

Bondcare (London) Limited

Clarendon Nursing Home

Inspection report

7A Zion Place
Thornton Heath
Surrey
CR7 8RR

Tel: 02086891004

Website: bondcare.co.uk/clarendon/

Date of inspection visit:

09 January 2023

10 January 2023

Date of publication:

12 May 2023

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

Clarendon Nursing Home is a residential care home providing personal and nursing care to up to 51 people. The service provides support to adults living with dementia. At the time of our inspection there were 50 people using the service.

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

People were kept safe. Staff knew how to raise safeguarding concerns and were aware of the processes to follow in order to keep people safe. People told us they were kept safe and that they felt safe.

Care and support plans were person centred and developed to ensure people's needs were met appropriately.

Risk management strategies were in place to assist staff to help people to manage these risks and to identify triggers for expressing feelings or an emotional reaction.

Staffing levels were appropriate to ensure people's needs were met in a safe, timely and consistent way.

The service was following safe infection prevention and control procedures to keep people safe.

The administration of medicines was managed in a safe way and people received their medicines safely.

The service was flexible and adapted to people's changing needs and wishes and promoted their independence. Risk assessments were carried out and risk management plans helped staff as well as the person to minimise risks but included positive risk taking.

The provider created a culture where staff were able to develop and improve their practice. They were provided with the right training and support to make sure they could fulfil their roles appropriately.

People were encouraged and supported to lead as fulfilled a life as possible. They were supported to follow their hopes and aspirations.

People and their families described care as very good and people were well-supported and treated with dignity and respect. We received consistently positive feedback about the caring nature of staff and their empathetic approach. People, their relatives and staff referred to the trust, kindness, understanding and sensitivity to their individual needs as reasons why they felt the service was good.

People's individuality was respected. People were involved in decisions about their day to day lives and staff respected people's choices. People had their dignity and privacy respected and were supported to maintain their independence.

People's diversity and their unique individual needs were well-respected by staff. The staff team knew people extremely well and were able to provide appropriate support discreetly and with compassion.

People's privacy was respected, and people were supported to maintain contact with relatives and friends.

There was clear evidence of collaborative working and good communication with other professionals in health and social care sector. People's health care needs were being met and they had access to healthcare services where needed.

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.

Robust processes were in place to manage and respond to complaints and concerns.

Clarendon Nursing Home was well led. The provider's ethos and values put people at the heart of the service. This vision was driven by the leadership of the nominated individual and of the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The staff team were empowered to contribute fully to support a person-centred model of effective care. This helped people using the service, with complex needs, to achieve their maximum potential and quality of life.

There was a comprehensive and effective governance system in place.

People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development. A wide range of comprehensive audits took place to ensure the quality of the service was maintained.

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

Rating at last inspection

The last rating for this service was good (published 28 August 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 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 ●

Clarendon Nursing 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

This inspection was carried out by 1 inspector.

Service and service type

Clarendon Nursing 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. Clarendon is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 5 January 2023 and ended on 1 February 2023. We visited the location's service on 9 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 healthcare professional, 12 people who used the service and 6 relatives about their experience of the care and support provided. We spoke with 8 members of staff, the registered manager, the regional support manager, 2 registered nurses, the chef and the laundry assistant. We reviewed a range of records, including five people's care records, five staff recruitment files, training and supervision information and other records relating to the service. After the inspection we spoke with 5 health and social care professionals.

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 good. At this inspection this key question has remained the same. 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 abuse and improper treatment. Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns. Staff told us they received good training and felt confident any safeguarding concerns would be dealt with effectively by the managers.
- Where safeguarding concerns were raised the provider acted promptly and decisively to protect people. This included making safeguarding referrals to the local authority, notifying CQC and taking action through its disciplinary procedures to ensure people's safety.
- People said they felt safe at Clarendon Nursing Home and well supported by staff. Comments from people and relatives included, "The staff are fantastic, always very helpful. My [family member] is really well placed here. They are looked after well and they are safe" and "I don't have any worries I am pleased with the care I get here." A relative said they had never seen anything that concerned them and if they had any concerns they would raise them with either the nurses or one of the managers.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place to manage risks such as the risk of falls or choking. Risk assessments had detailed information for staff to follow to minimise risks. People were protected from avoidable harm because risks were identified and managed.
- Environmental checks were carried out to ensure people were safe in the premises. People had personal evacuation plans in case of emergency situations.
- People had body maps to monitor pressure areas, bruises or redness on their skin. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included pressure relieving mattresses on their beds and cushions in their chairs

