

YGL Group of Associates Ltd

Camelot Residential Care Home

Inspection report

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Date of inspection visit:
12 September 2019
19 September 2019

Date of publication:
15 October 2019

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

Camelot Residential Care Home is a residential care home providing personal care support to up to 17 older people. There were 11 people living there at the time of the inspection. Most people were living with dementia and needed additional assistance due to frailties of old age; such as support to maintain mobility or skin integrity.

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

Quality systems were not fully developed and did not support the management of the service. This included the maintenance of accurate records; care records did not reflect the care and support provided. Some policies and procedures needed updating to reflect best practice.

Staffing arrangements ensured people's needs were responded to in a timely way. Staff had a good understanding of how to identify and respond to any suspicion or allegation of abuse or discrimination. Staff were recruited safely. People's Medicines were stored, administered and disposed of safely. There were suitable arrangements in place to assess and respond to any risk to people and staff. The service was clean and well maintained.

All staff completed essential training to ensure they had suitable skills to care for people. Staff were supported and had the opportunity to develop new skills. People's dietary needs were assessed, and food was provided to meet people's needs and preferences. 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 looked after by staff who knew and understood them. Staff treated people with kindness and compassion and supported them to maintain their independence. People's dignity was protected, and staff were respectful. Feedback was positive, and people praised both the staff and the relaxed atmosphere in the service.

People had the opportunity to take part in a variety of activities in the service. This took account of people's preferences, choice and interests. Visitors were welcomed, and staff supported them to enjoy their visits to the service. People were supported to maintain good health and had access to external healthcare professionals such as their GP when they needed it.

The registered manager was open and transparent and fostered an open culture in the service where staff felt well supported and valued, and people felt comfortable and safe.

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

Rating at last inspection

This service was registered with us on 29/11/2018 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection, following the registration of the location.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was 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 ●

Camelot Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Camelot Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the service was registered with the new provider in November 2018. 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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service, and an allocated representative for three people who lived in the service, about their experience of the care provided. We spoke with four members of staff including the registered manager, care workers, and chef. 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 four people's care records, and 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.

After the inspection

We continued to clarify information with the registered manager to validate evidence found. We looked at training data and quality records. We spoke with two visiting professionals and two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had a clear understanding of how they protected people from any possible abuse or discrimination.
- Staff had undertaken adult safeguarding training within the last year. They knew how to recognise different forms of abuse and recognised their responsibilities to report any concerns.
- They were aware of the correct safeguarding procedures to follow should they suspect abuse. This included informing the most senior person on duty or, if appropriate, reporting to external agencies such as the local authority safeguarding team and the police.
- Staff had access to safeguarding procedures and relevant contact numbers.
- People told us they felt safe and secure. One person said, "The security here is very good, people have to sign in when they visit."

Assessing risk, safety monitoring and management

- Staff understood risks related to people's care and support needs. Risk assessments were used to identify risks and documented any identified need. For example, people were assessed for any risks associated with their skin. Risks were responded to and this included the use of pressure relieving equipment sourced from the community services when necessary.
- Risks associated with the safety of the environment, people and equipment were managed appropriately. This included regular servicing for gas and electrical safety. Health and safety checks were completed. An emergency contingency plan provided information concerning the safe management of adverse events such as fire, flood, and power cuts, including relevant contact details for contractors. There were on call arrangements to ensure staff had senior staff to contact when needing extra support or guidance.
- A fire risk assessment had been completed and fire procedures were in place. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation.
- There were systems to ensure the security of the service. All visitors entered a reception and a call bell sounded to alert staff to open the main door. Visitors were then asked to sign the visitor's book before entering the service.

Staffing and recruitment

- The staffing arrangements ensured there was enough staff available to meet people's individual needs on a daily basis. One person told us, "Staff are always available. They help whenever you need any help." The registered manager confirmed staffing levels were reviewed to take account of people's safety and

individual needs.

- There was a stable team of staff who covered any shortfalls in the staffing arrangements including annual leave and staff sickness. This ensured staffing numbers and skill mix of staff was maintained with each shift being led by a senior staff member with a qualification in care. Catering and domestic staff worked in addition to the care staff.
- Staff were recruited safely. Background checks were completed on new staff. These checks included obtaining references, identity checks and completing a Disclosure and Barring Service (DBS) background check. The DBS identify if prospective staff had a criminal record or were barred from working with children or adults at risk.
- Staff completed an application form and an occupational health screening was completed. The recruitment process also included a formal interview. This took account of staff past work experiences and skill sets.

