Anchor Hanover Group

Mayflower Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Mayflower Court is a residential care home providing personal care for older people and people living with dementia. The service can support up to 72 people, at the time of the inspection there were 53 people living in the home.

People's experience of using this service and what we found
People living at Mayflower Court were safe from the risk of harm or abuse. There were good measures in place to assess people's risks, people's support plans were detailed in how best to support them in line with their needs and preferences. Medicines were managed safely and the home was kept clean.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People fed back that food was "hit and miss" in terms of quality. Some people's assessments were not updated in line with guidance, so there was a risk their outcomes could be affected, such as wound healing or managing their nutrition effectively. The home worked well with other professionals to ensure people had access to healthcare services.

People were treated with kindness and compassion by staff and were supported to make decisions about their care and treatment. People's privacy and dignity was respected, and people's independence was promoted.

Person-centred care was sometimes compromised by the levels of agency staffing and by overall staffing levels. People fed back that sometimes activities did not happen as planned, and there were no trips out of the home. Although people's needs were met, sometimes their preferences could not be, such as their preference to have a bath rather than a shower or wash. Some people and their families fed back that they did not always feel listened to, or that complaints were addressed.

There was a positive culture within the home. Staff felt supported, although reflected that they had been working under increased pressure due to staffing levels and supporting agency staff. Some records were not kept up to date or accurately. The service had identified areas for improvement and had clear actions in place to address these.

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

Rating at last inspection and update
The last rating for this service was good (published 31 March 2017). At this inspection we found some areas now required improvement.

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels, medicines management, falls in the home and the quality assurance measures in place. A decision was made for us to bring forward the planned inspection and examine those risks as part of a comprehensive inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns and the provider had implemented good measures to reduce risks to people following feedback from the Local Authority. However, we did find that people's experience was affected by the high level of agency staff. Please see the safe, responsive and well-led sections of this full report.

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

Mayflower Court

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. 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
Mayflower Court 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider 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. We reviewed information we held about the service, information from the Local Authority and the provider's website. We used this information to plan our inspection.

During the inspection
We spoke with six people who used the service and five relatives about their experience of the care provided.

We spoke with seven members of staff including the registered manager, deputy manager, senior care workers, permanent, agency and bank care workers and the maintenance person.

We reviewed the home's facilities and visited people in their rooms. We observed staff interactions with people during mealtimes, activities and in shared living spaces within the home. We observed staff administering medicines to people.

We reviewed a range of records. This included three 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.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● There were robust systems and processes in place to protect people from the risk of abuse. Staff had regular training in safeguarding people and understood the signs to look for. Staff told us they felt confident to report any concerns and that these would be taken seriously and fully investigated.

● We saw that any concerns had been reported appropriately to the relevant authorities and investigated appropriately.

● People told us they felt safe and they appeared comfortable with the staff who were supporting them, sharing relaxed conversation. One person told us, "Yes [I feel safe] because there are always people around."

Assessing risk, safety monitoring and management

● People's risks were assessed, and support plans identified how staff could support people to minimise risks, where possible, in the least restrictive way.

● Risk assessments considered the person's physical health, mental health and wellbeing and their environment. Evidence-based tools were used to ensure risks were being identified proactively rather than in response to issues or incidents.

● Fire, health and safety and other risks of the home environment were well managed. Assessments had been completed and reviewed, checks were made regularly in line with government recommendations to ensure people were safe. Any actions identified on any checks or risk assessments had been completed in a timely way.

● The local authority had fed back that risks for people were not always easy to identify for agency or bank staff who did not know them well, so the home implemented an 'at a glance' sheet for each area within the home highlighting key information to keep people safe. Staff fed back that this was an easy and useful way to ensure they could support people in a safe way.

Staffing and recruitment

● Staffing levels were sufficient to keep people safe. During our inspection there appeared to be enough staff to keep people safe, people had support and supervision to move around the home safely and to manage their meals.

●The provider used a 'dependency tool' to look at what staffing was required based on people's needs. The tool was open to some interpretation by managers, however the registered manager stated they did not believe the staffing indicated on the tool was enough to meet people's needs and keep them safe due to the layout of the building and the level of agency staff, so deployed additional staff in some areas.

