

Barkat House

Barkat House Residential Home

Inspection report

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Date of inspection visit:
17 June 2021

Date of publication:
29 July 2021

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

Barkat House is a residential care home providing personal care for up to 27 people. At the time of the inspection the service was supporting 23 people.

The care home accommodates people over two floors which are accessed by a lift in one adapted building. Barkat House provides care to older people, some of whom are living with dementia and mental health needs.

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

People felt safe and were supported by a group of staff who knew them well and had received training in how to support people safely. Staff had received training in how to recognise signs of abuse and where safeguarding concerns had been raised, they had been acted on appropriately. People were supported to receive their medicines as prescribed and robust medicines management systems were in place. Staff following the latest Government guidance with respect to infection control and were supplied with the appropriate PPE [Personal Protective Equipment]. Accidents and incidents were regularly reviewed and lessons learnt where appropriate.

People were supported by a group of staff who felt supported and well trained. Staff were provided with the opportunity to discuss their role or raise any concerns through regular supervision discussions, staff meetings and surveys. Systems were in place to ensure people's needs were fully assessed and staff were provided with the information required to support people safely and effectively. People's nutritional needs were assessed and their food choices and cultural needs catered for. Staff were aware of people's health care needs and supported people to access a variety of health care services to help them maintain good health. The environment was currently being refurbished and people had been consulted regarding the redecoration of their home.

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 were supported by staff who knew them well and treated them with dignity and respect. People's choices were respected and they were supported where possible, to be as independent as possible.

People and their loved ones were involved in the development of their care plans. People's opinions had been sought regarding how they wished to spend their time and this information had been incorporated into their care plans. A variety of activities took place on a daily basis based on what people liked to do. People were encouraged and supported to take part if they wished to do so. Staff respected people's wishes and offered them alternative activities that were of interest to them. People were complimentary of the

service and had no complaints. They were confident that if they did raise a concern, they would be listened to and it would be dealt with appropriately.

The new registered manager and her deputy had a clear vision for the service and were supported by the provider and the staff team as a whole. A variety of audits had been introduced to ensure people's care needs were being met and identify any areas for action. Staff felt listened to and supported. People had been involved in the development of their care records and spoken positively about the improvements in the service following the arrival of the new registered manager. People told us they felt well cared for and they and their loved ones were complimentary of the service and told us they would recommend it to others.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 December 2020) and there were continued multiple 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 8 December 2020. 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 action we told the provider to take at the last inspection. The inspection was also prompted in part due to concerns regarding diabetes management at the service. A decision was made for us to inspect and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well led.	Requires Improvement ●

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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.

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 one inspector, an assistant inspector and a specialist nurse advisor.

Service and service type

Barkat House 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.

At the time of the inspection visit the manager had applied to register with the Care Quality Commission and became registered when the inspection was completed. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, deputy, senior care workers, care workers and both cooks. 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.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they felt safe and well looked after at the service and relatives spoken with agreed with this. One relative told us, "Absolutely, yes, [person] is safe, staff know them." We observed people to be comfortable in the company of staff who supported them and actively approach them for support or assistance.
- Where safeguarding concerns had been raised, they had been responded to and acted on appropriately. Following a recent safeguarding concern, staff were able to describe the additional information and support provided to reduce the risk of reoccurrence.
- People were supported by staff who had been trained to recognise signs of abuse and were aware of their responsibilities to act on any concerns they may have. A member of staff told us, "I would report to the manager [any concerns] and if need be carry out an investigation and report to the safeguarding team as well."
- Risks to people had been assessed and were regularly reviewed. People's care plans and risk assessments provided staff with guidance on how to manage those risks. For example, for people who may display behaviour that challenges others, staff had been provided with information on distraction techniques to use on an individual basis in order to attempt to de-escalate situations which may cause people harm. This meant staff were supported to manage these situations in a positive way and protect people's dignity.

Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Records showed people received their medicines at the correct time and as prescribed by their doctor. We observed a member of staff supporting a person with their medication, they explained what they wanted them to do, took their time and reassured them. A relative told us, "I am confident they are doing it [administering medicine] correctly and they let me know if there is any change in medicines."
- Where people were prescribed medicines to be administered 'as and when required', protocols were in place to direct staff in what circumstances their medicines should be administered.
- Medicines were stored safely, and staff received training in how to support people with their medicine as prescribed.
- Systems were in place to ensure stock levels were well managed and medicines disposed of correctly.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- People and relatives told us there were enough staff to meet people's needs. We observed staff respond to people in a timely manner and be proactive in their approach to people, not waiting for them to call for assistance.
- There was a dependency tool in place to assess staffing levels which was updated on a regular basis to ensure appropriate numbers of skilled staff were on shift.
- Safe systems of recruitment were in place and the appropriate checks with Disclosure and Barring Service (DBS) had been carried out prior to staff commencing in post. A member of staff told us, "DBS checks and references were requested before I even came for an interview."

