Park Avenue Healthcare Limited

Park Avenue Care Home

Inspection report

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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
Park Avenue Care Centre is a care home providing personal and nursing care. The service can support up to 51 people. Forty-seven people were living at the home at the time of the inspection. The service supports people aged over 65 years some of whom are living with dementia in one adapted building over three floors.

People's experience of using this service
People and their relatives were positive about improvements made to the culture and leadership at the home following the arrival of a new registered manager. The registered manager promoted an open culture of communication and learning, worked proactively with other agencies and was visible as an effective leader. Staff told us there had been improvements with the leadership of the service. There was a system to monitor the quality and safety of the service and any learning was identified and acted on. People's views about the service were requested and acted on.

People told us they felt safe and staff understood their roles in safeguarding people from harm. Risks to people had been identified, assessed and staff knew how to manage these risks safely. There was a robust process to identify learning from accidents, incidents and safeguarding concerns. Medicines were safely managed. There were enough staff to meet people's needs and safe recruitment practices were in place.

Staff were being supported to ensure they had suitable skills and knowledge to meet people's needs. People's needs were assessed before they started using the service. The home had been refurbished throughout and was adapted to meet the range of needs of the people living there. People and their relatives were complimentary about the refurbishment that had taken place.

Staff asked for people's consent before they provided care. 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's nutritional needs were assessed and met. People had access to health and social care professionals as required.

People told us staff treated them with care and kindness. People's needs in respect of their protected characteristics were assessed and supported. People were consulted about the support they received. Staff treated people with dignity, respected their privacy and encouraged their independence.

People had a personalised plan for their care that reflected their needs. People had access to a range of activities to stimulate and engage them. Relatives knew how to complain and expressed confidence that any issues they raised would be addressed. People's wishes relating to their end of life care needs had been discussed with them or their relatives, where appropriate.

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 requires improvement (published 12 November 2018). We found the service needed to make improvements to ensure people were sufficiently engaged and stimulated. There was no registered manager in place and improvements were needed in the way the service was led and managed.

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.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Park Avenue 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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors, an assistant inspector and an expert by experience on the first 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. A single inspector returned on the second day to complete the inspection.

Service and service type
Park Avenue Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. 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
Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. 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. This information helps support our inspections. We also contacted the local authority commissioning and safeguarding teams to ask for their views about the service. We used all this information to plan our inspection.

During the inspection
We spoke with four people and six relatives. Some people were not able to fully express their views about the care they received. So, we observed the care provided in the communal areas and tracked people's care, to better understand their experiences and to see that it matched with their care records. We used the Short Observational Framework for Inspection (SOFI) on both days of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two nurses, three care workers, the acting deputy manager, the registered manager and the operations manager. We also spoke with the activities support person, the chef, the maintenance person and a member of housekeeping staff. We reviewed a range of records. This included six care plans and five staff records. We also reviewed records used to manage the service, for example, maintenance records, medicines administration records and meeting minutes.

After the inspection
We requested some further information to be sent to us for example, in relation to staff training and audits. We contacted three health care professionals to obtain their views about the service.

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.

Staffing and recruitment

● At the last inspection there had been a high level of agency staff use and we had received mixed feedback about staffing levels at the home. At this inspection people and their relatives told us they thought there were enough staff. Our observations confirmed this.

● The home was almost fully recruited and agency staff use had declined. The provider was using a new staffing tool to help assess the required staffing levels. The registered manager confirmed they amended staffing levels according to the tool and any changes in people's needs. For example, individual support was considered where needed to help settle people into the home or in response to changes in people's needs.

● Staff told us they thought there were usually enough staff to support people, but there could be unpredictable events that affected how busy they were. One staff member said, " Most of the time we have enough staff unless someone calls in sick last minute." The registered manager told us they had a pool of bank staff and used the same agency staff as much as possible for continuity.

● Robust recruitment procedures ensured against the risk of employing unsuitable staff. Recruitment records evidenced all necessary checks were completed before applicants started work. Checks were made to ensure nurses registration to practice remained valid with the Nursing and Midwifery Council. the provider checked that agency staff had evidence of suitable recruitment and training checks before they worked at the home.