● Staff rotas showed staff were deployed above the indicated minimums of the dependency tool. The home had a high number of staff vacancies and were actively recruiting. Agency staff and bank staff were used to

ensure there were sufficient numbers of staff to keep people safe. Regularly, agency staff made up more than half of the deployed staff on duty.
●Due to staffing and recruitment challenges, the service had made the decision to stop new admissions and had closed one floor until staffing levels had increased to allow this to be re-opened safely.
● Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely
● Medicines were managed safely and there were good procedures in place to ensure people received their medicines as prescribed. Medicines were stored and disposed of appropriately.
● Medicines were administered by the team leaders, who were confident in safe administration processes. They were trained and had their competencies assessed.
● Where people had medicines 'as needed' (PRN) they had protocols in place which detailed when the medicine would be needed, the maximum doses and when to refer to other healthcare professionals.
● The service had recently changed prescribing pharmacy and changed from blister packs to packaged medicines, this had been managed effectively with the responsibility for managing medicines into the home and ordering limited to selected, experienced staff to reduce the risk of error.
● Where appropriate, people were supported to manage their own medicines to promote their independence. Risk assessments were completed to ensure people were safe, and staff supported with ordering medicines from the pharmacy.

Preventing and controlling infection
● The home was clean and tidy throughout, shared areas, people's rooms and bathrooms were kept clean and had required soap and disposable hand towels.
● Staff wore personal protective equipment and followed good hand hygiene practices when supporting people with eating and drinking, or personal care.
● The service had dedicated housekeeping staff and good oversight of cleaning to ensure the home remained clean.
● Staff had training in infection control relevant to their role. The home had been rated five out of five stars, the maximum rating, for food hygiene in April 2018 by the Food Standards Agency.

Learning lessons when things go wrong
● The service had been responsive to incidents, implementing additional measures to avoid re-occurrence. In response to issues with continuity of care due to a high proportion of agency staff, the service had implemented 'at a glance' sheets for key information.
● One person had a high number of falls and was at risk of injury, so the service had agreed to allocate one-to-one staffing to support them.
● Following high levels of medicines errors, the service had changed their administration processes and restricted the staff able to administer medicines to reduce errors.
● Staff felt confident to report incidents and actions taken in response were captured.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service used evidence-based tools to assess people's needs in line with best practice. Some assessments were not completed correctly based on people's needs, and so did not correctly identify their level of risk which had the potential to affect people's positive outcomes, such as development of pressure ulcers or maintaining a healthy weight. Some were not completed as frequently as the tool indicated based on people's risks. This was highlighted to the registered manager who agreed to review the assessments to ensure they were clearer and were updated.
- The registered manager was aware of current best practice guidance and the standards of care expected. They had implemented changes in practice in response to a recent thematic review into oral care in care homes, with people's needs being detailed in support plans and an increased oversight of oral hygiene.

Staff support: induction, training, skills and experience

- Staff had regular training which was relevant to their role and were knowledgeable and skilled in supporting people.
- Staff had a thorough induction and told us they felt supported by the senior staff, deputy and registered managers. Staff supervision was not always taking place as often as the provider's policy stated. This was an area the registered manager had identified for improvement and staff now had booked supervision with the senior staff member assigned to support them.
- Wherever possible, the same agency staff were used frequently, and new agency members of staff had a period of induction to improve continuity of care. Agency staff were allocated to specific areas of the home to reduce the number of people's needs the agency staff would need to know.

