

Beacon Place Limited

Maple Leaf Lodge 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

Maple Leaf Lodge is a residential care home providing accommodation for persons who require nursing or personal care to up to 67 people. The service provides support to older people living with a dementia and or a physical disability. At the time of our inspection there were 37 people using the service.

Maple Leaf Lodge accommodates up to 67 people in one adapted building, on three separate floors. One floor specialises in providing care to people living with dementia.

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

Significant improvement had been made following the last inspection. The provider had reviewed and developed systems to monitor the quality and safety of the service. We found effective oversight and quality assurance processes in place which significantly reduced risk to people.

A variety of effective audit systems were demonstrated to monitor the quality of service people received. The provider had action plans in place demonstrating plans for continued improvement and how they could sustain this.

People received their prescribed medicines. Staff demonstrated understanding and knowledge of people's healthcare needs.

There was significant improvement in Infection Prevention and Control (IPC) processes. The home was visibly clean, and areas had been renovated improving safety. The provider had systems in place to monitor IPC and COVID-19 measures in the home.

Staff were delivering person centred care, Interactions between people and staff were positive and engaging. People were receiving respectful and dignified care that met the needs of the person.

Staff spoke positively about the changes and improvement's in the service. They felt supported by the management team. Relatives also felt the service had improved and their relatives continued to received good 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.

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

Rating at the last comprehensive inspection on 23 June 2021 and update

The last rating for this service was inadequate (published 25 August 2021) 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.

This service has been in Special Measures since 25 August 2021. 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 actions 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. This included checking the provider was meeting COVID-19 vaccination requirements.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maple Leaf Lodge Care Home on our website at www.cqc.org.uk.

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 ●

Maple Leaf Lodge 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 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

Maple Leaf Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who was applying to be registered with the Care Quality Commission. This means that the provider is 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider 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.

During the inspection

We spoke to 19 relatives about their experience of the care provided. We spoke with 15 members of staff including the regional manager, manager, deputy manager, head of care, senior care workers, care workers, activity coordinators, housekeepers and domestic staff.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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. During our inspection we found the provider had taken actions to properly assess and mitigate a wide range of potential risks to people's safety and welfare, in areas including individual risk assessment, medicines management, infection prevention and control, safeguarding and organisational learning.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained detailed explanations of the control measures for staff to follow to keep people safe. Care plans were focused on the needs of individual people. A range of detailed risk assessments were carried out for people to reflect their needs, in the care plans we reviewed. These had been reviewed regularly.
- People and staff were protected from other people's behaviours which posed a risk of harm. Staff told us they had training and knew how to manage challenging behaviours. Risk assessments were in place in relation to these challenges. We saw person centred, calm and positive interactions when staff supported people who were in distress.
- Improvements had been made to manage the risk of falls with greater oversight and learning from all such incidents. Care plans reflected people's individual needs and risks. Staff said the use of technology such as 'alarm mats' had positively impacted on the number of incidents. We observed this technology being in place.
- People were protected from the risk associated with bedrails and weight loss. People were being weighed regularly and when weight loss was identified swift action was taken to monitor this. Bedrails were sufficiently assessed, and risks were mitigated. Appropriate risk assessments were in place in people's care plans, which were reviewed regularly.

Staffing and recruitment

- Staffing levels met the needs of people in the home at the time of our visit. Care was provided in a calm and composed manner. There was clear understanding of staffs' roles and we saw effective teamwork throughout the inspection. Staff said rotas were planned and organised and that the home had recruited a number of new staff over the past year. Management said the only vacancy at the time of the inspection was now for a kitchen assistant role.
- Staff confirmed that they had received an effective induction and that appropriate training had been

provided so that they had the skills to support all people living in the home. There was effective oversight of staff skills and competency and a comprehensive training programme in place accessible for all staff.

Using medicines safely

- We found improvements had been made since the last inspection. Systems had been developed to ensure people received their medicines in the prescribed way.
- Staff we spoke to demonstrated a clear understanding of their responsibilities and the correct way to escalate concerns relating to medicines. Detailing a robust procedure, they would follow in the event of missed medicines.
- Staff told us they liaised with health professionals to support the emotional well-being of people. For example, one person's medication was directly impacting on their cognitive ability. Staff worked with health care professionals to reduce and eventually stop the medicine. The person became more active and engaged in day to day life and activities within the home.