Staffing and recruitment

- There were sufficient numbers of suitably recruited staff to support people safely according to their needs. People, relatives and staff confirmed this.
- The provider's recruitment process was robust and included the necessary checks that showed candidates were appropriate to work in the care sector.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Medicines were managed safely. Staff followed procedures to make sure people received their medicines

safely, according to their needs and choices, and as prescribed.

- People received their medicines from trained nursing staff who had their medicines competencies checked.
- The provider had a system to audit medicines records and follow up any gaps or mistakes in records. We noted there were no gaps in records.
- Medicines were kept safely in locked medicine cabinets. For medicines required to be kept in fridges, temperatures were recorded so staff could take appropriate action if outside of the required range.
- Where people had medicines prescribed on an 'as required' basis protocols were in place about when they should be used. This meant that the nurses were aware of why and when they should administer these medicines to people.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. The provider had effective policies and procedures that were in line with best practice guidance in place to prevent and control the risk of the spread of infection.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- Staff received food hygiene training and we saw food preparation was undertaken safely
- People were protected from food poisoning by the safe food hygiene practices of staff. People and staff had information available to them in the kitchen about hand hygiene during food preparation.
- The housekeeping staff used a cleaning schedule to ensure all areas of the home were kept clean.

Visiting in care homes

- The procedures for visits followed national guidance for visiting in care homes.
- People could have visits whenever they wanted.

Learning lessons when things go wrong

- There were systems and processes in place to identify learning and share lessons when things went wrong.
- There was an up to date accidents and incidents policy in place and staff knew the procedures for reporting and recording accidents and incidents.
- The provider carried out an audit of accidents and incidents every month and had taken action to resolve issues identified. The audits included an analysis of accidents and incidents and learning and updates were shared with staff in staff supervision and staff meetings.

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 good. At this inspection this key question has remained the same. 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

- We reviewed people's care files and saw their healthcare and support needs were assessed and documented. We noted the assessment format ensured there was comprehensive detail of people's healthcare needs.
- People and their relatives told us their needs were assessed together with them and they received effective care. People's care needs were clearly set out in care plans that were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, and that information helped staff to know what the person's care needs were.
- We noted in people's care files that reviews were regular and that where appropriate families were involved in care reviews.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience to deliver effective care and support. People told us they thought staff at the service were all well trained. All the staff said they received good training that enabled them to provide effective care and support. Staff training included mandatory training such as safeguarding vulnerable adults, health and safety; first aid; fire awareness; moving and handling; food hygiene and infection control. Regular refresher courses were provided for staff to ensure staff knowledge was updated in-line with best practice. Additional specialist training was provided when required. An example of this was for dementia care and dealing with behaviours that cause distress.
- The registered manager had an effective system to monitor mandatory training and staff competency checks were carried out and evidenced to ensure staff skills remained at the required standard.

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

- People were supported to eat and drink where needed. People's risks around food and drink were assessed, such as for people who were supported to be fed through a percutaneous endoscopic gastrostomy [PEG]. PEG feeding is where a tube is surgically inserted into a person's stomach as a way of eating and drinking when doing this orally is limited.
- People were given choices of what they would like to eat and drink. We noted at lunchtime people's meals were varied, showing they were individual to the person's wishes. One person told us, "The chef makes an effort to keep the menu interesting. There is a lot of choice and if I don't fancy what I had ordered earlier in the day they don't mind me changing my mind."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to maximise the support people received.

- The registered manager told us they worked in partnership with district nurses, specialist palliative care nurses, pharmacies, GPs and social workers to meet people's needs. We saw evidence of collaborative working in people's care files.
- The provider had a number of rehabilitation beds. This meant people were discharged from hospital earlier to continue their rehabilitation at the service. The provider had weekly multi-disciplinary team meetings to discuss people's needs and progress and to plan for them to go home. This included ensuring all their needs were met following returning home.