Assessing risk, safety monitoring and management

● Risks to people were assessed and reviewed regularly. These included risks in relation to, nutrition, skin integrity, health risks and falls. Risk management plans guided staff on how to reduce risks. Where people displayed signs of anxiety and distress which could put them or other people at risk there were guidelines for staff to follow to help identify possible triggers or support them safely.

● Overall staff were aware of people's individual risks and how to minimise them. For example, where people were at risk of falling staff ensured they had suitable equipment to mobilise. However, for one person, we observed staff did not follow their care plan to ensure they were positioned safely to eat their meal which posed a possible risk of choking. The registered manager addressed this at the inspection.

● Risks in relation to emergencies were safely managed. First aid training and fire warden responsibilities were clear on each floor. Not all staff we spoke with were aware of the fire evacuation process, but we saw training that was being delivered at the time of the inspection so that all staff would know how to respond. Fire drills were conducted for day and night staff to ensure they were clear about what to do in an emergency.

● Risks in relation to the premises and equipment were monitored through a schedule of internal and external checks and servicing

Systems and processes to safeguard people from the risk of abuse

● People were protected from abuse, neglect or discrimination. People and their relatives told us they felt safe at the home. For example, one person commented, "I feel safe here. I am well looked after." A relative remarked, "My [family member] is absolutely safe and well looked after; the staff here really do care."

● Staff received regular safeguarding training. They understood their responsibilities to safeguard people and the actions to take if they had any concerns. They knew how to raise any concerns in line with the provider's whistleblowing policy. Where staff had raised concerns, these had been dealt with appropriately by the manager in accordance with safeguarding procedures.

● There were robust systems to report and act on concerns. The registered manager had raised safeguarding alerts appropriately and worked proactively to address any safeguarding concerns with the local authority. They had carried out thorough investigations when required and taken appropriate action. A staff member remarked, "They [management team] are quite supportive, and they ensure things you are supposed to know you know, so people are kept safe."

Using medicines safely

● Medicines were managed, administered and stored safely. There were safe procedures in place to ensure people received their medicines as prescribed by health care professionals. All medicines including time specific, 'as required' medicines and controlled drugs were stored and administered safely. Risks in relation to health conditions such as diabetes and high-risk medicines were safely managed.

● Processes to administer medicines covertly (without obtaining consent) followed legal guidance and included the advice of the GP and pharmacist. People's medicines were also regularly reviewed by health professionals to ensure they met their needs.

● Staff received training on the administration of medicines and had their competency assessed to ensure they continued to use safe best practice. Our observations and discussions with them confirmed they understood their roles in the safe management of medicines.

● There was a robust system to monitor medicines administration and to learn from any medicine errors which were discussed with staff to reduce the risk of them reoccurring. For example, we saw a new procedure had been introduced to identify when medicine was in low supply.

Preventing and controlling infection

● Staff understood how to reduce infection risk. Relatives and visiting professionals told us they thought the home was clean and we observed the environment was clean and free from odours. A relative remarked, "I am here a lot and it's always clean, with no smells."

● Regular cleaning of equipment such as wheelchairs was carried out. A health and safety audit earlier in the year had identified a staff member not following recommended hand washing guidelines and we saw staff training on hand washing had been introduced for all staff to remind them of good practice.

● We saw hand wash facilities and dryers in communal toilets and staff used personal protective equipment such as gloves and aprons appropriately.

Learning lessons when things go wrong

● The registered manager had created a robust system to identify and share learning. Concerns about people's care and treatment were identified and shared with staff. Accident and incident forms were reviewed by the manager to ensure appropriate action was taken at the time and afterwards. Learning was also drawn from a wide range of other sources such as informal feedback, audits and complaints,

● The registered manager had organised a series of 'lessons learned' training with staff where areas for improved practice and knowledge had been identified. For example, in relation to wound care records. Learning had been identified from meal time audits and a series of mini module training events and observations had taken place over recent months to address areas of staff practice around meal times and

improve people's dining experience.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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.