Preventing and controlling infection (IPC)

- Significant improvements had been made since the last inspection with regard to infection, prevention and control. The home was visibly clean in all areas. Ample supplies of personal protective equipment (PPE) were available. Staff used PPE appropriately at all times and disposed of it safely. Policies and procedures were in place governing an effective cleaning programme, we saw effective managerial oversight was in place to ensure the home was kept clean at all times. National and organisational guidance was being complied with. Housekeeping staff had made many improvements since the last year.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.
- 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.
- 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.
- The provider had developed their own policy in regards of visiting arrangements in the care home, this was not in line with government guidelines. However, we found no impact on people during our inspection, people and relatives told us they were happy with the arrangements in place. Since the inspection the provider has since updated their visiting policy in line with current government guidelines.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021, registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Systems and processes to safeguard people from the risk of abuse

- Staff could explain effective safeguarding processes used in the home and demonstrated an awareness of the risk and types of abuse. Staff had undertaken appropriate training. Staff said the home felt safe and that people were cared for properly.
- Relatives told us they felt the home was safe, one relative told us, "My [name of relative] is looked after

well and I have no concerns. If I was worried, I would go to the manager. The manager seems very nice and acts on everything that I ask them to do."

Learning lessons when things go wrong

- We found significant improvements in organisational learning. Since the last inspection, significant improvements had been made relating to risk management, care planning, recording of information, communication and accessing healthcare services in a timely way.
- The provider had responded to the concerns raised at the last inspection and had learned lessons when things go wrong. The provider had produced an action plan following the last inspection to address risks identified and had taken a series of actions to address them.
- We saw care plans had been effectively reviewed following incidents and that risk assessments reflected appropriate actions to mitigate further risks, to keep people safe from harm. Staff knew the needs of the people they cared for and ensured all relevant documentation was completed as required.

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 inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection staff lacked competency and support in order to meet service users' needs and assess and mitigate known risks to service users. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Staff support: induction, training, skills and experience

- Staff told us new staff had been employed into the service and were now given the shadow shifts required. One staff member told us, "I had a good induction and lots of training has been provided". The home had adopted safe staffing practices, meaning staff had ongoing opportunity to gain adequate skills and knowledge to meet the needs of people.
- Staff said they had received training in understanding dementia, falls management, behaviour management and medication management. Alongside mandatory training the management had introduced additional training to support learning and understanding of all the above areas following the concerns raised at the last inspection.
- Staff we spoke to consistently told us there was improved support from management. Systems and processes were in place to ensure staff had the ongoing support and competencies to meet the needs of people using the service, protecting them from the risk of avoidable harm and mitigating known risks to people.

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.

At the last inspection, systems were not in place to demonstrate people were deprived of their liberty with the lawful authority. This placed people at risk of harm. This was a breach of Regulation 13(5) (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.

- People were not at risk of being deprived of their liberty whilst receiving care without assessment and authority. We found at the last inspection people's DoLS had elapsed and no timely action taken to resolve this. Records showed at this inspection improvements had been made by the provider to ensure DoLS applications were in place.
- Staff understood the MCA principles, we saw a range of capacity assessments had been carried out for people in the records we reviewed. There was evidence of discussions with people's next of kin and representatives.
- When we spoke to the senior management, they confirmed systems were now in place and effective to ensure DoLS were applied for in a timely manner, meaning people were deprived of their liberty with the legal authority. Processes were in place to track all applications made, due to delay in applications not being processed by the local supervisory body.

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

- As detailed in the Safe section of this report, we identified improvements in the provider's approach to managing the risk of weight loss. We saw staff providing regular drinks to people both in communal areas and also in their own rooms. A range of menu choices were available each day and we observed staff taking time and care to ensure people were supported to eat and drink.
- Care plans reflected people's preferences. Appropriate risk assessments were in place. Residents had the opportunity to voice their opinion and make changes around food choices during monthly residents' meetings.
- For example, people asked for a choice in puddings to include fruit. This was followed up and added to the menu as a choice for people. A further example was a person requested a certain food item to be added to the breakfast menu. This was ordered and then available as an option for people to have at breakfast time.

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

- Significant improvements had been made to environments in all areas. The environment was safe and secure. Communal lounges were bright, spacious with age appropriate décor. All carpets and furniture were in good condition and were well maintained. There had been a recent redecoration programme commenced, with more works planned, to give the whole home a fresh and attractive appearance.
- All equipment, such as fire-fighting equipment and hoists/stand aids, were fit for purpose and well maintained. External doors were alarmed to minimise the risk of people leaving the building without supervision.
- The environment was dementia friendly, especially on the designated dementia floor, where significant improvements had been made to provide a high quality, stimulating experience for people living with dementia. Care and attention had been made to provide a range of furnishings, pictures, and furniture to promote meaningful stimulation and wellbeing for people.
- Appropriate signage was on display throughout the home for people living there and their visitors to the home. Each bedroom had a personalised sign with their photograph, which included memory items specific to that person.