Using medicines safely

- Medicines were managed safely. People told us they were given their medicines as they needed them. One person said, "Oh yes, staff look after all my tablets and make sure I get them on time."
- Staff who gave medicines had received training on how to handle them safely and were seen to follow good practice guidelines. For example, they washed their hands before dealing with each person's medicines and signed the MAR charts once the medicine had been taken. They also had their skills and competency assessed by the registered manager.
- Records confirmed and supported staff to handle medicines safely. The medicine administration record, (MAR) charts recorded accurately what, when and how medicines were given. People who were on 'as required' (PRN) medicines had associated guidelines within their records to support staff to give these in a consistent way. PRN medicines are only taken when people need them, for example if they were in pain.
- Systems were in place that ensured the safe ordering, storage and disposal of medicines. Medicines were stored in a locked cabinet in the office.

Preventing and controlling infection

- The home was clean, tidy and well maintained throughout. Domestic staff followed a cleaning schedule, which showed the daily and weekly cleaning required and these were checked regularly.
- People were protected from the risk of infection. Staff wore gloves and aprons, personal protective equipment (PPE) when needed and, there were hand washing facilities and hand sanitisers throughout the building. For example, staff washed their hands and used plastic aprons when serving food.
- Staff had completed infection control, food hygiene and control of substances hazardous to health (COSHH).

Learning lessons when things go wrong

- Accidents and incidents were recorded, with clear information about what happened and what action was taken, so that staff and people could learn from them. To prevent a re-occurrence as much as possible and reduce risk without limiting people's independence.
- These were audited to identify any trends and advice had been sought from health and social care professionals, including occupational therapist and physiotherapists, when needed.
- For example, one person was falling frequently, this was raised with the falls prevention team. An additional movement sensor was recommended. Once this was used the number of falls was reduced.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs fully assessed before admission to ensure any admission was appropriate. For example, ensuring staff had the skills to support people effectively and people were mobile enough to use any stairs if required.
- Following admission further assessments were completed and were used to inform the care provided. People and their allocated representatives were involved in the assessment process with their views being central to this process.
- Staff reviewed and updated the care as things changed, a formal review was completed on a monthly basis. Choices and preferences were explored and recorded. For example, clear choices about morning routines were recorded, including times of getting up. Relatives were confident that people's choices were listened to and responded to. One relative told us, "They know he likes to feel the sun on his face, so they take him to the garden or the park."

Staff support: induction, training, skills and experience

- People told us staff looked after them well and relatives said staff were competent and committed. One representative said, "Staff are so willing to understand and learn about people's needs. They are very good at what they do."
- People received care and support from staff who had received suitable training. All new staff received a full induction, which included shadowing experienced members of staff and an orientation to the building and the service's policies and procedures.
- Staff were supported to complete the care certificate if not achieved in previous employment. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- There was a rolling programme of essential training for all staff. This included practical sessions to promote effective care in moving people safely and supporting people living with dementia. The registered manager confirmed the training schedule was under review to ensure it was broad enough to cover all the needs of people.
- Staff had access to online e-learning and the registered manager monitored to ensure they completed the expected training when required. Any outstanding training was followed up during staff supervision. Staff were also supported to complete further training such as diplomas in care. This ensured staff continued to develop their knowledge and skills.
- Staff said they had regular one to one supervision, these were used to discuss staff performance, learning and any support required on a professional and personal level. One member of staff told us, "We talk about

training and development and what training I want and need. But we also talk about me and how I am."

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

- People's nutritional and hydration needs were met. People told us how much they enjoyed their meals and they were tailored to their individual choices. One person said, "We have a marvellous chef, she knows I do not eat red meat and always does me something different." A relative told us, "They have a super cook there, she takes the trouble to get the food that they like. All good home cooked and wholesome food."
- The chef was committed to meeting any individual need and preference along with ensuring everyone enjoyed their meals. They told us, if people would like something different we always get it for them." They knew each person and their dietary needs well and responded to these in an individual way. For example, on the day of inspection people had a homemade quiche, one person did not like cheese so had a separate quiche made for them.
- Staff ensured meal times and snack times were a social event and, in this way, encouraged people to eat well. For example, staff had their coffee breaks with people in the communal lounge. In this way they could support people in a relaxed social way.
- People's nutritional needs were assessed, reviewed and responded to. This included monitoring people's weights, appetites and a nutritional risk assessment was completed. Specific needs were responded to, for example, diabetic diets were catered for and fresh fruit was available to replace sweet desserts.
- When nutritional concerns were identified specialist advice was sought through the GP. For example, one person was prescribed a nutritional supplement when they had lost weight.