- People and their relatives told us staff asked for people's consent before they provided care. We observed staff sought consent from people when supporting them. For example, in relation to their personal care and where they wanted to sit or how they wished to spend their time. Staff respected people's decisions and told us that they tried different kinds of encouragement, to help motivate people to get up or eat or drink sufficiently.
- Mental capacity assessments for separate decisions about people's health care and support needs had usually been completed. For one person recently admitted to the home we found MCA assessments had not always been fully recorded but this was addressed at the inspection.
- Where people lacked capacity to make decisions for themselves best interests' decisions were made in the least restrictive way possible. The registered manager had recently organised a multi-agency best interests meeting for a person using the service. However, best interest decisions were not always recorded together with the MCA to maintain a clear record. During the inspection the registered manager showed us a revised record they had introduced to address this.
- Where there were authorised applications to deprive people of their liberty for their protection we found that the required paperwork was in place, any conditions were being followed and kept under review to consider a reapplication when needed.

Staff support: induction, training, skills and experience

- People were supported by staff who received training and support to carry out their roles. People and their relatives told us they thought staff were knowledgeable and competent. One relative remarked, "Since the new manager came you can see the improvements in the way staff approach people and their understanding of dementia."
- Staff training was not fully up to date across areas the provider considered essential. However, the

registered manger had worked proactively to address the shortfalls they found when they started. They had supported staff to complete a wide range of training and had plans to address remaining gaps. For example, practical training such as first aid and fire safety was being rolled out at the time of the inspection.

● The registered manager understood the importance of having a skilled and competent staff group and was proactive in sourcing learning opportunities for all staff. She had introduced a journal club to support nurses development, additional training on dementia and a range of mini modules to embed training and increase staff knowledge. Topics included pressure area care, risk assessment completion, oral hygiene and catheter care.

● Staff were also supported to develop through identified training opportunities and apprenticeships. Staff told us they received plenty of training to support their roles and welcomed the training introduced by the registered manager.

● New staff received an induction in line with the care certificate and shadowed experienced staff to support them in their role. Staff also had begun to receive regular supervision and an annual appraisal since the arrival of the new registered manager to support their roles and development.

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

● Assessments of people's needs were completed in consultation with them, their representatives and, where appropriate, health or social care professionals. This helped to understand if the home could safely meet people's needs and to start to inform care planning.

● The home used risk assessment tools as part of planning for care. The assessment included consideration of people's protected characteristics and preferences to consider how to support them in a personalised way.

● The provider employed a physiotherapist at the home who assessed and supported people with rehabilitation where appropriate and to maintain their mobility and independence as far as possible. New technology in the form of a tablet and exercise machine that simulated a bike ride outside had been introduced, to offer suitable exercise in a stimulating way. The physiotherapist described how staff worked alongside them to support people with any exercises.

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

● People's nutritional needs were supported. People and their relatives told us they enjoyed the meals and there was always a choice. One relative remarked, "The food is good. My [family member] appetite has returned, and they have put on weight since being here."

● Where people were at risk of malnutrition their weight was monitored and meals were fortified to reduce risk. People nursed in bed had access to drinks throughout the day and, where there was an identified risk, people's fluid intake was monitored. The chef had information about people's modified diets, preferences dislikes, allergies, and cultural dietary needs and we tracked to find people received the correct diet in line with health professional's advice.

● We observed the meal time experience on both days of the inspection. On the first day the meal time was observed to be a little rushed due to the late arrival of the food. This was addressed with staff by the registered manager. On the second day the meal time experience was calm and relaxed. People were offered a choice of food and drink and supported to eat and drink where needed through encouragement from staff.

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

● People and their relatives told us they were supported to maintain their health and that staff were quick to respond to any decline in their well-being. A relative told us, "They do contact the doctor when needed and [my family member] has seen the dentist and optician."

● Care plans showed staff made timely referrals to health professionals such as the GP, podiatrist, dentist or optician, when needed. Records of health professional visits were maintained so people's needs were understood and met. A health professional commented, "Our experience of working with all levels of staff has been one of openness and engagement with our team."
● Staff had received training on oral health care and understood how to promote good oral health.
● Referrals were made to the mental health support team where people had distressed or anxious behaviour and staff worked with the team to better understand how to support people in a positive way to reduce distressed behaviour.

