

Chestnuts Home Ltd

The Chestnuts Care Home

Inspection report

Wrotham Road
Meopham
Gravesend
Kent
DA13 9AH

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Tel: 01474812152

Website: www.chestnutscarehome.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Chestnuts Care Home is a residential care home providing personal care and accommodation for up to 28 older people, including people living with dementia. At the time of our inspection there were 28 people using the service.

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

People and relatives told us the service proved personalised care. A relative sent us a compliment about the care provided and commented, 'Mum has been looked after like a queen. She has her hair styled every week and always looks like she's ready for a night out on the town. From a frail lady who had lost her sense of humour and reason to live, we now have a glowing, smiling, happy mum again. Mum has no interest in going home... The Chestnuts is her home'.

Staff were highly motivated to provide kind, sensitive and compassionate care. Comments from people and relatives included, "The staff are all wonderful to me"; "It is calm and as friendly as it is today as every day" ; and "The staff are all caring and professional and mum is happy with the environment and service provided. As always, I could not wish for a better place for mum to live than The Chestnuts."

The registered manager was a strong visible presence at the service and promoted a positive culture where people and staff were involved in the running of the service. One person told us, "The manager is a dream. We only have to ask and they do it." Another person told us, "They are the best. They are my favourite."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to health care support and the service worked jointly with health care professionals to ensure their health needs were met. People received their medicines as prescribed. A healthcare professional told us, "We collaborate well together. Staff always act quickly to contact us rather than leave things. The manager is brilliant and senior staff definitely caring."

Additional staff were available ensure they had time to sit and talk with people as well as support them with their personal care needs. Staff were provided with suitable training to ensure their skills and knowledge were up to date. Staff felt well supported by the management team, which helped them to provide person-centred care.

People told us and relatives had feedback to the service that people were safe and well-cared for. One person told us, "Oh yes the staff are lovely. I feel safe." A relative had commented, "We can rest at night knowing that our mum is safe and cared for."

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 26 January 2022 and this is the first inspection. The last rating for the service under the previous provider at the previous premises was Good, published on 27 December 2019.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Chestnuts Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This 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.

Service and service type

The Chestnuts Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Chestnuts Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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. 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.

At the time of our inspection there was a registered manager in post.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who lived in the service. We observed the lunchtime meal and planned afternoon activity. We talked with 4 members of staff including the registered manager, deputy manager, a carer, and an activity coordinator. We also spoke with a visiting hairdresser and received feedback from 3 health care professionals and a relative.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment. We also looked at staff training and staff supervision. A variety of records relating to the management of the service were reviewed including accidents and incidents and quality checks and audits.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Potential risks to people's safety were assessed, monitored and reviewed. Clear guidance was available to staff about the steps they needed to take to ensure people's safety.
- Risks around people's daily living needs were assessed such as in relation to their mobility, nutrition, skin care and health conditions. For people who were at risk of falling, there was detailed guidance about what equipment they needed to use, such as, a walking frame or hoist for them to move safely.
- We observed staff supporting a person to transfer into a comfortable chair. Staff explained how they were going to support the person and engaged them in conversation to reduce any anxieties they may have. This person told us they always felt safe and comfortable with staff when they were supporting them to move around their home.
- Regular checks were made on the environment and equipment to make sure they were safe and fit for purpose. A maintenance person was employed to attend to repairs and make sure they were dealt with in a timely manner. Electrical and gas appliances were maintained, fire equipment regularly serviced, and staff took part in fire drills to ensure they knew what to do in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff understood what constituted abuse and poor practice. Staff said they would challenge any poor practice and felt confident if they reported their concerns to the management team, they would be acted on. Staff also knew how to report allegations of abuse to external agencies.
- People told us staff made them feel safe. A person told us, "Oh yes, the staff are lovely. I feel safe. Another person spent most of their time in their room. They told us that regular visits from staff reassured them and helped them to feel safe. They commented, "The staff and manager are wonderful. The manager comes in to see me every day and we have a chat.
- Safeguarding concerns had been reported to the local authority, who have the lead role in investigating allegations of abuse. The registered manager had developed a working relationship with the local safeguarding lead and contacted them for advice.