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 maintain good health and received on-going healthcare support. People and their relatives told us they had access to health care services as they needed them. One person said, "They arrange the GP if I need to see one and the district nurse comes in each week." A relative said, "Any slight thing they get the doctor to see her, their welfare is always put first."
- Staff worked with health and social care professionals for the benefit of people. For example, staff referred people for an Occupational Therapist assessment if their mobility reduced. In this way suitable equipment was supplied to maintain the safe movement of people, including mobile hoists.
- A visiting professional confirmed the staff worked with them to ensure a safe discharge and re-admission of a person following a period in hospital. The person's needs had changed, and the staff worked with them and other health professionals to ensure the best care and support was provided. They said, "The manager and staff were keen for this person to return to them. I know they worked in conjunction with many professionals to provide them with palliative support."

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

- Camelot Residential Care Home was an older building that had been converted for residential care. The emphasis was to provide a homelike environment where people felt comfortable. One relative told us, "We love the fact that it looks like a true home."
- Various equipment was provided to ensure people were as independent as possible. Accommodation was found over four floors and a passenger lift provided level access to most areas in the service. People were only placed in rooms where they could navigate the stairs or lift to access all areas in the service. Each room had a bell facility to call staff when needed.
- Signs were used to enable people to navigate their way independently around the service. For example, one person had difficulty finding his room and signs were used to remind him where he was. In this way he found his own way to his room.
- The registered manager confirmed that the redecoration schedule would take account of developing a

more dementia friendly environment. For example, any carpet replacement will avoid patterns that people with a dementia could think were objects.

- The garden was accessible and had a number of seating areas for people to use. People enjoyed spending time in the garden and staff ensured people could spend time outside. This supported people's health and well-being. One relative told us, "He loves sitting in the sun."

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people living at Camelot Residential Care Home did not have the capacity to make decisions around all aspects of their care and support.
- DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff. The registered manager had ensured these had been reviewed and updated by the DoLS assessment team who ensured suitable capacity assessment were completed in relation to any decisions made.
- When decisions were made on their behalf and restrictions to people's liberty were used these were made in accordance with the MCA. For example, one person had been moved to a different room for their safety. They had not been able to consent to this move. Appropriate assessments were completed, and staff along with appropriate representatives were involved in deciding this move was in this person's best interest.
- Staff had received training on the MCA and DoLS. They understood the importance of gaining consent and giving people the time and information to make their own choices. Staff supported people to make their own decisions on a daily basis. For example, one staff member said, "We always ask people if they want to get up or spend a bit more time in bed, we accommodate our work to what they want."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us they were very happy and content living at Camelot Residential Care Home. They said, "The staff are marvellous they have all become friends of mine." Relatives and people's representatives were confident that staff treated people correctly and in a kind way. One relative said, "Staff are very caring and welcoming, there is always a lovely atmosphere in the home." Visiting professionals were also complimentary about the way staff treated people. One said, "Staff are kind and caring and always have people's best interest at heart."
- Peoples' equality and diversity was respected. Staff talked about treating people as individuals and equally. People had varying levels of dementia and memory loss. Staff worked hard to include everyone in their own care and to be a valued member of Camelot Residential Care Home. A representative for people told us, "Staff see the value of each person. Staff deal with people differently but equally taking account of different challenges people may present."
- People were encouraged to maintain personal relationships. Staff spent time with people talking about their families, looking at pictures and reinforcing family memories. For example, one relative had left a diary book with their father, which staff read to them. Visitors were welcomed and encouraged to spend meaningful time with people. One relative checked with staff before they visited to ensure their relative was having a 'good day'. In this way they ensured when they came they, and their relative could enjoy the visits. Relatives and friends were encouraged and supported to take people out to do things in the community.
- Staff were attentive, friendly and promoted a pleasant atmosphere throughout. Genuine friendships had developed between people and staff. They greeted each other by name and shared a joke and laughed together. A relative told us, "Camelot is a lovely homely place, nice and small, just a lovely spot." Another said, "As a visitor you are felt to feel part of the family."