Adapting service, design, decoration to meet people's needs
● The environment was suitably maintained and adapted. A total refurbishment had been carried out since the last inspection and the home was adapted and designed to meet people's needs. We saw people and their relatives had been consulted and involved in the refurbishment. People and their relatives were positive about the changes. A relative commented, "The place has been transformed; there has been a massive change to the environment."
● The refurbishment addressed the needs of people living with dementia with suitable signage and décor throughout. The basement level had been opened up as a range of shops with the hairdresser, a tea room available for families to use and an arts and craft activity base. The rooms had been equipped and decorated with a range of suitable items from the past to stimulate conversation and memories as well as art work created by people living at the home.
● There were accessible toilets and bathrooms throughout the home with hand rails and people had en-suite facilities. There was appropriate signage and lift access to all floors and ground floor units had access to an outside garden area.

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 showed people care and consideration. People and their relatives spoke positively of the care shown by staff. One person remarked, "The staff are all polite kind and cheerful. " A relative said, "Staff here have always been kind and very caring I have always been very happy with how they have cared for [my family member]." Another relative commented, "I can't praise the staff enough. It's a tough job and they show real kindness."
- We observed staff knew people well and interacted warmly with them. Where people were unable to express themselves verbally staff understood signs of distress, discomfort and enjoyment. A relative said, "Having the same regular staff makes a difference."
- Staff received training on equality and diversity and worked to ensure people were not discriminated against. For example, people's spiritual or cultural needs were identified during the preadmission assessment and care plans guided staff on how to meet these needs. The registered manager had organised sexuality and relationships training to support staff to understand how they could recognise and support people appropriately. From this staff were organising a dinner event for couples to enjoy a romantic meal together.

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

- People told us they were supported to be involved in making decisions in respect of their day to day support needs. One person remarked, "They [Staff] do check with me if I am ready to get up."
- We observed staff understood how to communicate with people to support them make choices and express their views. For example, staff described signs that helped them recognise people's preferences. We observed staff gave people the time they needed to communicate.
- People's care records were person centred and identified the things they could do for themselves as well as the areas in which they needed support. Care plan reviews recorded people's wishes. Relative's confirmed they were involved where appropriate in discussion and decisions about their family member's care. A relative said, "They are good about keeping me informed and I am very much involved in discussions about [my family member's] care plan."

Respecting and promoting people's privacy, dignity and independence

- People's relatives commented that they thought people were treated with dignity and respect. A relative told us, "All the staff here are polite and treat people respectfully." We saw staff respecting people's privacy by knocking on their doors before they entered their rooms. People's doors were closed when staff were supporting them with personal care to protect their dignity.

● Meeting minutes evidenced the registered manager was proactive in working with staff on the importance of using language that demonstrated respect for people.
● We observed, and staff told us they maintained people's independence by supporting them to manage as many aspects of their own care that they could. The registered manager had been key in enabling one person who had decided they no longer wished to live at the service, return to their own home with an appropriate package of support.
● Staff ensured information about people was kept confidential. We saw that information about people was securely stored. Staff understood the importance of maintaining confidentiality about people's care needs and staff meeting minutes showed staff were reminded about the importance of confidentiality by the registered manager.

Good

Is the service responsive?