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

- The service was a purpose-built building in a residential area.
- People's rooms were personalised, and they were able to have them decorated to their taste. People had their personal belongings and family photos in their rooms.
- The service had been adapted with specialist equipment to meet people's needs, such as, specialist bath/shower rooms. Doorways and hall areas were wide enough for wheelchairs. Décor was used to support people who may be living with dementia to distinguish different areas of the home.

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 by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments when required.
- Staff were provided with information about people's medical conditions and how they may impact on the person so they could support them effectively.
- The registered manager sought and acted on guidance from other professionals such as speech and language therapists.
- Healthcare professionals told us that engagement with the provider was good. Communications were effective and regular. People's health benefitted from good joint working and coordinated relationships with them.

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.

- Staff understood the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their care plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service applied for DoLS where appropriate and undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 well-supported and treated with dignity and respect.
- We received consistently positive feedback about the caring nature of staff and their empathetic approach. The impact for people and their relatives was reflected in their comments which included, "They [staff] are brilliant, so caring"; "This is a very happy place"; "I couldn't be in a better home, it's the best"; "It's a great weight off our minds to know how well cared for they are [family member]." and "The staff know people well, they go the extra mile and they are really caring towards [family member]."
- Health and social care professionals were equally positive in their feedback. Comments included. "Staff appear responsive and understanding towards people's needs and approach their care with compassion."; "We enjoy very good joint working with the team, the manager is very engaging and [RM] goes out of their way to assist us."
- Due to the level of caring support provided, people flourished and enjoyed a good quality of life. Staff put people were at the heart of the service. An example of this for one person who had always enjoyed going to local football matches, told staff how much it would mean to him to go again. Staff supported the person to attend. The impact on this person helped him to feel younger because as he said, "I am so happy, I never ever thought I'd be able to go again."
- Staff worked sensitively and compassionately with people. Staff were aware of and had a good understanding of people's needs, anxieties and aspirations. They established consistent and trusting relationships with people. For one person they wanted to have a romantic day out at the seaside with their husband who was not living in Clarendon. This was arranged by staff. The impact for both these 2 people who had had to live apart for some long time was wonderful to see. An increased sense of well-being and peacefulness as well as a feeling of being loved.
- There were several examples of where staff had gone 'the extra mile' to provide caring and compassionate support and worked with people to improve their well-being and quality of life. For example, a person, previously confined to a wheelchair was being supported to go to the pub with an escort. They said, "This is fantastic, it's helped me to feel more normal." Staff told us, "You can see the difference it has made to them, much more involved in everything now."
- One person lost her partner recently, he always used to buy flowers for her but as he passed there was no one to go out and buy flowers so staff went out to buy flowers for them. This was really appreciated by the person concerned and had a positive impact on them by reducing the distress they experienced of losing their loved one.
- People's individual needs, preferences and beliefs were respected by the service. Specific requirements were catered for where possible, such as ensuring people were supported if their religion meant they did not eat certain foods. People's diverse and cultural needs were respected, assessed and documented. Care

plans included information about people's cultural requirements such as food/meal preferences and their spiritual beliefs.

- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010. The provider promoted people's understanding of different cultures by organising themed days such as the one recently for Divali. People said how much they enjoyed the day as well as how much they had learnt from it. The impact on these people was to improve their quality of life, their self-respect and not only to have had an enjoyable experience but also to have celebrated an important cultural event that would have been normal in their lives before they moved to this service. For other people it increased their understanding of the Hindu culture.
- Staff were where ever possible matched with people in order to provide them with the best care and understanding. There were examples of this where people were matched with staff from the same backgrounds to support them. This helped them feel better understood and more able to interact with staff as a result.

Respecting and promoting people's privacy, dignity and independence:

- We observed respect for people's privacy was at the centre of the service's culture and values. We saw staff interacting with people in a caring way while maintaining their privacy and dignity such as when moving a person with a hoist. The staff were warm and explained what they were doing which involved touching the person's arm for reassurance. Staff would knock on people's doors before entering.
- Staff told us how they promoted people's independence and respected their privacy and dignity, such as, covering a person when carrying out personal care, and ensuring doors and curtains were closed.
- We observed staff treating people with dignity and respect and encouraging them to be as independent as possible such as at mealtimes.