Learning lessons when things go wrong

- The registered manager had introduced systems to monitor any accidents, incidents and safeguarding concerns. This information was analysed on a regular basis to ensure appropriate action was taken in response to each event and for any lessons to be learnt.
- Staff were aware of lessons learnt in response to this analysis and praised the registered manager for introducing the system.

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 requires improvement. At this inspection this key question has now improved to good. 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.

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 our last inspection the provider was not ensuring that people's rights were protected. This was a breach of regulation 11 (Need for consent) 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.

- Staff had received additional training in MCA and DoLS. Staff were aware of the principles of the MCA, those people living at the service who had a DoLS in place and what this meant for them. Staff were keen to point out that even those people who lacked capacity, were able to make some decisions regarding how they spent their days and lived their lives. A member of staff told us, "[Person] can make some decisions themselves, and some they can't so we take best interests decisions for them."
- Systems were in place to monitor the DoLS in place and ensure reviews took place in a timely manner.
- People told us staff obtained their consent prior to supporting them and we observed this.
- People were involved in the development of their care plans. Where relatives had signed on behalf of people, there was evidence to demonstrate they had the legal authority to do so. Where decisions had been made in people's best interests, they were recorded appropriately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's individual needs were clearly assessed. All care plans had been re-written and people and their relatives had been involved in this process. Care records held information regarding people's preferences, what was important to them including their health, social, religious and cultural needs. A relative told us, "I had to read through [person's] care plan and I asked a couple of questions and I was very happy with in, in fact more than happy."

- A number of changes had been made to the environment since the last inspection. People had been involved in the decisions regarding the redecoration of the service and there was a programme of works in place to improve the rest of the home. For people living with dementia, signage had been put in place to help them navigate round the home. A member of staff told us, "They [management] are bring loads of new stuff into the home, like the re-decoration, they have good ideas." A relative told us, "I noticed the difference when I visited, it was brighter."

Staff support: induction, training, skills and experience

- People were supported by a group of staff who felt well trained, valued and supported. Staff told us they enjoyed their role and were given the opportunity to develop their skills. Staff talked positively of the changes that had been introduced by the new registered manager and how these had helped improve the service. For example, additional training had been provided to staff to support people to who may display behaviours that challenge others.

- Staff told us they received a comprehensive induction which prepared them for their role and included shadowing other more experienced staff. Staff received regular supervision and had their competencies assessed.

- Staff confirmed new systems in place to communicate and share information were now in place. One member of staff told us, "The communication folder is very good and helpful, for example if someone has returned from hospital and there are any instructions to follow they will write that down."

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

- People told us they were happy with the choices of food they were provided with and enjoyed their meals. The dining area environment had been redecorated with a café theme and menus were placed on the tables. A 'specials' board of daily choices was also on display at lunchtime, creating an environment that was pleasant and engaging.

- People were asked their menu choices for the day every morning. A dessert trolley was brought into the dining room and lounge following the main meal and included a variety of attractive looking desserts to tempt people, including desserts tailored for those people who were diabetic.

- A variety of drinks were made available to people throughout the day, and pump flasks of tea and coffee were placed in the lounge area to encourage people to help themselves to a drink whenever they wanted. For those people who required support at mealtimes, this was provided in a dignified way.

- People's dietary needs were considered, and their preferences noted when it came to mealtimes. One person told us, "I am a vegetarian and this need is catered for." A relative told us, "They cook the food [person] enjoys, it was one of the main reasons why we chose here." A member of staff told us, "All cultural needs are met and [provider's name] orders in curries for people." We observed one of the cooks try to tempt a person to eat a lunchtime. The person was reluctant to eat, and the cook went through a variety of options for them until they chose what they wanted. This was freshly cooked, and condiments were provided at the same time to try and encourage the person to eat something, which they did.

- For those people at risk of weight loss, their weight was monitored on a regular basis and referrals made to the Speech and Language Team (SALT) where necessary.