Our findings

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

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

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

- At the last inspection we had found improvements were needed to the activities provided to stimulate and engage people sufficiently. There was no activity coordinator in place. At this inspection a full-time life style coordinator and part time life style coordinator had been appointed. People and their relatives were all enthusiastic about the range and level of activities now offered and improvements made by the new registered manager. A relative remarked, "Since the new manager came the atmosphere is so welcoming and the entertainment has got better and better."
- People's needs for stimulation and engagement were met. There was a varied programme of activities including trips out, pet therapy, a preschool had visited, and a group of school children had tried working with the activity team for a day. A pen pal scheme had been introduced for those who wished to take part. The home had made use of the latest IT technology so a wide range of music was readily available to suit everyone's preferences.
- People who nursed in bed were offered a range of activities. The registered manger told us they were working to ensure these were personalised to people's needs and preferences. They were in the process of trialling a system to personalise a play list of each person's favourite music. An external activity person commented; "People are more awake alert and happier. The staff are more involved with the residents. There is a much nicer atmosphere."
- The registered manager had recently introduced 'Connect at 12' an opportunity for staff to engage in an activity with people. We observed all staff including the registered manager participated in this. The registered manager told us she was monitoring the scheme to ensure that staff did not engage with the same people and everyone had the opportunity if they wished.

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

- People and their relatives told us there had been considerable improvement to the way staff understood people's individual needs and preferences since the new manager arrived. A relative remarked, "[My family member's] named nurse has incredible knowledge of their issues. All the staff now give full respect and anticipate their needs, despite the difficulties that the various medical conditions give."
- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. Staff had guidance on how to manage aspects of people's dementia and reduce the risk of distressed behaviour. A health professional commented, "As a dementia focused service, we have come across many examples of good dementia care, where person-centred care is being embedded into the care by staff."

● Staff were aware of people's preferences, likes and dislikes and important aspects of their life which helped support people in a person-centred way. This information was available in people's care plans to remind unfamiliar staff. People and their relatives where appropriate confirmed they were involved in reviewing their care plans.

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.
● People's communication needs had been assessed and were recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood. For example, through communication cards or understanding people's non-verbal behaviour.
● The registered manager told us they could make information available to people in formats they could understand where needed. People also had key workers and named nurses to help develop closer relationships with a familiar staff member. Training had been provided to staff by a local association for the visually impaired to increase staff understanding of people's experience and how to support them better.

Improving care quality in response to complaints or concerns
● The home had a complaints procedure which was displayed for people's and visitors' reference. People also received a copy when they came to stay at the home.
● One person told us, "I have not made any complaints, but I would say if I had a problem." A relative said, "The new manager is very good. Her door is always open, she is approachable and deals with things you raise promptly." Another relative remarked, "I was one of the first to complain when things were not going well. So, I would like to be one of the first to praise the changes made. There have been lots of improvements, the owner and the manager are putting it right."
● Records showed that when concerns had been raised, these were investigated and responded to appropriately and in line with the provider's policy. The registered manager and provider monitored complaints to identify any possible actions or learning to be shared with staff. For example, we saw they had put welcome pack in response to a complaint by a family new to the home.

End of life care and support
● People and their families were supported at the end stage of their lives. The home had previously achieved platinum level for end of life care with the recognised accreditation scheme for end of life care. They had recently moved to undertake training with the local hospice on their 'Six steps to success in end of life care' programme.
● People had an integrated personalised plan which recorded theirs' and their family's wishes and preferences to ensure they were respected. Staff worked with the GP and a local hospice to help ensure people received appropriate person-centred end-of-life care. The home had received complements from relatives on the care provided at this stage of people's lives. One compliment remarked on the 'exceptional care shown by staff.'

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● At the last inspection we found improvements were needed to the culture and communication at the home and the way the service was managed and led. At this inspection the registered manager had been key to considerable improvements in these areas. Relatives were unanimous in the positive way they described the changes made at the home. One relative remarked, "The home is transformed and thriving. Previously there was no leadership in place. We are kept very well informed and I no longer worry."

● We found there was an open culture driven by the leadership team, aimed to deliver good quality person centred care with an emphasis on continuous improvement. The manager and deputy manager were enthusiastic and had created a culture of learning and support to staff who raised any concerns. They were supported by the senior management in the organisation and the provider. The provider had recently held a managers' away day to acknowledge the registered managers' contributions to the services.

● Staff commented positively on the changes made by the provider and registered manager. One staff member said, "The culture definitely needed upgrading, before there wasn't any training and staff thought they knew how to do it. Some have been resistant, but the manager follows through." Written staff feedback to the registered manager following some training was positive and staff had thanked her, 'for being a mentor rather than an arrogant leader.'