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

- People were assessed for their risk of malnutrition and any risk of choking was identified in people's support plans. One person, who was deemed at risk, had a support plan which identified they should be weighed weekly, which was not consistently happening. This was highlighted to the registered manager who agreed to address this and review whether this affected other people.
- People were supported to maintain a balanced diet. Menus offered balanced meals and were displayed around the home. People were supported as needed to eat and staff encouraged them. People had a choice to eat in their rooms or the dining areas in each part of the home. People were given a choice of where to sit and staff sat with them if they needed support.
- People fed back that the quality of food was varied. One person said, "It's not good. It's the same thing practically every day, chicken and pork, carrots and peas." Another person told us, "Sometimes the food is

not very good but there again its agency staff. It's very variable."
● People told us they had a choice and could ask for alternatives, though sometimes foods were not available. One person said, "We get a reasonable choice. Breakfast you can have anything and at any time which I really appreciate." Another person said, "You have to ask for everything. At the residents meeting the manager said, 'If you want things like pickle just ask', but the staff say, 'Sorry we haven't got any'."
● The home had implemented nutrition and hydration stations in each area of the home, with water, squash and various snacks for people to help themselves. People could also make hot drinks if they wished. People were encouraged to drink regularly, especially in the hot weather, and were offered choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service worked with other healthcare professionals and organisations to ensure people had access to care which met their needs.
● People were referred to other services if needed, there was clear evidence of any issues being escalated to senior staff and then to other healthcare professionals where appropriate. Other healthcare professionals' advice was reflected in people's support plans, such as eating and drinking guidance from speech and language therapists.
● People told us that staff ensured the GP was called if needed. One person said, "The care worker asks the team leader to see you. If they feel it necessary, they will ring the doctor with your permission."
● People were supported to access healthcare services, such as the dentist, optician, audiology (hearing) services and the GP. There were podiatrists who visited the home to provide treatments for people's feet, should this be required.

Adapting service, design, decoration to meet people's needs
● The premises had been thoughtfully designed to ensure people on all floors had access to outside space on secure balconies, which were well used. The maintenance staff had decorated balconies to have themes, such as a beach themed area with sand pits and colourful furniture.
● The home was arranged across four floors; each floor was split into an eight and 10 bed area and people could move freely between the two. There were quiet and larger communal areas. The layout meant people could walk with purpose throughout the floor and onto the balconies without meeting exit points or dead ends.
● The rooms were decorated prior to people moving in, they had a choice of room when they moved and could bring furniture and décor from home to make the room their own. One person had memorabilia from their favourite music artist displayed, and others had personal items around their rooms.
● People had "memory boxes" outside their rooms which they could choose to fill with things which held good memories and reminded them which room was theirs. Some were filled, others were empty.
● Dementia friendly guidelines were mostly implemented in the way the home had been decorated, and in signage, however people would benefit from names on their doors to assist them in finding their way. We observed one person struggle to find their room and wander into another person's bedroom. This was highlighted to the registered manager, who agreed to consider how this could be achieved.

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.

- The service had implemented good practice relating to mental capacity, and clearly considered people's capacity for making decisions about all elements of their care.
- Where appropriate there were detailed capacity assessments documented which accounted for people's communication or other needs which could impact their ability to make choices.
- Where people lacked capacity, decisions were made in their best interests, involving people who were important to them and considering their preferences and personal histories.
- People were supported to have maximum choice and control in their lives. Where people were deprived of their liberty, applications were made to the relevant authorities and measures were in place to minimise restrictions.

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 good. At this inspection this key question has remained the same. 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 spoke respectfully with people and took time to speak with them. People's personal histories were explored to help better understand them, and overall staff knew people well. Staff treated people as equals, they would crouch down to their level to speak and had a gentle approach.
- We observed kind and caring interactions between staff and people they were supporting, including agency staff. One staff member called out, "Is that [name]?" Another staff member responded, "Yes, were you looking for them?" The staff member replied, "No, I just love him!" and rushed over to talk to him and find out how he was. Another staff member was observed holding a person's hand while they walked, singing to them and making them laugh.
- The service explored people's religious and cultural needs and supported them to participate in religious services where they wished. One couple in the home had regular visits from a religious leader to support them, where they could not get out of the home to attend church.
- People and their relatives fed back positively about the staff. One person said, "[The staff] are very good." Another person said, "Some staff can't do enough for you." A person's relative told us, "The care [loved one] gets here is very good."

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

- Support plans detailed people's wishes, views and things which were important to them. People were supported to make decisions and people's communication needs were met to ensure they could express their views.
- People's records identified family and people who were important to them so that they could be involved or consulted about care decisions.
- People were given choices in all elements of care, and staff adapted their approach to different people with different abilities.