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

- People were supported to access a variety of healthcare services to meet their healthcare needs. For example, referrals were made to the falls team where appropriate. When asked about the service, a relative told us, "Fantastic, it's the happiest and healthiest [person] has ever been."
- Staff were aware of people's particular healthcare needs and what to do if a person became unwell. For example, staff described the actions they would take if a person with diabetes became unwell and the signs to look out for. There was a folder in place identifying all those people living with diabetes and ensuring their care plans were up to date and all routine healthcare screening had been carried out.
- We observed a person told staff they felt unwell in the morning, we noted staff had followed this up with the person's GP and was able to provide appropriate support and reassurance.
- Each person had their own health care plan and health passport detailing all their needs, should they need to be admitted to hospital.
- Systems were in place to ensure staff were made aware of any changes in people's needs, in a variety of ways, for example, via handover, email and a confidential messaging service signposting staff to read changes in people's care records. Audits were in place to ensure staff had signed to say they read and understood the changes on a monthly basis.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed all staff respond to people proactively and treat them with kindness. Staff were mindful of the impact of wearing the correct PPE [ie masks] had on their communication with people. Staff maintained eye contact with people when engaging with them and took their time to ensure people understood what was being said to them. For those whose first language was not English, staff were available to communicate with them effectively.
- Staff spoke fondly of people and described the service as being 'like a family'. People told us they felt well looked after. When asked if staff were caring, one person told us, "Almost without exception they are" and another said, "Everyone here is wonderful, I can't say how happy I am."

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

- People were involved in the development of their care plans and their day to day support. People were involved in making decisions about how they spent their day and were supported to do what they wanted to do.
- People had their own activity plans in place to enable them to take part in activities they enjoyed and were of interest to them.
- People had the opportunity to voice their views through surveys and meetings. Following a recent survey, the results were put on display on a large noticeboard for everyone to see and included issues identified by people and actions taken in response to them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and we observed this. Staff were mindful that one person occasionally preferred to stay in their night clothes during the day when sitting in the lounge. Staff described how they supported them to maintain their dignity at these times, but using a blanket or when being hoisted, a screen was put in place. A relative told us, "I think the way they look after [person] is great, they go out of their way and definitely treat them with respect."
- People were encouraged to maintain their independence where possible. For example, flasks of tea and coffee were made available in the lounge area for people to make themselves a drink whenever they wished.

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.

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

At our last inspection the provider had failed to implement robust processes to ensure care was personalised and able to meet people's needs effectively. 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.

- People's care records reflected their preferences, what was important to them and how they wished to spend their time. People told us they were involved in the development of their care plans and the information held in them demonstrated this. People were encouraged to write their own life history as part of their care plan which provided staff with valuable information regarding the person's life experiences and how they had affected them.
- People were supported by a group of staff who knew them well. Each person had their own key worker who knew what was important to them, listened to them and respected their wishes. Care plans described what was important to people, what people admired about them, and what a 'good day' looked like for them. A member of staff told us, "Care plans hold everything we need."
- People were invited to take part in a variety of activities that were of interest to them. Each person had their own box of items in the lounge containing items they were interested in. For example, one person enjoyed sewing and their box contained items of this nature. People had access to the boxes at all times and were prompted to access them if they were not taking part in a communal activity.
- The activities co-ordinator had created a number of activities based on people's preferences. A games room had been decorated and had a pool table and dart board in place. A football table had also recently been purchased. People had been consulted in the decoration of the room and it was a popular area of the home.
- We observed throughout the day people were engaged in activities or engaged in conversations with staff and each other. We observed people enjoying taking part in a quiz which was aimed at a level people could engage in. When one person asked for a particular old programme to be put on the television, the activities co-ordinator was able to find this and it resulted in a number of people reminiscing about watching this together. Staff joined in these conversations, creating a pleasant, family atmosphere.

- Activities took place seven days a week as care staff were involved in this during the weekend. We received a number of positive comments regarding the activities on offer and the role the activities co-ordinator played in this. One person told us, "The food is good and I feel well entertained."

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.

- Information was presented to people in an accessible format. For those people whose first language was not English, their care plans were written in their own language.
- A relative confirmed that staff spoke the language of their loved one and this had been reassuring to them. Picture boards were also used to support communication with those who needed it.