Staffing and recruitment

- Staffing levels were monitored and new staff checked to ensure they were suitable for their role.
- During the inspection we observed a calm atmosphere where staff took time to talk to people and people were attended to in a timely manner. The level of support people required was assessed. This information was used to establish the number of staff that were required each day and night.
- People told us there were enough staff available during the night and day to meet their needs. There was consistency in staffing as a number of staff had worked at the service for a number of years. If there were

gaps in the staff rota, these were covered by existing staff or the deputy or registered manager. This meant people were familiar with the staff who cared for them.

- Checks on new staff were comprehensive. They included obtaining work references, identity, employment history including the reason for any gaps and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People were supported to take their medicines from trained staff. We observed staff checking which medicines a person had been prescribed, before giving them to the person. The staff member explained to the person what the medicines were and then gave them to them with a glass of water. The staff member then made a record of which medicines they had administered.
- Medicines records were regularly audited to check people's medicines had been given as prescribed. The registered manager had identified that the scope of the audit needed to be expanded and this had started to be addressed.
- A health care professional told us, " During recently structured medication reviews the staff were excellent in their approach to this, to complete the rounds within the required timeframe."
- There were protocols for 'as and when required' medicines, also known as PRN medicines, such as paracetamol or topical creams. This helped staff understand when and how to administer these medicines.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The registered manager had clear oversight of all significant events such as accidents, incidents and safeguardings. For example, each person had a falls record and their care plan and risk assessment was updated if the person fell, with actions taken to reduce the risk. There was also an overview of all falls in the home to identify any patterns or trends, such as if they occurred in a particular part of the service or at a specific time.
- When things had not gone as well as expected, people received an apology and the circumstances were investigated to see how things could have been done differently. For example, this had occurred when a person had fallen.

Preventing and controlling infection

- 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

- People had been consulted about the arrangements they would like for their visitors. Visitors were welcomed and people received them in their rooms or in the lodge in the garden, according to people's

wishes and preferences.

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 of 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's needs were assessed before they moved to the service to determine if it was a suitable place for them to be supported.
- Assessments were undertaken in line with best practice. This included the use of nationally recognised tools for identifying and monitoring people's skin condition, nutrition and hydration.

Staff support: induction, training, skills and experience

- Staff were provided with training in key areas so they could gain the skills and experience necessary for their roles.
- New staff undertook a structured induction and shadowed existing staff. Staff told us this was effective in giving them the knowledge and support they needed to be confident in their role. Staff also completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff knowledge was refreshed through regular training in key areas. Staff also completed specialist training in end of life care and advanced courses in supporting people with dementia. Staff were encouraged to undertake further learning and 10 staff had completed a Diploma level 2 or 3 in adult care.
- Staff told us the management team was very approachable and supportive. They said they could talk to them at any time and that they would be listened to. Formal support was provided through supervision and an annual appraisal. These are processes which offer support, assurances and learning to help staff development.

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

- People were offered enough to eat and drink and enjoyed a balanced diet.
- Assessments were made of people's needs including if they had any allergies, poor nutritional intake, required a special diet or were not able to make their own food choices. People's weights were monitored and displayed in a graph format. This made it easy for staff to see if people were losing or gaining significant amounts of weight. Appropriate referrals had been made to the dietician.
- People were complimentary about the quality and choice of the food. The menu was discussed at regular resident meetings to ensure people's likes and preferences were taken into consideration. At the last meeting in March 2023, people said they had particularly enjoyed the roast and also a take away night, so plans had been made to repeat this enjoyed experience.
- Mealtimes were used as a focal point of the day, where people could come together and enjoy one another's company. Each dining table was set with daffodils and people spoke about how lovely they

looked. At breakfast there was an inviting display of cereals. One person told us how much they were enjoying their croissant and another person that they always ate porridge which was their favourite. People supported people to be as independent as possible, but staff assistance was always available if needed.

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

- People were supported to live healthy lives and to access health services.
- Staff had access to detailed information about how people's medical and health needs affected them and the support they required. For people with diabetes, staff had access to their diabetes health plan and were advised about the importance of foot care. This is because people with diabetes are more likely to develop problems with their feet.
- People had access to healthcare advice in a timely manner. A health care professional visited the service weekly to monitor people's health care needs. The service had also joined a scheme whereby they had priority when accessing the National Health Service online 111 advice service.
- People's oral health needs had been assessed and care plans set out if people required assistance with their teeth or dentures and if they were registered with a dentist.