Respecting and promoting people's privacy, dignity and independence

- Things which were important to people relating to privacy, dignity and independence were highlighted on 'at a glance sheets' for permanent and agency staff, alongside risks, so that staff were aware of these. This information included, for example; "ensure presentation is of a high standard, hair is washed and brushed, and clothes are freshly laundered", "female only staff for personal care" and "promote independence and regular toileting to retain dignity".
- Staff were mindful of people's privacy, staff reduced their volume when speaking of sensitive or confidential information or when speaking about personal care. People's records were kept securely. Staff

knocked before entering rooms and had signs to indicate when people wanted more privacy.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although care was planned to give people maximum choice and control and met people's essential needs; staffing levels and the proportion of agency staff sometimes affected the ability to meet people's preferences. This particularly seemed to affect people living on the "residential" floor, who were more independent but still needed some assistance.
- Some people liked to have a bath, however staff were often only able to offer a shower or body wash due to the staffing mix or levels. One person told us, "It all depends on if there are enough staff. If there is only one staff on duty, they can't leave the floor to give you a bath." Another person said, "One lady here one evening asked for a bath but the [staff] said they didn't know how to use the bath."
- Substantive staff were often leading activities and covering multiple areas within the home, a large proportion of team leaders time was spent administering medicines, and other tasks only they could complete. This meant most of the staff available to support people were agency staff, who did not always know people as well.
- People reflected that they did not always know the staff and they would change frequently. One person said, "There are lots of agency staff. You wake up in the morning and wonder who you will see today. So many different faces." Another person told us, "Recently we have had a lot of agency staff. I prefer the regular staff as you form a friendship with them." Another person said, "They are so short of staff; it's agency all the time. We don't have our own staff."
- People and their families told us that there were busier times which could affect whether staff could support people in a timely way. One person told us, "They definitely need more staff first thing in the morning. From seven o'clock people want tea of coffee, breakfast, washes. There just isn't enough staff." Another person said, "I press the buzzer if I need to go to the toilet. That's the theory. Sometimes you might have a bit of a wait, but you have to realise there are more people needing help than there are carers."

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.

- Staff used different approaches to ensure people had information in a way which met their needs and which they could understand. For example, staff used a note pad for one person who was profoundly deaf. Another person carried a magnifying glass so that they could read or see paperwork due to their eyesight.

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 provider had a policy where there were no allocated leads for activities, and all staff had a responsibility to provide activities. In some ways, this had worked well. For example, the maintenance staff ran a club targeted more towards men in the home, where they identified this was a gap. They had also started a pop-up pub twice a week, where people could have a drink and socialise while playing pub games.

● We observed some activities within the home, which were more suitable for people with more advanced dementia, however there were limited numbers of people engaged with these activities each day. Activities for people who were more active and independent were less frequent.

● One person told us, "There are [activities] but they are very few and far between. The two activity ladies left and haven't been replaced. The carers are supposed to do it, but they don't have time." Another person said, "There is no minibus. I've been on one outing since I've been here [around 18 months]. We bring it up at our meetings and get told, 'We are trying'. If you went on a trip you would have to have a carer and there isn't the staff." Another person told us, "There is supposed to be [activities], but they don't always happen due to there not being enough staff to take people upstairs to one of the lounges. We have a very nice man that comes in to play the piano. He is very popular."

● Families told us they felt very welcome in the home and visited often. One person's family member was getting married, and due to their ill-health were unable to attend. The registered manager had worked with the family to organise a ceremony in the home with the bride and groom in their wedding outfits and a cake to cut so that the person could still feel part of the event. Others in the home were to be invited to make it an event.

Improving care quality in response to complaints or concerns

● The service had an appropriate complaints management procedure in place which gave timeframes for response and information on how to make a complaint.

● People and their relatives told us that sometimes it was difficult to find a senior member of staff who could address an issue. One person said, "They put you in touch with the team leader, but you can't always see them." Another person's relative said, "You have to go looking for a team leader." When asked about raising complaints with the manager, one person told us, "I never see them."