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

- Staff were constantly checking with people what they wanted and how they wanted things done. For example, people spent time where they wanted to. One person told us "I have my dinner in my own room. I prefer that." Another person was gently encouraged to have their meal in the dining room and then chose to sit in the lounge with their cup of tea. This person's relative told us their relative "likes to be with company and chooses to spend his time in the communal areas."
- Staff were caring and respected people's choices. Staff constantly offered choices to people, so they could make daily decisions. For example, people were offered a variety of food and drink. One person had chosen to have a glass of sherry before her meal. A desserts trolley was used in the dining room to offer a choice to

people that was displayed attractively for them.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with respect and protected their privacy and dignity. People's private rooms were respected with staff knocking on doors before entering. Staff were attentive to promoting individual privacy and dignity. For example, a staff member noticed that a person was trying to get to their feet from a chair. They discreetly asked them if they wanted to go to the toilet and supported them to the nearest toilet.
- Relatives were positive about how staff promoted people's privacy and dignity. One told us, "They encourage him to be clean and tidy. They let me know if he is short of anything including underwear." Another told us, "Staff ensure we can sit alone together for private time."
- Staff understood the importance of confidentiality and knew not to share personal information. All private information was stored securely in an office that had restricted access to staff only. This ensured access to information on written records and the computer was restricted appropriately.
- Staff encouraged people to be as independent as possible. They supported them to attend to their own personal hygiene whenever possible. People were also encouraged to have their own furniture and personal items around them in their own rooms. This maintained people's feeling of self-worth and individuality. One staff member told us how one person liked things done properly. It was important for them to treat people 'correctly'. For example, they liked to let the female staff walk through doorways first. Staff also appreciated this sentiment.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received care and support that met their individual needs. People said they had all the care and support they needed. Relatives told us care was tailored around each person. One told us, "She did not want to eat so they made her fudge cake knowing that she loved that and would eat it."
- Staff knew people well and had an in-depth knowledge of each person's needs and personalities. There was a small staff group and eleven people receiving care that facilitated this ability. A visiting professional told us, "All the staff know exactly what you are talking about when you visit."
- Information was shared between staff within detailed daily notes and verbal handovers. The registered manager co-ordinated regular communication and understanding of people's needs. For example, changes discussed with a GP around a person's blood results were immediately communicated to staff.
- The care documentation explored people's choices and preferences. However, needed to reflect more clearly the care and support provided. For example, one person had specific dental care and although provided and recorded in the daily records, it was not recorded in a care plan. This matter is discussed further under the well-led section of this report.
- The registered manager was reviewing the care documentation and was looking at a computer system to assess and record the care plans.

Meeting people's communication needs

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

- The communication needs of people were assessed with them and their representatives before and following admission to the service. These needs were shared with staff and recorded within the care documentation. For example, if people had problems with their hearing or eyesight.
- Staff demonstrated that they responded and took account of people's communication needs. This included responding to the needs of people who had dementia. For example, staff were seen to sit close to people using touch and eye contact to maintain effective communication.

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

- People's social and recreational needs were recognised as an important part of their lives.

People's past lives, interests and hobbies were explored and assessed, and staff understood people had past life's and experiences, that made people who they were. One staff member knew that a person had a financial background. She talked about the FTSE index with them and what was happening on the financial world markets. This was of great interest to them and they enjoyed the following debates.

- Staff welcomed people's relatives and friends and ensured their visit was a pleasant experience. All visitors were offered beverages and greeted warmly by staff. Relatives told us, "we can come when we want and can stay for as long as we want."
- Providing a variety of activity and entertainment to people was given priority within the service. The care staff had time and were skilled at engaging with people and involving them in activity and conversations that interested them. For example, one staff member was facilitating a group of people in writing to the Prime Minister with their views on Brexit.
- People had the opportunity to join in with a variety of entertainment and activities as they wanted to, and a monthly programme was provided. This included quizzes, reading, watching films or sport and discussing the daily newspapers. Outside entertainment was also provided and included, music, visiting pets and a motivational therapist.
- People told us they were not bored and had plenty to do. One person said "I love watching the sport, I can watch it in my room or in the lounge. We enjoy watching the sport here."

Improving care quality in response to complaints or concerns

- People and their relatives said that they would have no problem in raising any concern or complaint if they needed to. They expected that any complaint or concern would be dealt with appropriately and were relaxed about raising a concern. One relative told us, "We have raised concerns around the laundry, these were responded to."
- There were systems in place to record and respond to complaints following a complaints procedure. The procedure was shared with people and their representatives. A suggestions box was also available in the front entrance area.
- Records confirmed complaints had been responded to appropriately. Areas for improvement were identified and implemented. For example, individual laundry baskets had been supplied to ensure people's laundry was returned to the correct people.

