

Prime Healthcare (Bury) Limited

# Abbeydale Residential Care Home - Bury

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Abbeydale Residential Care Home – Bury is a residential care home providing personal or nursing care to up to 32 people. The service provides support to older people some of whom may be living with dementia and/or physical disability. At the time of our inspection there were 27 people using the service.

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

Improvements had been made to the service. Systems and processes had been introduced for the reporting and recording of issues related to safeguarding, accidents and incidents. The new management team and wider staff group fully understood their individual and collective responsibilities in this area.

The management of medicines had improved. People received their prescribed medicines when they needed them. The service worked in partnership with other professionals, and the community when able to do so. However, the home's medicines policy and procedure were not available for staff to access when we inspected. We recommend the policies are reviewed and made available.

Although on the day of inspection we found there were enough staff available, the layout of the building meant there were occasions staff were not available to assist people in their bedrooms. We have made a recommendation about the deployment of staff.

People were assessed prior to moving into the service and were supported by staff with a good level of knowledge and skills. We have made a recommendation about recognising and responding to conditions that are likely to deteriorate.

People care plans had been updated since our last inspection. However, there was further scope to make these care plans much more person-centred. Activities at the home had improved, with a new activities co-ordinator recruited. People we spoke with felt the activities within the home could be improved further and the manager confirmed activities would be strengthened.

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.

The provider had made improvements to staff training and competency checks to ensure staff had the skills, knowledge and competence to care for people safely. Staff supervision sessions were not yet fully embedded; however, a plan was in place and staff we spoke with felt supported.

The provider's quality assurance processes had improved and were effective in driving in improvements across the service. This was evident in the premises, fire safety and review of incidents and accidents to ensure people received a safe service. However, the registered provider needed to implement their own

governance checks to ensure they had robust oversight of the managers new governance systems.

The home had a new manager in post who had worked at the home for approximately 7 months at the time of our inspection. The feedback we received was positive regarding the changes they made since taking up the role. The current staff team spoke of a positive culture at the home, with good team work throughout.

#### Rating at the last inspection and update

The last rating for the service was requires improvement [published July 2022] and there were breaches of regulations. 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 had met the requirements of the warning notice regarding Regulation 17.

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

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for this service has changed from requires improvement to good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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 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 not always well-led.

Details are in our well-led findings below

Requires Improvement ●

# Abbeydale Residential Care Home - Bury

## 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 2008.

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

#### Inspection team

The inspection was carried out by 2 inspectors, a medicines 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

Abbeydale Residential Care Home 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.

#### Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The service had a new manager

who had been in post since June 2022, they were in the process of registering with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service, including statutory notifications received and we sought feedback from the local authority. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well-led section of the full inspection report for further details. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people and 2 visiting relatives. We also spoke with the manager, deputy manager and 2 care workers. We reviewed 4 care plans, which included risk assessments, and 2 staff files, which included pre-employment checks. We looked at other documents such as medicine and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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.

### Using medicines safely

At the last inspection we found medicines were not safely managed and this potentially put people at risk. 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.

- Medicine administration records were detailed and accurate. There were no administration gaps seen. All people had their allergy status recorded and most people had guides to help staff administer medicines when required.
- Medicines including controlled drugs were stored securely and managed safely. Additional measures to keep medicines safe had been added since the last inspection.
- We found some discrepancies where medicines that should be administered before breakfast had been added to the breakfast medicines dosage system by the pharmacy. The manager resolved this after the inspection.
- There was evidence staff administering medicines had their competency assessed by managers, however the registered manager's competency was not up to date.
- The medicines policy was not readily available for staff to access if needed and regular planned audits of controlled drugs were not in place.

We recommend the policies are reviewed and made available.

### Assessing risk, safety monitoring and management

At the last inspection there was a failure to ensure appropriate processes were in place to assess, monitor and mitigate risks to people's health safety and wellbeing. 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.

- The service was better organised and had introduced effective systems to identify risks connected to the service. Risk assessments covered a number of essential areas connected to people's health. People's long terms health conditions were now clearly captured with their care plans.
- The service was better organised and had introduced effective systems to identify risks connected to the premises.
- Checks on the premises and equipment now took place. Safe water checks had been completed to monitor the risk of Legionella. Legionnaires' disease is a potentially fatal form of pneumonia caused by

Legionella bacteria which is commonly found in water.