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

- The service was effectively working within the principles of the MCA.
- People's capacity to consent to decisions had been assessed according to the MCA framework. Discussions had taken place with people to find out if they could understand, retain and weigh up information and then communicate their decision. These assessments were decision specific and recorded as evidence. Managers understood that best interest meetings were needed when people had been assessed as not having the capacity to consent.
- DoLS had been applied for appropriately and these were monitored to ensure extensions were applied for in good time, should they be needed.
- We observed staff seeking verbal consent from people before giving them assistance. For example, staff asked people if it was alright to assist them with a specific task, before giving support.

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

- The service had been adapted and decorated according to people's needs and preferences.
- There were facilities to help people move around the service such as handrails, bath chairs and a passenger lift. There was some signage to help people independently find their way around the service. A dementia friendly tool had been obtained that helped make services more accessible for people with

dementia. This was achieved by looking at all aspects of the environment such as lighting, signage and colours. The service planned to put this into practice going forwards.

- There home environment was well maintained. A programme of redecoration had commenced. Each person was asked to choose a colour scheme and their room painted and carpet chosen in line with their wishes.
- There were a number of communal areas and lounges for people to spend time in. People's rooms were personalised with items of their choice. People described the service as 'homely'. There was a large, well maintained garden with seating areas and a lodge, where people could sit and chat.

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 of 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; equality and diversity

- People were supported by staff who were highly motivated to provide kind, sensitive and compassionate care.
- The value of caring was put at the centre of the service. Staff took time to get to know people and had developed strong caring relationships which had a positive impact on their well-being. A relative wrote to us stating, 'The complete team are caring and compassionate, nothing is too much trouble'.
- Everyone praised the staff team for their kindness. Comments included, "The staff here are lovely and caring."; "The staff are all wonderful to me"; and "It is calm and as friendly as it is today as every day."
- Staff showed warmth towards people in their daily interactions and valued them as equals. One person said to a staff member, "I'm a nuisance aren't I." Staff responded, "No, not at all. We don't think so." During an activity some people were reluctant to choose a song although they enjoyed singing. One person encouraged another person to choose a song, and they made a suggestion. The staff member then praised this person for their choice and therefore acknowledged their contribution and encouraged their involvement.
- The service had received positive feedback about the caring nature of the service through compliments and survey results. Written comments included, 'Many thanks for your ongoing care of mum' and, 'The staff are all caring and professional and mum is happy with the environment and service provided. As always, I could not wish for a better place for mum to live than The Chestnuts'.

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

- People were fully involved in decisions about their care.
- People felt listened to and valued by staff. Each person was involved in day to day decisions about their care such as what they wanted to eat and wear. People's choices were valued. For example, staff complimented people on their clothes and when they had had their hair styled by the visiting hairdresser.
- People were empowered to discuss and make decisions about the service as appropriate at residents meetings. Conversations had included visiting and smoking arrangements at service as they affected everyone.

Respecting and promoting people's privacy, dignity and independence

- Staff and managers were skilled in anticipating people's needs, particularly around maintaining their dignity and independence.
- People told us and feedback from survey questionnaires confirmed, that people were always treated with dignity and their privacy maintained. Staff positioned themselves so they were at the same level as a person and spoke to them quietly about private matters, so other people could not overhear. Staff assisted a

person out of the dining room, just before lunch commenced, to administer their eye drops so they could have them in private.

- People said they enjoyed being as independent as possible and this was respected by staff. Care plans gave staff guidance about what tasks people could do for themselves and with what things they needed assistance.

