

Beechdale Care Limited

Beechdale Manor Care Home

Inspection report

40 Beechdale Road
Nottingham
Nottinghamshire
NG8 3AJ

Tel: 01158496400
Website: www.beechdalecare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Beechdale Manor is a residential care home providing personal and nursing care for up to 65 people. The service accommodates people in one adapted building which is set out across three floors. The ground floor accommodates people who have a higher level of mobility and less complex needs. The first floor provides care and support for people with more complex and palliative care requirements. At the time of our inspection there were 43 people using the service. At the time of our inspection the second floor was undergoing refurbishment and was unoccupied.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Beechdale Manor was well led by a registered manager who showed strong leadership qualities. The staff team were respectful and kind. They understood people and their identified needs well.

Risks associated with people's care and support and the environment were safely managed. People were protected from the risk of harm. Opportunities to learn from incidents was shared across the staff team to ensure improvements in service delivery were made.

Medicines were received, stored, administered and disposed of safely by staff trained and competent in this area. The home was clean and hygienic. The provider was following best practice guidance in infection control standards.

There were sufficient staff deployed across the service to meet people's needs and ensure their safety. Safe recruitment practices were followed, and staff were trained and competent to carry out their roles.

People were supported with their health needs and had access to healthcare services. Care plans contained personalised health information. The service was well adapted and being refurbished to meet people's needs.

The provider and registered manager operated effective governance systems to ensure the quality, safety and improvement of people's care when needed. Audit systems were robust, and there were opportunities for people, relatives and staff to get involved in driving improvements.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national

report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

Mental Capacity Act: 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.

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

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Rating at last inspection and update: The last rating for this service was Inadequate (published 18 March 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider made improvements to infection control within the service, safeguarding people from abuse, medications management, pressure area care management, the quality of risk assessments for service users, and improving the level of governance at the service. At this inspection we found the provider had acted on any recommendations and had made improvements in these areas.

This service has been in Special Measures since 18 March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Inadequate to Good based on the findings of this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 well-led.

Details are in our well-led findings below.

Good ●

Beechdale Manor 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by two inspectors and a Specialist Nurse Advisor. An Expert by Experience carried out telephone calls to relatives of people using the service off site, on the day of inspection to gain their opinions of the service. 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

Beechdale Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beechdale Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners, and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We contacted Healthwatch for information they held on their database regarding the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with five people who used the service and nine relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, nurses, the service administrator, floor leaders, senior care staff, care staff, maintenance staff, activity co-ordinators, housekeeping staff and the cook.

We reviewed a range of records. This included nine people's care records and multiple 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted a health professional who works regularly with the service, to gain their opinion of the service. We reviewed records provided during the inspection relating to policies and training within the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good.

This meant people were safe and protected from avoidable harm.

At the last inspection the provider had failed to protect people from abuse and improper treatment which was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm. People who were at high risk of skin damage had robust risk assessments and plans of care for staff to follow to support them. We saw from records any concerns regarding people's skin were recorded with body maps, and staff were following the plans of care in place for people by involving relevant health teams when required. One relative told us, "The staff safely use a hoist with my family member. They do bruise easily but they don't have any bruises or sores."
- Settings on pressure relief mattresses were safely managed and monitored with improved monitoring and auditing implemented by the new registered manager. Repositioning charts were accurately completed and followed the advice given by health care professionals. This meant people were protected from the risk of skin deterioration.
- People were protected from abuse and improper treatment from staff who were trained in safeguarding and understood their responsibilities in regard to this. One staff member we spoke with told us, "The new registered manager makes sure all concerns are reported to them. We meet every day to discuss each floor and ensure any issues are addressed straight away."
- We found that bedrails were now assessed appropriately with accompanying best interest assessments for people and the input of a professional. The bed rails were regularly checked by the maintenance team and fitted by staff who were fully trained to carry out this task. The registered manager had a regular audit process in place for bedrails.
- One relative we spoke with told us, "In the last six months the new registered manager has moved forward from the previous managers 'dereliction of duty'. You can see the team is more relaxed and people have things to do. My relative experienced two falls and has been moved to the ground floor. The home informed me immediately and action was taken for their safety. The staff care for them." Another relative spoke of the improved safety for their family member, they told us, "I believe my family member is safe because they are happy and settled. My family member is blind. When I visit there are signs in their room to inform staff about risk assessments in place. They are accompanied when walking about. Their room is well set out for a blind person."

- Feedback provided from relatives was positive in relation to the safety of their family members. Measures for supporting people with falls were now in place with bedside rails, sensor mats, walking aids and increased staff to accompany people if needed.