- Checks connected to the homes fire safety had been reviewed and improved. Previously, fire drills at the service had not been undertaken in over 12 months. There was a new evacuation process in place, however the service needed to ensure these drills detailed how the drill went and include drills for night staff.
- Premises safety checks had been carried out to ensure the service was safe. Checks had been completed on electric, passenger lift, gas, fire safety and portable appliances by qualified professionals.

#### Preventing and controlling infection

At the last inspection we found the provider had not always managed infection control risks safely and we found the issues were a breach of regulation 12 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.

- The provider had implemented good processes to assess infection risks to people and staff at higher risk of COVID-19
- Staff received training in infection control and were able to tell us the correct and safe use of equipment.
- Staff told us personal protective equipment was available to them and we saw staff accessed and disposed of this appropriately.
- 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.

#### Visiting in care homes

- The provider was supporting visiting in line with current government guidance. Relatives visited the service regularly and could see their loved ones inside or outside in the garden.

#### Staffing and recruitment

At the last inspection there was a failure to ensure new staff received the appropriate employment checks before working at the service. This was a breach of Regulation 19 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 19.

- Oversight of the recruitment process for new staff had improved. Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- There was an established staff team in place and people knew the staff supporting them. The manager



was able to ensure people received consistent support. The manager and deputy manager were both available to cover any shifts due to sickness or leave.

- We asked people if they felt there were enough staff and if staff came in a timely manner when they called for assistance. Comments were mixed. Comments included, "Staff are very good, they work really hard, they really do look after you but there is not enough staff, patience is a virtue," and, "I feel very safe here, the staff go out of their way to help you. There is always staff around to ask, everything is good, I feel very safe."
- Staff we spoke with felt there was just enough staff. Although a member of staff said when there were only 3 staff it was very busy, but people were safe. They continued by saying this rarely happened and there were usually 4 staff working during the day.
- During our inspection we observed there were enough staff to care for people, and people did not have to wait long if they wanted any support from staff. However, on one occasion we heard a person shouting for support in their bedroom. There were no staff in close proximity, so we needed to get a staff members attention to support this person. Due to the layout of the building people could often have periods of time when staff were not visible to people. The manager was aware of this and felt walkie-talkies would aid staff communication and improve staff whereabouts. The walkie-talkies were due to be rolled out.

We recommend the provider seek advice and guidance from a reputable source regarding the deployment and of staff who are supporting people living with dementia.

#### Learning lessons when things go wrong

- There was now a system in place to review incidents which occurred. Staff told us the manager had discussions with them following incidents to assess how things could have been managed differently and how they would manage such incidents in the future.
- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes had improved, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure the staff team were skilled, knowledgeable, experienced and sufficiently trained to support those in their care. This was a breach of Regulation 18(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 18.

- An improvement plan for staff training and development had been implemented since our last inspection. This meant people were now receiving care and support from staff who were trained, skilled and competent in their roles.
- Training and development of staff was a blend of face-to-face learning and online e-learning. A professional training provider was used as appropriate. Newly recruited staff received an induction and 'shadowing' shifts were completed. Plans were also in place to develop key staff to enable in-house training to be delivered in future.
- Staff supervision sessions were not yet fully embedded. We spoke with the home manager about this and saw an improvement plan was in place and progress was being made.

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

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

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection the provider had failed to comply with the MCA and procedures for DoLS. This was a

breach of Regulation 11(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 11.

- Since our last inspection, the home manager had implemented a new system which allowed them to monitor, review and reapply for any DoLS as appropriate.
- The principles of the MCA were now being followed. MCA assessments were decision specific and best interest decisions were in place where required.
- Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. One carer told us: "Some of our residents may not be able to make complex decisions but can definitely tell us on a day-to-day basis what their wishes are, like clothes to wear or what they would like for lunch – that's just as important." Comments from residents included, "I am able to dress myself and shower, I like to be self-sufficient," and, "I get dressed myself and shower myself, but the carers would help me if I needed it."