Improving care quality in response to complaints or concerns

- People told us they had no complaints regarding the service. We saw a number of compliments had been received regarding the care and support people received. All relatives spoken with had either met or received a call from the new manager introducing herself and all spoke positively about her. One person had written to say, 'how nice it was to meet [registered manager and deputy] and how things have improved since they arrived, including the home's décor.'
- There was a system in place to report, record and act on any complaints received. At the time of the inspection no complaints regarding the service had been received.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had previously been inconsistent. New systems and processes had been successfully introduced into the service, but required to time embed into daily practice.

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

At our last inspection the provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a continued 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.

- Following their arrival at the service, the registered manager and the deputy had put a plan of action in place to address the concerns raised at previous inspections. They spoke proudly of the staff group, who had embraced the changes introduced and had worked hard to bring about improvement to the service. The deputy told us, "I can't explain the difference in the staff team from March to now. It's now a completely different home." Staff spoken with confirmed the positive change in the service, one member of staff told us, "I think things are moving forward really well, they [registered manager and deputy] have bought loads of new stuff into the home; they have very good ideas."
- Systems and processes in place were effective in highlighting and preventing shortfalls in the service. A number of audits had been introduced which provided oversight of what was happening on a daily basis. For example, all charts that were completed regarding people's daily care needs [food and fluid, body maps, accidents and incidents etc] were reviewed on a monthly basis to ensure people's care needs were being met. The registered manager told us, "We've got the basics [systems and processes] in place and now want to make it better." They described how they were working to improve and build on the work already done, including introducing pictorial behavioural support plans, where required.
- Where accidents, incidents and concerns of a safeguarding nature arose, systems were in place to ensure they were acted on appropriately and in a timely manner. Information was analysed for any lessons learnt. The registered manager had reviewed accidents, incidents and safeguarding concerns that took place in the months prior to her appointment, analysed the information and acted on the findings. For example, for one person an additional healthcare referral was made for them.
- All care records had been re-written and people and their loved ones had been involved in the process. Staff had signed to say they had read and understood the new care records.
- The registered manager confirmed the provider was kept fully informed of all events at the service which

provided them with complete oversight. The provider confirmed this.

- People's healthcare needs had been reviewed and assessed to ensure they were receiving the appropriate care and support from relevant healthcare professionals. For example, diabetes. A member of staff told us, "The diabetes folder gives us the information what to do [if someone was unwell] and it clearly tells you when a review is needed and people's blood sugar levels."
- Infection control practices were monitored to ensure staff followed the latest Government guidance.
- Systems and audits in place to monitor the health and safety of the environment. The provider was responsible for these.
- It was acknowledged that the additional paperwork introduced by the registered manager had created more work for all staff. In response to this, arrangements were in place to ensure a senior member of staff was present at the service seven days a week, to support staff and keep on top of paperwork.

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

- Staff told us the registered manager and the provider were approachable. They told us they had no concerns in approaching either for support if to raise any concerns. A member of staff told us, "If I was worried, I would go to [registered manager's name], she really is a lovely person. But if she didn't do anything I would go to the owner."
- Staff spoke positively about the provider and their involvement in the service. A member of staff told us, "[Provider's name] is fantastic with residents, he comes in every day and [person] lives for him and takes them down to the shop for their chocolate. You'll hear from residents, they love him." We observed the provider to have positive relationships with people living at the service and all knew him well.
- Employee of the month had recently been introduced to acknowledge and reward staff.

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 understood the duty of candour and had kept us informed of events as required.
- The service had on display their last inspection rating, minutes of staff and service user meetings and actions taken in response to concerns raised.

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

- People's opinions were sought regarding the service. For example, meetings had taken place to obtain people's views regarding the redecoration of the home.
- Staff spoke positively about the new registered manager and deputy and the impact their arrival had on the home. It was clear from conversations with staff that they had been involved in the changes introduced at the service and were on board with the registered manager's vision for improving service delivery.

Continuous learning and improving care; Working in partnership with others

- Lessons were learnt when things went wrong. Audits in place had identified shortfalls in staff knowledge, for example, mental capacity and deprivation of liberty safeguards and the registered manager had focussed on providing staff with additional training and support in this area.
- The service worked closely with a variety of other health care professionals to improve people's care delivery and meet their healthcare needs.
- Staff reported there had been a number of positive improvements following the arrival of the registered manager. One member of staff said, and another said, "[Registered manager's name] has put her heart into it, the deputy as well. What they have done has made a difference."