At the last inspection the provider had failed to provide consistently safe care and treatment in relation to risk, medication and infection control which was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Assessing risk, safety monitoring and management

- Risks were assessed and managed effectively for all elements of people's care. Care plans gave guidance for staff to follow to ensure people could be supported safely.
- People's specific health conditions were clearly documented in their support plans. There were risk assessments and detailed information for staff to follow to effectively manage symptoms should these present for people.
- Staff were clothed in clean uniforms, and notably bare below the elbow. This showed the registered manager was implementing the providers infection prevention and control policy.
- The risk of fire had been fully assessed within the service. The registered manager and maintenance team had ensured the staff team were all fully trained in fire safety; fire drills had been completed and evacuation tests carried out. The Personal Emergency Evacuation Plan documents (PEEP's) were updated and reflective of people's needs. The maintenance team had prepared an 'emergency fire bag' which contained everything the service required in the event of such an occurrence.
- People were protected from the risk of Legionella. We found improved control measures in place to reduce the risk of Legionella growth in the water supply. These improved measures reduced the risk of Legionella developing which could have a negative impact on people's health.
- The maintenance team now carried out regular water temperature checks across the whole service. This reduced the risk of harm to people from scalding.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines. The registered manager ensured the appropriate staff were assessed as competent to support people with their medicines
- Staff had clear written guidance for the safe management of dressing people's wounds. This meant that people's tissue viability needs were being met.
- Where people were being provided with their medicines covertly, we saw there were best interest decisions in place to support this.
- Controlled drugs were stored and monitored correctly by the nurse in charge. The treatment room for storing medications was clean, tidy and the storage temperatures were checked daily and audited by the registered manager.
- Of the relatives we spoke with, nobody reported concerns with medications. Two relatives reported concerns with prescriptions which the registered manager was raising with the GP on their behalf. One relative told us of a medicine concern which had not been addressed by the previous manager, which the new registered manager had promptly dealt with. Relatives told us they felt assured by the actions of the registered manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were asked for their lateral flow status on entering the premises.
- We were assured that the provider was meeting shielding and social distancing rules. People were able to be socially distanced in communal areas.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff within the service were wearing PPE in line with current Government guidance
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative told us, "I'm really impressed with the cleanliness and hygiene. It smells clean. Super clean."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

At the last inspection the provider had failed to deploy enough staff, which 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.

Staffing and recruitment

- Staffing levels were set according to people's dependency needs to ensure that people were supported safely. People were supported by the right amount of trained staff, as reflected in their risk assessments.
- Staff spent time engaging with people in a meaningful way. The registered manager had employed two Activity Co-ordinators who offered people a range of activities tailored to their needs and interests.
- People told us of the upcoming events they were planning for, including the Platinum Jubilee celebrations for the Queen, a trip for some people to Skegness to celebrate a person's birthday and a gardening club.
- Recruitment processes were robust in ensuring staff were safe to work with people prior to commencing their role. Staff were required to provide their full employment history, suitable references and proof of identity. All staff had an up to date Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Incidents and accidents were recorded to ensure that remedial actions were taken. The registered manager discussed any concerns with staff during a daily meeting, with attendance from each floor, with all staff groups represented.
- We saw the registered manager had a 'You said: We did' board in the lobby, for comments and feedback to be openly shared by anyone on cards provided. This showed an open and transparent approach.
- Recently employed staff told us the previous inspection report had been shared with them by the registered manager, highlighting areas where the service needed to improve. This ensured staff were aware of the action plans in place and lessons learned were shared across the staff team.
- Where people had been subject to an accident, body maps were completed to highlight any injuries, with

appropriate advice sought from healthcare professionals.

- Incident records clearly detailed the statutory organisations and people that were notified of the incident and any action that was taken to prevent reoccurrence

Is the service effective?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

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

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

- Care plans were developed and regularly reviewed for each identified need people had, with clear guidance for staff to follow on how to meet those needs. One staff member told us, "The updated care plans begin with 'I' and work outwards from there, they are truly person centred now, whereas they weren't before."
- One relative told us, "We shared information about our family members' care needs when they came from hospital to the service. We discussed with staff how they might try to understand their speech. On the back of their bedroom door there is a laminated sheet which says what my family member needs."
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met. This was recorded in people's care plans and staff understood the importance of this to each person they supported.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and records showed all staff had completed training which the provider has identified as being necessary. Staff described the training they had received such as, safeguarding adults, moving and handling, the Mental Capacity Act (2005) and infection control.
- Staff told us they felt well trained and confident they had the skills needed to fulfil their role and were regularly assessed to ensure their competency. One staff member told us, "Training has really improved, I've just completed Dysphasia training. We also had training on food safety, which has given me a lot more knowledge."
- In relation to staff skills and training a relative told us, "Staff have different skills. Some are good all-rounders. Now the staff are given more training to increase skills and be more confident. The majority of staff know how to work with dementia. There is a shout out board to give feedback."
- The registered manager had enrolled staff on Dementia awareness training, which was an eight-week face to face course, which would embed their skills and improve outcomes for people living with Dementia.

