changes to how the service operated were discussed at staff meetings and handovers to keep staff up to date.
- The management team conducted spot checks on the support provided by staff. For example, medicine competency checks.

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 had notified relatives, the local authority and CQC of any incidents as they are required to do so.
- We found the provider to be open throughout the inspection about what the service does well and what needed further improvement.

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

- People and relatives were supported to have their say in the day to day care, support and management of the home. The registered manager explained they had held meetings with people and relatives and it was their intention to make this a regular occurrence.
- Relatives told us staff kept in regular contact with them concerning any changes in people's health.
- The overall feedback from people living at the home and relatives was the service had improved since the last inspection

Continuous learning and improving care. Working in partnership with others

- The provider had worked in partnership with other health care organisations for people's benefit. For example, we saw evidence in people's care plans of the provider working with the clinical commissioning group and the local GP.
- The provider and staff displayed a commitment to improving care and support where possible.