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

- We noted improvements in assessing people's needs and choices. Staff highlighted how they had improved the assessment process when considering people for a placement at the home. Assessments were now only carried out by three of the senior staff team with the focus on ensuring a thorough understanding of people's individual needs, taken together with consideration of how these needs could be effectively met at the home.
- Records showed people's needs were consistently assessed appropriately, As mentioned in the Safe section, care planning for risk management had been significantly improved, meaning people were protected from the risk of avoidable harm.

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 inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection, people were consistently treated with a lack of respect and dignity while they received care and treatment at the service. This was a breach of Regulation 10 Dignity and Respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

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

- People consistently received care and support that met their needs. Staff provided care that was sensitive to people's needs and did so in a calm, unhurried fashion. We saw many staff smiling and enjoying positive interactions with people throughout our inspection. This was supported by feedback from staff and people who told us the quality of care was good. During the inspection, a person told us, "The staff are caring and kind."
- Staff told us they had enough time to meet people's needs, and that this had much improved since the last inspection. One staff member told us, "We have made this a home again".
- Staff consistently used respectful language when talking to people at all times. Staff were very mindful of each person's individual preferences and took the time to listen and ensure they understood what the person's needs were. Staff were respectful and caring on all interactions we observed.
- Staff used people's names and offered appropriate choices to people. For example, we saw one staff member offer a resident a choice of two jumpers by showing them to the person, who was then able to choose which one they wished to wear.
- Activity coordinators positively supported people with a range of planned group activities throughout each day. We saw one music and gentle exercise session which was being enjoyed by a group of people. There were very positive and supportive interactions provided by the staff. Staff took the time to ensure people were comfortable, had what they needed and also checked on them regularly in communal areas and when in their bedrooms.

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

- We saw that people were involved wherever possible (based on their abilities) in their care plans and risk assessments. Staff had undertaken a range of risk assessments and also mental capacity assessments, which recorded people's ability to make informed decisions. We saw staff had recorded people's family and next of kin details and we saw documented discussions with them in people's care plans.
- Relatives involved in people's care told us, "We had a review a couple of months ago, the service asked us

questions and called us back a few days later. It's not like previous meetings, we were given the opportunity to ask questions."

- Staff actively promoted people's independence to reflect people's individual abilities and encouraged people to join in with planned activities if they so wished.

Respecting and promoting people's privacy, dignity and independence

- People consistently received privacy and dignity during the delivery of care. Care plans had been updated to reflect people's preferences.
- Staff told us they had time to provide dignified care, and care was planned around meeting people's needs and preferences.
- We saw many positive interactions between staff and the people they were caring for during the inspection. Staff were mindful of people's dignity at all times. We saw staff respectfully attending to people's needs, for example, discrete support was given to help a person rearrange their clothing to protect their dignity. Staff sensitively supported people to make decisions for their activities of daily living and took time to ensure each person was able to communicate their needs.

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 inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At the last inspection, there was a failure to ensure care and treatment was personalised specifically for the people using the service. This was a breach of Regulation 9 (Person Centred Care) 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 9.

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

- People's care plans contained sufficient information to ensure people's needs and preferences could be met. Detailed risk assessments were in place which had been reviewed regularly. Care plans seen contained sufficient guidance for staff about how to support people, including those living with dementia, to ensure their and other people's safety. We saw care plans had been reviewed and proactively changed following incidences, to ensure risks to people's safe care and treatment were minimised wherever practicably possible.
- Care plans seen were comprehensive, person centred and fully reflective of people's needs. Significant work had been done since the last inspection to review and update people's care plans. Senior staff were continuing to drive improvements in this area.

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.

- Records showed the provider had assessed people's communication needs and how to meet these needs in their care plan. Care plans clearly set out what was their preferred communication method and the level of support needed and any equipment, for example, hearing aids.
- We found the environment and staff deployment meant communication systems were meeting people's needs effectively. Clear and personalised signage identifying rooms was in place and was dementia friendly. This meant people's communication needs were being met.
- Staff used positive body language and generally spoke with people at eye level to promote understanding.

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

- Staff consistently told us they now had time to support people. We saw numerous positive interactions between staff and people during our inspection.
- Activity staff were employed by the provider and we saw positive, engaging activities during the inspection. People engaged and interacted with the activities.
- We saw staff providing social stimulation for people outside these planned activities, either on a one to one or with small groups. We also saw staff checking in with people in their own rooms.
- Significant improvements had been made in terms of providing an appropriate sensory environment which facilitated opportunities for meaningful engagement for people, especially those living with a dementia.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record complaints when they were received, and action taken. There were policy and procedures in place for handling complaints.
- Relatives told us complaints were dealt with effectively. For example, one relative told us, "I have raised concerns, now they are dealt with in a timely manner. This is a big improvement". Another Relative told us, "Since the last inspection and the new manager in place. Whenever I raise a complaint it is dealt with very well".