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

- At the previous inspection we observed a poor mealtime experience for people living at the service; we could not be assured people's nutritional and hydration needs were being met. We reported on this under the Safe domain. At this inspection, we found people's dietary needs and preferences were met. People received their meals with discreet support where required. We observed a pleasant lunchtime experience, with people given choices of menus, and pictorial guides displayed within the dining rooms for people.

- One person seated at the dining table told us of their lunch, "Yes, I really enjoyed it thank you." One relative told us, "Yes my family member does (eat & drink). They are blind and are helped to know what is on their plate and where their drink is by staff. Their care plan says to encourage them to eat and drink."
- Staff were knowledgeable about people's dietary needs and requirements and how people wished to be supported at mealtimes. People's food preferences, cultural requirements and consistency of food and drinks, for example normal, soft or pureed foods, was recorded in their care plan. We saw evidence of regular referrals to the speech and language teams (SALT) to ensure people received the correct meals and support.
- Records showed people's weights, along with blood pressure, and other clinical observations were recorded regularly, with areas of concern shared promptly. These observations gave a good indication of the overall health of people using the service; and was an area of good practice.
- We saw people had robust and personalised oral health care plans. People had recently seen a Dentist or Orthodontist. The registered manager ensured staff understood the importance of good oral health care and the link between this and good overall health.

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

- Staff were attentive to people's health needs, we saw from records the service had identified when people required support and arranged for people to access a range of healthcare professionals; including GPs, dentists, opticians, dieticians and health team specialists when they needed them.
- We spoke with a relative who told us, "My family member has got new spectacles and new dentures. The GP treated them promptly for a urine infection. They recently had a hospital admission by ambulance. The service informed me straight away and told me which ward they were on."
- We spoke with a visiting health professional who said, "They felt the service had clearly improved since their previous visit. They were able to carry out their assessment of the person they were visiting as the staff knew the person well and could answer all of their questions."
- We contacted a health professional who has regular involvement with the service after our inspection. They told us they felt the service contacted them in a timely manner and were responsive to their clinical guidance.

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

- At the previous inspection, we found concerns relating to the cleanliness and environment of the service. At this inspection, we found the provider had improved the standards of the service across all areas.
- The housekeeping and maintenance team spoke of their pride in how much hard work they had put into improving the service, and how they had all taken 'ownership' of the specific roles they had in this. We saw from records how organised this was and the positive interaction these staff had with people.
- The home was bright, clean and was in the process of being refurbished to a high standard. People's rooms were personalised with their belongings and decorated to their own tastes.
- The service benefitted from a spacious dining room on each floor with lounge areas. This meant people did not have to convene in large groups for socialisation if they did not wish to. There was an accessible garden space, with patios, seating areas, a smoking area and raised beds which people were using for their gardening club.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. 'Any conditions related to DoLS authorisations were being met.' We saw where conditions were in place, applications for review and renewal had been made.
- One relative told us their family member was supported to make decisions for themselves. They told us, "Staff respect my family members wishes. They aren't prevented from doing anything."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

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

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

- Staff knew people well and understood their individual support needs and routines.
- People were assisted by staff in a patient and respectful way. All of the relatives we spoke with were complimentary about the new registered manager and the staff team in regard to their kindness and approach to people and their loved ones.
- One person we spoke with went out with a staff member to a local shop to buy flowers for the registered manager and staff team, to thank them for their support after they had experienced a recent sad event. The person told us the registered manager and staff were, "So kind to them."
- A relative told us, "They (staff) are so kind and available. You can have a laugh and a joke with them. They are in uniforms now. Before they didn't wear a uniform. This changed with the new registered manager. Now, you know who you can approach."

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

- People were invited to take part in resident's meetings. And provide feedback on accessible forms. We saw the suggestions had been implemented following this feedback and meetings.
- Relatives were involved through quality surveys and regular contact from the registered manager. The registered manager told us, "I'm getting to know the families well. I have made that a focus of my improvement measures. We have a board for people to post comments and suggestions."
- A relative said in response to their feelings about people's involvement with their care, "They (staff) give their time and get to know people. It feels like my family member is loved. The staff are so respectful and kind. The kindness is there."
- Information on advocacy services was displayed and available for people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Our observations of staff interactions with people confirmed this.
- All of the people and relatives we spoke with gave positive feedback about the interaction between themselves and the staff team. Our Specialist Advisor described the observed changes at our inspection as 'heart-warming' and 'transformational'.
- One relative told us, "My family member is encouraged to be as independent and sociable as possible. Originally they lacked confidence but now they never spend time in their bedroom but are out socialising."