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

- Since our last inspection, the provider had commenced a significant refurbishment programme across the home. Some of the works had already been completed and had clearly been done to a high standard.
- At the last inspection we recommended the provider needed to consider current guidance and best practice about creating an environment to better suit the needs of people living with dementia. This recommendation was reiterated at this inspection to ensure opportunities to create a truly dementia friendly environment were not lost during the refurbishment. We also spoke with the home manager about the importance of involving people in the refurbishment plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- Before a person was accepted to move into the care home, an initial pre-admission assessment was completed. This enabled staff to understand people's needs and to ensure care and support could be delivered safely.
- Care plans and associated records were managed digitally. Records could be updated in real time and at the point care was provided, via handheld devices.
- Communication between the home and health and social care professionals had improved since our last inspection. One visiting professional told us, "We have newly established relationships now with the home manager and deputy and communication is much better."
- Staff supported people to access a range of routine healthcare services such as GP, hospital appointments, community mental health services, and dieticians. However, within the home, there was no system in place to ensure staff were able to recognise and respond to a medical condition that was likely to deteriorate. We spoke with the home manager about this and signposted them to the relevant agency.

We recommend the provider consults relevant national and local guidance for establishing a systematic approach to recognising and responding to a condition that is likely to deteriorate.

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

- The home benefited from a chef who had worked in the home for a long time and knew people well. All meals were freshly prepared with people's dietary requirements being met, including for cultural or religious reasons as appropriate.
- We observed lunchtime service and found the atmosphere to be relaxed, with ambient background music

being played, and people appeared settled. A choice of menu options was offered, which people had chosen that morning. In and around the home, jugs of juice were available to support people to stay hydrated. Comments from people included, "Food is very good and get quite a variety", and, "Food here is superb! Very happy. Lots of variety."

- Care records and monitoring charts related to eating and drinking were completed in a timely manner. This included fluid input and output and weight charts where appropriate.

# 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 as requires improvement. 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.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- The culture within the home had improved since our last inspection. This was evident from talking with people and through our observations.
- Interactions between staff and people were kind, caring and respectful. We observed staff anticipating people's needs with support being provided in a timely manner. Comments included, "Staff are always helpful and friendly, and the new manager seems very considerate and caring," and, "You couldn't find better carers, it's the carers who keep me going."
- Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. We were assured care and support was delivered in a non-discriminatory way and the needs of people from diverse backgrounds were taken into account.

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

- People were provided with opportunities to be involved in decisions about their care and support needs. This included involvement of loved ones, and/or people's lawful representatives.
- Information about independent advocacy and support services was readily available within the home. An advocate is a person who is independent of the service and who can support people to share their views and wishes if they want support.

# 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 requires improvement. At this inspection this has changed to good. This meant the person's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection we found the provider did not operate an effective accessible system for identifying, receiving, recording, handling and responding to complaints. This was a breach of regulation 16(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 16.

- There was now a complaints process in place and concerns had been dealt with as per the provider's policy. Outcomes were shared with the staff for any learning.
- People and relatives felt comfortable to raise any concerns with the staff or manager.

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

- At the last inspection we made a recommendation the provider reviews the latest guidance on developing people's care plans to ensure they are person-centred. At this inspection, we found care plans were much improved, but further work was needed to make care plans personalised in order to fully capture people's life history.
- The new management team took on our feedback and were eager to implement 'this is me' section into people's care plans in order to ensure people's care plans were truly personalised to guide staff.
- The electronic care planning system in place prompted staff with specific tasks but these were not always personalised to people's preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibility to comply with the AIS.
- People had communication plans and their communication preferences and needs had been considered. However, we found in one instance the service could have been more proactive to enhance the sensory needs of one person who was registered blind. Following our feedback, assurance from the manager was provided that they would seek guidance from reputable sources in orders to enhance this person's independence at the home.