● People and relatives gave us mixed feedback about the response to complaints. One person's relative said, "I complained. They never cleaned [person's] teeth properly. Now they are cleaned twice a day." Another person's relative told us, "We've never seen tags on clothes, they get mixed up all the time. Today [person] is wearing someone else's blouse and skirt. I think those are their shoes. If there were regular staff, they would know that these aren't [person's] clothes. We've asked for [person's] hair to be set but it hasn't happened. I've raised these things with the manager, but nothing happens." One person said, "I've complained to the team leader more than once, but I don't know if I'm taken seriously."

End of life care and support

● The service supported people to remain in the home should they wish to at the end of their life. Specific staff were trained in end of life care using the "six steps for end of life care" training from a local hospice, which is a nationally recognised course.

● We saw a good example of end of life care, where a family had been supported to stay with the person in the home to be close by for their last days and the family gave positive feedback about the home.

● People's wishes around their end of life care were explored with them to ensure their needs could be met and their preferences were respected. Where appropriate, the service ensured people had form completed identifying they did not wish to be resuscitated.

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 good. At this inspection this key question has now deteriorated 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.

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

- The home had a positive culture which focussed on taking a caring approach and putting people first. Staff felt supported, there was a visible management presence for staff and staff told us that they could raise any concerns they had. Staff described the registered manager and deputy as "approachable" and "happy to hear any suggestions".
- Staff fed back that they were happy in their role, however some expressed they were working under increased pressure due to staffing and supporting agency staff, who may be less familiar with policies, procedures, people and the building and its facilities.
- Staff understood the vision and values of the home and knew the actions the managers were taking to address areas of improvement. This was also communicated to residents openly in resident meetings.

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 was clear on their responsibilities to be open and honest when things went wrong and understood their duty of candour. Families told us they were kept up to date if anything had happened, such as if their relative had a fall.

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

- Oversight and quality assurance had been an area of increased focus for the service, and there had been good oversight in response to concerns and staffing issues. There were good measures in place to review the quality of the service and implement actions in response.
- There was a clear allocation of responsibilities in the management team, however this was sometimes not clear amongst staff, particularly with high levels of agency, where things became less organised. People and staff reflected that things were not always well organised.
- We saw that staff were not always clear who was going to be supporting activities for people, or what activity they were going to do. Gloves had run out in some rooms, staff told us blank paperwork templates sometimes ran out on their floor, so they had to go to another floor to get one. At lunch time, people were having chips – when someone asked for salt and vinegar, staff had to go to the kitchen to find the vinegar.
- Some paperwork was not completed clearly and accurately, or in line with support plans. For example, there were gaps in one person's daily record over several days of any support they had from staff and that

their care plan had been followed. Night checks were not recorded with explicit times, meaning it was unclear if people were checked as often as they should be based on their risk or preferences. The registered manager told us that they were implementing a new handover system to ensure daily records were reviewed more frequently, which should identify these issues more swiftly.

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

- The service was working to further develop community links. They had recently had a baking competition, inviting in the local community and family of residents and staff.
- The home had a social media page where family and loved ones could keep up to date with happenings in the home.
- The service sent out experience questionnaires and sought feedback from people and their relatives through resident meetings. There were some examples of changes the service had implemented in response to people's feedback, such as giving welcome baskets with information and useful items to new residents or setting up a small shop in the home for essential items. However, some feedback indicated people and relatives did not always feel listened to.

Continuous learning and improving care; Working in partnership with others

- The home was working through a challenging time with a significant turnover of staff following some changes in the senior staff team. The registered manager, deputy manager and area manager understood the challenges they faced and were working consistently to minimise risks to people and improve substantive staffing.
- There was a clear improvement plan in place, which identified clear actions to address areas such as staff recruitment, staff supervision and support, updating risk assessments, improving staff training compliance, and ensuring agency staff were aware of people's needs.
- The managers were open to feedback, change and innovation and had been engaging with the local authority to embed improvements needed.
- The home worked with other agencies to ensure people's needs were met.