- People were supported sensitively when needing more assistance to keep them safe. Staff discreetly respected people's personal space.
- Records were stored safely maintaining the confidentiality of the information recorded.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service ensured people were encouraged to be active participants through activities and social events that enhanced their quality of life. People accessed the local community if they wished to enjoy activities which were tailored to people's individual interests.
- People participated in a wide range of activities to meet their needs. During our inspection we saw people engaged in activities such as baking, crafts, exercise and music; with the gardening club planned the following day. The previous day the service had been treated to an 'Elvis' entertainer, which people told us they had really enjoyed.
- Relatives spoke positively about staff knowing the past history, likes and dislikes and care needs of their family members.
- The activity co-ordinators had recently engaged with the local church to attend the service to provide pastoral support and a service for those people of this faith who may wish to be involved in this.

Meeting people's communication needs

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

- People were provided with information they needed to make decisions in a format they understood. Staff understood how to communicate in a way that suited people as individuals.
- One relative told us, "My family member is blind. When staff come in, they introduce themselves and talk to them. They take their time, are kind and patient. They have a sense of humour and are not in a rush. They know my family member is in darkness. Their talk is precious to them"
- The registered manager was receptive to providing any aids to assist communication for people. This included computer devices, mobile phones, alarms, signage, easy read material and translated material if required.

Improving care quality in response to complaints or concerns

- Relatives felt confident that they could approach the registered manager or staff with any concerns. None of the relatives spoken with had made any complaint in the last six months. Four of these relatives had

made serious past complaints (prior to the start of the new registered manager). They said that now any concerns they raised were immediately taken on board and resolved promptly to their satisfaction.

- One relative told us, "Since the new registered manager arrived, I have no complaints in the last six months about the service."

End of life care and support

- End of life support plans were in place where people had wished to discuss this, detailing how people wanted to be supported at the end of their lives. These care plans were person centred, culturally sensitive, and relatives told us they had been involved in these discussions where this was appropriate.
- We saw staff were trained in this area and had supported people with understanding death and bereavement. People had clearly documented advanced decisions regarding their end of life wishes and feelings recorded in their care and support plans.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good.

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

At our last inspection we found the provider had failed to ensure effective governance and leadership, which 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.

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

- The provider took immediate action following our previous inspection, by appointing a new Nominated Individual to oversee the required improvement measures. The new registered manager was employed promptly following this and described how they were not daunted by the challenges they faced.
- We found robust systems and processes were now in place to maintain an effective managerial oversight of the service. The provider had worked with the registered manager on the improvements requested by the Commission, the local authority and the commissioners following the previous inspection.
- The provider carried out monthly reviews at the service, which assessed each area in a written report. Any concerns identified were shown on the action plan in place for the service.

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

- The service was now led by a motivated and committed registered manager, supported by a staff team who strived to deliver the best person-centred care they could.
- Relatives described the changes as 'radical'; the new manager was considered 'outstanding' by all the relatives spoken with. They felt them to be highly skilled, approachable and friendly.
- One relative told us, "The registered manager is a diamond. Such a lovely nature. They are knowledgeable, caring, approachable, and will find things out for you and get the help you need. Their door is open."
- Another relative spoke of the improvements in the service, they told us, "Staff can approach the registered manager at the drop of a hat and have said how much they value their support. They don't just talk about it. They put it into action. They have integrity."
- People, relatives and staff felt the registered manager had created trust, pride, person centred team working, and instilled a values-based quality in the service. One staff member told us, "There is just more of

a bounce in the staff team."

- Management audits were in place for all aspects of service delivery. This meant that there was clear management oversight throughout the service. The registered manager used these to ensure they were monitoring and improving quality where any shortfalls were identified.

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

- People, relatives and staff all told us they now felt involved in the running of the service.
- Staff were now engaged with in a meaningful way in the service. They told us they were given the opportunity to suggest changes or improvement to the service. One staff member told us, "They felt listened to now, and the provider was happy to let them implement the changes they suggested."
- We saw the registered manager ensured there was meaningful engagement with people using the service and their relatives. One relative told us, "Yes, I've had a questionnaire. The registered manager will talk to me to ask for feedback about changes."

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

- We saw from the incidents and accidents folder that the registered manager had followed the Duty of Candour, by informing relatives at the time of any issues arising.
- Relatives told us the service were proactive and responsive now in relation to requests for information or updating them on changes with their family members.

Working in partnership with others

- People were referred on to specialist healthcare professionals when their identified needs changed, and they required further assessment.
- Our feedback from the two health professionals that we spoke with who work with the service was positive in regard to receiving timely referrals and appropriate interaction with their services.