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 of 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 told us that the service provided a personalised service that was responsive to their needs.
- People's well-being was at the heart of the service's values. We received a compliment from a relative about how the personalised care given had impacted on their family member's well-being. 'Mum has been looked after like a queen. She has her hair styled every week and always looks like she's ready for a night out on the town. From a frail lady who had lost her sense of humour and reason to live, we now have a glowing, smiling, happy mum again. Mum has no interest in going home...The Chestnuts is her home.'
- Health care professionals said the service was responsive. A health care professional told us, "The staff are very responsive. A number of residents comment on the manager and their team's kindness and care to me during my rounds and this is a great testament to their care and dedication to the residents."
- People said staff knew them extremely well and took time to get to know them and their families. The service had responded to people's desire to sit and chat to people, by employing additional staff on each shift. The registered manager told us, "We have ensured more staff are present, to spend more time doing such things as sitting and chatting to residents, as we know it means so much."
- Staff were particularly skilled at anticipating people's needs and anxieties and providing a sensitive response. Staff had identified that some people became particularly worried in the afternoon. People were invited to sit down with staff and staff stayed with the person for as long as they needed the reassurance. Sometimes people sat in the office, which was next to the lounge for easy access, and enjoyed watching staff work. Staff also involved some people in some simple administration jobs to help take their minds off their concerns.

Support to follow interests and to take part in activities that are socially and culturally relevant to them; supporting people to develop and maintain relationships to avoid social isolation;

- There was a strong emphasis placed on people experiencing meaningful activities to enhance their well being.
- People were encouraged and motivated by staff to reach their goals and aspirations. A person explained to us that they were an artist and passionately showed us their scenic paintings. They held a painting class at the service and used black and white copies of their paintings for people to paint and colour.
- People felt involved in life outside as well as inside the service. Links had developed links with a local primary school. The children came to visit last Christmas. Children played games and joined people for the lunchtime meal. Due to the enjoyment this gave to children and adults alike, another visit had been planned.
- People told us planned daily events were integral to their well-being and they very much looked forward to them. A person told us, "I will be going down later as there is always something on. Today it is singing."

Written comments from relatives included, 'The home is always buzzing with activities, trips out, singing, cooking and most of all it's a fantastic communal space'; and "My thanks to all the staff at Chestnuts for their care and dedication. Particular thanks go to staff for involving mum in her work in the garden." A person proudly showed us the daffodils they had helped plant in the garden. Also, the art work and a tree decorated with hearts and lights which they had been involved in creating during an activity session.

- The programme of activities ensured that everyone could participate. An additional part time activity coordinator had been employed to provide more 1 to 1 chats, as these had been found particularly beneficial. A person told us how important these were to them. They expressed their enjoyment in talking to people as they could become isolated on their own as they did not often leave their room.
- The activity staff developed a comprehensive programme of activities to stimulate people's physical, social and emotional needs. There was a wide range of activities on offer including chair exercises, cooking, poetry readings, quizzes, and arts and crafts. Reminiscence boxes had been obtained from the local library which had initiated conversations, such as, childhood games. We saw people were fully engaged during a singing and musical instrument session. People were smiling and invited other people who were a little uncertain to join in, which they did. Therefore, activities also provided a social occasion. At the weekends there was outside entertainment and some in-house activities.
- The service responded directly to people's requests with regards to activities. Some people had asked to go to the local pound shop, and this was arranged. The trip was really enjoyed by people, so plans were in place to go again.
- People had access to the Daily Sparkle which is a specialist newspaper for older people and people living with dementia. This contained news about events in people's childhoods and activities. The service also produced its own newsletter with cross words and word searches.
- People were involved in celebrating special events. During the inspection staff were decorating the lounge for St Patrick's day celebrations. These preparations resulted in conversations and questions about the event from people who took an interest. In the summer people and relatives had joined together in a garden party and an afternoon tea was planned for the Kings Coronation.
- People told us they were free to practice their faith. There were links with a local church and a Christian service and prayer time was held monthly. Members of other faiths had been contacted to endeavour to meet their individual spiritual needs.

End of life care and support

- The service had achieved Gold Standard Framework (GSF) accreditation. GSF is a nationally recognised kike-mark for quality in ensuring people in the last stage of their lives receive personalised and integrated care to enable them to live well and die in comfort.
- A relative had complimented the service on the care provided to their family member at the end of their life. They commented, "She was truly happy with you all and was always so grateful. However, the biggest thank you is for the love, care and dignity shown doing her last few days. It was truly exceptional, and it will never be forgotten."
- Health care professionals told us the service was focused on providing person-centred care. A health care professional told us, "We collaborate well together. Staff always act quickly to contact us rather than leave things. The manager is brilliant and senior staff definitely caring."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and adaptations made on an individual basis.
- One person was finding it difficult to hear and understand what staff were saying to them about their care. This person requested that they were given their care plan to read by themselves so they could read it through 'at their leisure' before giving their signed agreement.
- Staff were concerned that some people with dementia may not understand the content of their care plans. A mental capacity assessment was undertaken, including a discussion with the person to make sure people understood the content in written format.
- The provider had contacted the National Society for the Blind to obtain suitable equipment for a person who had poor eyesight. This person told us that they really enjoyed reading but were no longer able to do so due to their eyesight. This equipment meant they could listen to audio books and continue their love of stories.