End of life care and support

- We reviewed documents regarding end of life wishes in place for people. ReSPECT forms in the records seen reflected people's needs and there was evidence of discussion with next of kin and family, together with an appropriate clinician's signature. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. Such emergencies may include death or cardiac arrest but are not limited to those events. The process is intended to respect both patient preferences and clinical judgement.
- Systems were in place to ensure people's preferences and wishes for end of life could be met.

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 the last inspection systems were either not in place or robust enough to assess and monitor the quality of the service. This placed people at risk of harm. This is 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.

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

- We noted significant improvements in the home's culture and staff morale. Senior staff had established effective communication systems with staff, who told us of the significant improvements in the way they were listened to and supported.
- Staff were proud of their home and their colleagues and said how they enjoyed working with their provider. One staff member told us, "I enjoy working here now, I want to be here". Another staff member told us, "Management are supportive, you can ring if needed, we are a good team, we are all together now, not just alone. Things are settling."
- Internal communication systems appeared more effective and robust, with key information passed onto staff in a timely way. Daily 'stand up' meetings took place, consisting of a short-focused meeting to discuss high level information for that day. To ensure all staff across the whole home were informed of essential information.
- Relatives told us, "The new manager will put things in place if she can. She must be doing something right with the staff, because they are happier than they have been for a long time." Another relative told us. "I've spoken to the manager. They are very forthcoming, they listened to me, keeps me up to date on things. Now the home seems to be a lot better managed."

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

- Organisational governance and quality monitoring arrangements had been improved for assessing, monitoring and mitigating potential risks to people's safety. Opportunities had been identified to proactively address potential risks to peoples' safety and welfare in regards of falls and weight management through robust audit processes.
- We found systems in place to monitor the safety and effectiveness of service provision these systems were working effectively. Risks were seen, assessed and mitigated appropriately. Audit documents we reviewed

for infection control were comprehensive and up to date. Environmental audits supported the improvement plan.

- All staff were clear about their roles and responsibilities. Tasks were delegated to senior staff to ensure daily oversight could identify and address shortfalls. For example, senior carers would count medicines to ensure all medicines have been given on a day to day basis. Further management oversight took place weekly and monthly to ensure any shortfalls with medicines management was dealt with effectively and in a timely way.
- Senior staff were proud of their improvements since the last inspection but were mindful that further work was required. Staff said they were clearer now about working 'the Barchester way', which focused on people being at the heart of their care service. The provider as detail on this report is part of the large care provider Barchester.

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; Continuous learning and improving care

- The provider has taken actions since the last inspection to enhance and stabilise the home's senior team. Leadership within the home had significantly improved, with senior staff taking an active role driving improvements in a number of areas to address the shortfalls we found on the last inspections.
- There was significantly improved organisational oversight and governance to mitigate the risks to the safety and effectiveness of service provision. There was an improved awareness of, and actions taken, to ensure risks to people's safety were monitored effectively. Support available for the manager and staff from the provider's regional director had significantly improved, with a visible presence in the home.
- The provider had submitted action plans and detailed documents since the last inspection, which gave us continued assurance the provider was committed to driving improvement in leadership and care delivery in the service. More time was now needed to ensure the new systems were embedded and sustained into working practices.
- New systems had been developed to demonstrate how the provider is open and honest. Duty of candour records detailed discussions that had taken place following incidents. Apologising and then actioning steps to prevent reoccurrence.
- Senior staff spoke passionately about the work they, and all staff, had done to make significant improvements to the way the care service was delivered. Senior staff knew what was required to make further improvements, with the provider's support, and using its national policies and procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We saw regular residents' meetings had taken place. This gave people in the service an opportunity to discuss what was important to them and changes they would like to make. For example, 13 residents attended the Oct 2021 meeting and requested a Halloween party, which was facilitated. A further example is a person raised they were not always asked to join in when entertainment was in the building. We saw the next meeting this had been actioned and the person had joined in with the singers.
- The provider held a staff survey in November 2021, following the negative results from a previous survey in June 2021, showing only 15% would recommend the provider, this had significantly improved to 76% of staff would now recommend the provider. This demonstrated the provider had taken on board the results of previous surveys and made improvements following the feedback.
- We saw the provider had taken steps to engage and value staff contributions by operating 'an employee of the month' recognition programme. A 'suggestions box' was also available for people and staff to leave feedback.
- Professional relationships had been improved within the service. Staff said they had effective support from GPs and other healthcare professionals. We saw evidence of communication from healthcare professionals

put into place to support the health and wellbeing of people at the service.