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 found people were not always supported to engage in meaningful activities. At this inspection we found improvements, but this was still work in progress.
- Following our last inspection, activities at the home were reviewed and a new activities co-ordinator was appointed. We found there was now a range of activities taking place in the home. This included in-house activities and activities that took place in the local community. Although activities were improving, we found there was an overreliance on the activity co-ordinator to deliver this, and they worked 16 hours a week. We shared our feedback with the manager, who confirmed they would look to strengthen this area.
- People we spoke with also felt activities at the home could be improved further. Comments included, "Christmas as before the pandemic we used to have a good party, dancing and Santa came but this Christmas was a bit of a let-down. The exercise lady comes in now and again once per month not once per week like we used to have," and, "The singer used to come in once per month, but not anymore. There needs to be better communication and suggestions about activities."
- People were supported both to develop and maintain relationships that were important to them. People who we spoke with told us they kept regular contact with their relatives. This was confirmed by staff and by their relatives. One person told us, "My son visits me weekly and I zoom call my daughter who lives in another country."

#### End of life care and support

- At the last inspection we recommended the registered provider review their care planning process to ensure people's preferences and choices for their end of life care are clearly recorded. At this inspection, work in this area was limited.
- The manager explained discussions would take place with people and their relatives about their wishes and preferences in respect of end of life care closer to the time they became unwell. After further discussions with the management team, assurances were provided they would revisit end of life care best practice guidance in order to ensure people were given the option to discuss their future wishes, religious and cultural needs in order to ensure their future wishes were not missed.

# 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 we rated this key question requires improvement. The rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection there was a failure to ensure appropriate processes were in place to assess, monitor and mitigate risks to people's health safety and wellbeing. This was a breach of regulation 17(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 17.

- Quality assurance systems had improved, and a new governance framework introduced by the manager meant overall performance at the service had significantly improved. Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent in the delivery of high quality and person-centred care.
- Since our last inspection the provider appointed a new home manager who was in the process of registering with CQC. The staff we spoke with were complimentary about the new manager and felt the manager was a strong leader and committed to the home. The service had been without a registered manager since June 2022.
- The new manager had implemented a new and wide range of service audits which included regular audits of medicines management, an infection control monitoring audit and a health and safety audit, from October 2022 onwards. Where concerns were identified, the manager took appropriate action to resolve the issues.
- Following our last inspection, the provider continued with the support from an external care consultancy group to assist and advise on necessary improvements for the home. Although these additional governance checks were positive, there was also further scope for the provider to increase their presence at the home and introduce quality visits to assure themselves the checks being undertaken by the management team and external support were robust.
- As noted in the background of this report, the provider failed to submit their provider information return (PIR). The PIR was due shortly after our last inspection, and considering the service was undergoing a period of instability and transition, we have taken this into account. We have reinforced the importance of the PIR.
- At our last inspection we found the previous manager did not fully understand their responsibility to submit notifications to CQC of any allegation of abuse and had neglected to submit a notification until we requested this after the inspection. At this inspection the manager was fully aware of their responsibilities to notify CQC and what to notify CQC about.



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 new manager had been in post for approximately 7 months. People, staff and relatives all spoke highly of the new manager. One person commented, "The new manager seems very considerate and caring."
- The manager was experienced and aware of their registration requirements with CQC and of their duty of candour.
- There were processes and procedures in place to ensure people received the care and support they wanted. Staff were positive about how the service was run and the support provided to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the arrival of the new manager they had developed a positive culture in the service. Staff members told us they felt supported and were able to be involved by making suggestions and improvements within the service. One staff member told us, "The home is in a much healthier position. [Manager's name] is firm, but fair."
- The views of people who use the service, their relatives and other professionals' views had not yet been sought. The manager explained they had regular catch up meetings with people and their relatives but acknowledged gaining people's views on the home was soon to take place via questionnaires.
- Staff meetings were held. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team, to ensure people received high quality care.

Continuous learning and improving care

- At the last inspection the service did not promote a culture of continuous improvement and learning. At this inspection we found the culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion.
- The manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- As identified in the effective key question, the provider had made a significant commitment to improve the home for people. Improvements to the fabrics of the home was ongoing and the manager felt fully supported with any suggestions they made.

Working in partnership with others

- The manager and staff worked effectively to develop good working relationships with people's relatives and health and social care professionals to ensure people's needs were appropriately met. For example, the new manager had created positive links with the community nursing team, in the past this relationship has been fragmented.
- The service worked effectively with partner agencies. We spoke with a commissioning organisation who told us the service had been improving and working with them effectively.