Improving care quality in response to complaints or concerns

- The service was committed to supporting people to provide feedback so they could ensure the service worked well for them.
- People told us they were asked about all aspects of their care and their responses acted on, so they did not need to raise any concerns or complaints. One person told us, "If we want to change anything, we only have to ask the manager and they do it." A relative stated, "There's always someone to talk to about any concerns and they are dealt with quickly."
- Improvements to the environment and care had been made as a direct result of feedback and consultation with people. There was a small area near to a few peoples bedrooms. These people had decided they wanted to this area to have comfortable chairs and coffee making facilities. People had been asked if they preferred a bath or shower and the provider was considering changing 1 of the bathrooms to a wet room as a direct result of people's responses.
- The provider had received 1 complaint. The registered manager had spoken to the person to ensure they understood all of their concerns and reported their findings to the person's satisfaction. Lessons learned were shared with the staff team.

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service where staff understood and implemented the visions and values of the service to ensure good outcomes for people.
- Each staff member had a copy of the vision and values of the service and they were used when recruiting new staff, to ensure they could meet these expectations. These values were to operate an open person-centred culture, where everyone was treated with dignity, respect, compassion and empathy, with a caring, 'I can do' attitude. Staff applied these values during our visit to the service.
- People were the focus of everyone who worked at the service. The maintenance man, who had a non-care role chatted with people and knew them well. They gave appropriate assistance to people, such as locating a person's walking aid. Everyone told us they would recommend the service to others due to the way that it was run.
- The management team understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team were clear about their responsibilities to provide good quality care.
- The office was situated in the middle of the service, so the managers were easily accessible to people and staff. We saw people walking through the office and stop and talk to the managers or sit down with them and chat with a cup of tea.
- The registered manager was a visible presence at the service, and everyone was extremely complimentary about their management style. One person told us, "The manager is a dream. We only have to ask and they do it." Another person told us, "They are the best. They are my favourite."
- The management team led by example, were flexible and undertook whatever roles were required of them to ensure the smooth running of the service. The registered and deputy manager supported people with their personal care, took time speaking with people and worked weekends when needed. The management team were supported by the provider who visited the service weekly and was in contact by telephone.
- The managers kept up to date with best practice through CQC information and attending Skills for Care registered managers meetings. The registered manager had completed a management qualification and the deputy manager had commenced a certificate in the principles of leadership and management for adult care.

- There was a programme of checks and quality audits to identify areas where improvements would benefit people. This included ensuring care plans were up to date, potential infections were controlled and equipment was maintained in good working order. The management team had identified that quality assurance was an area that could be strengthened further and had obtained a selection of tools to achieve this going forward.
- The management team understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

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

- People, relatives and staff were involved in the running of the service.
- People were consulted about all aspects of the service which affected them. Regular residents meetings were held where topics relating to the service were discussed. This had included the food, visiting arrangements and people's preferences with regards to their bedding and bathing arrangements. Any actions at the end of the meeting were recorded and addressed.
- A survey questionnaire had been sent to friends and relatives in 2023 and 15 responses had been received to date. Everyone said that they knew the registered manager, staff were kind and had the skills to support people and that any concerns or complaints were taken seriously. The registered manager planned to collate and summarise the results and address any areas for improvement once all responses had been received.
- Staff said there was an open door policy. They felt confident to approach a member of the management team at any time and said they were listened to. Staff meetings were arranged for night staff, senior staff and the whole staff team. These were formal opportunities to be involved in the running of the service.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals and external agencies to help maintain people's care and support needs.
- The management team had strong working relationships with the visiting advanced medic, district nurses and older person's mental health team.
- The service had developed a mutually beneficial relationship with a local school whereby the children visited the service, and everyone shared lunch together.