● Relatives commented that the provider visited the home, was approachable and wanted to address concerns. The provider had offered staff individual well-being sessions to talk about any concerns they had. A compliment received in September 2019 stated, "Park Ave is now a different home than 12 months ago. Since they [registered manager] arrived there has been marked improvement in the motivation and happiness of the staff. All members of staff appear to be valued… regardless of their role."

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 registered manager had a good understanding of their responsibilities under this regulation and were open, honest and took responsibility when things went wrong. They looked to identify any learning from any incidents or accidents.

● The provider had apologised to people and relatives for the findings of the last report and displayed this on their website. They had committed to addressing the required improvements at the last inspection.

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

● The registered manager understood their role as a registered manager and had notified CQC of incidents as required. They were aware of the need to display their inspection rating on the provider's website and at the service as required. They were proactive in challenging poor care practice. For example, a night audit visit from earlier in the year identified poor areas of practice and the registered manger had addressed this with staff and monitored this to ensure improvements were made.
● There was visible leadership and management presence at the service. People and their relatives told us they knew the provider and the registered manager and who to speak to about the service. One person commented, "[The registered manager] comes up and talks with me. She asks what she can do better and doesn't hide in her office, she is good at what she does, very passionate."
● There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager and deputy manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. Regular daily heads of department meetings were held, and information shared to ensure there was good communication across the home. There were regular nurses and staff meetings.
● Staff told us the registered manager led by example and would get involved directly in providing care to help staff or to demonstrate a skill. A staff member commented the registered manager had supported the chef in the kitchen to create and cook new recipes. The provider's representatives were enthusiastic and complimentary about the registered manager's achievements at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Regular friends and family and residents' meetings were held throughout the year to provide information and understand people and their relatives views. Relatives told us they felt their views were listened to either informally or at these meetings. A relative said, "The meetings are useful but I'm here every day. I can speak with the staff directly." People and their relatives were able to give their thoughts on aspects of the service and were given information about any changes, such as the refurbishment. There was a regular bulletin to update people and relatives and an electronic board in the reception area which provided information about events at the home.
● People and staff views were also sought through surveys and we found feedback was mainly positive. We saw any areas for action were included in the home's action plan.
● Staff told us they felt more engaged with the home. One staff member said, "Communication has improved a lot I feel happy coming to work. I like my job" The registered manager had engaged people, relatives and staff in a competition to name the activity connect at 12 to help foster awareness and involvement. A relative observed, "The carers have always been good, however there was a morale problem under the old regime, staff now appear to be happy in their work."

Continuous learning and improving care
● There was a system to monitor the quality and safety of the service. The registered manager had created a strong culture of identifying and learning from any issues from audits to improve the care provided. People's clinical risks were monitored closely and reviewed at clinical meetings to ensure any changes were identified.
● Regular audits were carried out across aspects of the service such as medicines, infection control, health and safety and care plans. Where audits had identified an issue, we tracked and found these had been addressed.
● The provider monitored key areas of performance and care through an electronic dashboard. They carried out their own audits to check for progress or any deterioration at the home. The registered manger was supported by the senior management team in addressing areas of concern. For example, the hospitality team had been involved in supporting improvements with the meal time experience.

● External medicines audits were also carried out by the pharmacist to identify any possible concerns. Any recommendations from local authority commissioning visits were included in the homes action plan which the registered manager had shared with CQC prior to the inspection. Considerable progress had been made with the action plan and the registered manager had ideas to further improve the service.

Working in partnership with others

● The registered manager had work proactively to develop working relationships with health professionals and other organisations to improve people's care. They attended the local authority provider forum to share and learn about best practice and new developments. They had engaged with a project working with musicians introducing regular music activities into care homes encouraging staff to develop skills.

● Nurses were engaged in a project with the local hospice and other care homes to improve best practice and make informed decisions. A health professional commented on the enthusiasm staff showed to engage in the project. Staff had presented a session on how they managed a hospital acquired infection at the home to share good practice. They were also engaged with a hospital research project on stroke survivors in care homes.