End of life care and support

- There was information in people's assessments about their end of life wishes. This included whether they had a 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) order. This is a decision made in advance that attempted CPR would not be likely to be appropriate for a person in the event of cardiac arrest.
- There was no one requiring end of life care at the time of this inspection. However, the registered manager confirmed staff would work with health care professionals to support people at the end of their life if they wanted to stay at Camelot Residential Care Home and they were able to meet their needs.
- A visiting health care professional told us the registered manager and staff had worked effectively with them in the past to care for a person at the end of their life. This had enabled this person to die where they wanted to. The visiting professional said, "This lady wanted to return to the home, where she would be with the staff that knew her well."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service was registered under new ownership in November 2018. A new registered manager took up post and was registered in June 2019, after shadowing the previous registered manager for a number of months. She had a good understanding of her role and responsibilities. However, quality systems needed to be fully developed and embedded into daily practice to support the management, and record keeping.
- We found a number of records were not complete or accurate. For example, the central record of PEEPS that would be used by the emergency services was not up to date. It did not include information on all people living in the service and included some people who were no longer living in the service. The registered manager updated these records as a priority. People's individual care plans did not clearly reflect the care and support provided by staff. For example, one person was using equipment that reduced the risk of skin damage. This was not recorded. This meant people's records were not always accurate or contemporaneous.
- Some of the policies and procedures needed to be updated to reflect best practice and the change in ownership. For example, the complaints procedure did not record who to contact if the complaint was about the registered manager. It also did not include information on other relevant contacts including the local authority and the ombudsman. The need to improve quality systems to ensure full and accurate records and suitable policies and procedures was identified to the registered manager.
- Other quality systems were in place and were used to improve the service. For example, a three-monthly quality report from the organisation's quality manager was completed. This had identified the need for the re-organisation of the office and records within. This had been progressed along with a redecoration of the office area.
- There was a clear management structure with the registered manager overseeing the management and care of people living in the service. Each staff member had a job description and terms and conditions of employment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager had a high profile in the home and promoted an open and honest culture in the service. Everyone knew who the registered manager was and had regular contact with her.

- People and relatives were positive about the registered manager and how she managed the service. One person said, "The home is managed very well, the manager knows what is going on. A visiting representative said, "The manager is very efficient." A relative told us, "I have nothing but praise for the staff and manager. I see the manager at least weekly and she is very good, listens to what you have to say and always tells you what is going on."
- Staff were confident with management arrangements. They felt they were listened to and valued. They told us the manager was 'great' and they had the opportunity to raise anything with her. One said, "The new manager is doing a grand job, we are a wonderful team that are united behind her." Staff had met the new owners who visited the service on a regular basis. One staff member said, "The new owner is investing in the home. You can also go to him directly if you want to. There is a lovely atmosphere here, you are never intimidated, everyone is so lovely."
- The registered manager was fully aware of her responsibilities including those under duty of candour. She submitted relevant statutory notifications to the CQC promptly.
- She acted in an open, honest and transparent way. This was evident when she dealt with safeguarding incidents, accidents and complaints within the service. For example, when a medicine error occurred she worked with the staff member involved to ensure lessons were learnt. She told us, "It is important that staff feel able to report any errors, so they can be dealt with appropriately. We have a 'no blame culture' to ensure staff feel comfortable in reporting any issues."

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

- The registered manager had regular contact with staff. Staff were encouraged to share their opinions and views in meetings and supervision which were held on a regular basis. Staff told us they felt comfortable and able to speak to the registered manager at any time.
- Records confirmed staff were actively engaged with. For example, the last team meeting was also used as a team building day. This included sharing best practice, discussing individual care practice and a section for thanking all staff for their support and hard work.
- People and their representatives were encouraged to feedback views and requests within surveys, meetings and informal conversations.
- People's meetings were well attended and covered subjects that were important to people. For example, people's views on the activities and changes in any staffing arrangements. Relatives and people's representatives were encouraged to attend and supported people to give their views. With support, people were able to ask for environmental improvements that had been progressed. This had included the replacement of the dining room curtains.

Working in partnership with others; Continuous learning and improving care

- The registered manager was open and transparent when discussing the areas for further improvement and immediately actioned a number of areas identified through the inspection process. For example, training records were reviewed and updated to record more clearly the training completed and planned, minor maintenance issues were addressed. This included the repair of a privacy lock and the easing of a heavy door.
- The registered manager was committed to developing herself and the service to ensure the best outcomes for people. She was currently completing a management diploma in health and social care.
- The registered manager had established professional links with local social and health care professionals. She supported staff to work together to improve health and well-being outcomes for people. For example, when people expressed an agitation or distress associated with their mental health, staff contacted the community mental health team who then visited to give advice and support.
- When people were admitted from hospital the registered manager worked with hospital staff and families

to ensure a safe and smooth transition. Suitable arrangements were made before admission and this included working with other professionals including the occupational therapist. This ensured any equipment including a hospital bed was in place before anyone was admitted.

- The registered manager kept up to date with changes in best practice guidelines and ensured important information was shared with staff. For example, this included recent guidelines on oral health and hygiene.