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

- Every effort was made to ensure people were supported to express their views so that staff understood their preferences, wishes and choices. This included where people may not communicate well verbally, or English was not their first language. The composition of the staff team included several staff members from different countries and this provided the team with the ability to translate for people when necessary in their own languages. The impact of this was to help people feel more included in the life of the home, increasing their sense of well-being and dignity.
- People and their relatives told us they were consulted about the care and support provided. One person said, "They [staff] ask me what I'd like to do [in terms of daily activities and support] during the day." A relative said, "We are invited to review meetings and always kept up to date with their [family member's] progress." This meant people's relatives were able to contribute more effectively to the care of their family member and this benefitted everyone including the staff team.
- We saw that staff communicated effectively with people. Their individual communication needs were assessed and documented in their care and support plans. This helped staff to support people appropriately.
- Throughout the inspection we saw staff spending time with people. We heard laughter between staff and people and saw respectful interactions. A staff member told us, "I love working here, it's relaxed for people and we have time to spend with them." This meant people felt more relaxed, better able to engage with what was going on, with a much increased sense of well-being and as one person said, "I feel like I am at home here."
- People were offered choices and were listened to. Regular meetings took place with people and their representatives to discuss their care and support needs which also included discussion about their future plans and aspirations.
- Care plans were exceptionally detailed with a consistently high degree of personalisation and provided

staff with an excellent guide to understanding each person.

- People received their care and support from a service which was entirely flexible and able to respond to individual requests and changes.

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 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and preferences.
- Relatives told us they were encouraged to be involved in the planning of their family member's care. One relative commented, "We are invited to the reviews of our [family member's] care. And staff keep us up to date if there are any problems such as with their health." Another relative said staff communicated with them regularly where any changes were needed.
- People were supported by staff who knew them well and supported them to have maximum choice and control over their lives.
- Care plans provided staff with good, detailed information about people's preferences, their needs and the risks they faced.

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs were assessed and information to do with people's communication preferences and how staff might meet those needs were documented.

- Staff knew people well and were knowledgeable as to how they expressed themselves. We observed that staff took time to listen and engage with people during our inspection. that staff took time to listen and engage with people during our inspection.
- The service provided information that people, and their relatives needed, such as their care plan and the complaints procedure in different formats as necessary. This included large print, different languages or easy to read pictorial versions, as and when required.

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 were supported by staff to maintain relationships with families and friends according to people's wishes and preferences. Relatives confirmed this with us, comments included, "We are encouraged to not only attend care plan reviews but also to go to the celebrations and events held in the home, so we can have fun with our [family members]" and "We are always made welcome by staff and we enjoy seeing our [family member] and in this way we keep up our relationships with them."
- People's lives were enriched by staff helping them to remain engaged and stimulated; to fulfil their wishes, to follow their interests and to take part in activities appropriate to them. The activities coordinator was

creative in developing a wide range of individualised activities people had expressed an interest in.

- Cultural and religious events were celebrated with special days. such as for example for 'Divali'. Staff dressed appropriately and the themes for the day including food was appropriate for the cultural experience. People, staff and families all told us they really enjoyed these events.
- There were several examples of how staff supported people to become engaged and occupied with activities they had long forgotten but now really enjoyed. An example for one person was gardening and working with flowers. They told us this activity was something they enjoyed long ago and doing it now really brought them new vigour and enjoyment in life.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received would be used to develop and improve the services.
- People and their relatives told us they would talk with staff or the managers if they had any complaints.
- The provider had a system for receiving compliments. Where people and their families sent compliments about staff, the registered manager read them out at staff meetings in order to inspire them to continue to provide the care they provided to people. The regional manager also brought in a gift for every staff member to acknowledge the appreciation felt as a provider as well as doing so on other occasions such as for Easter and for staff birthdays.

End of life care and support

- Details for people's wishes to do with this were included in their care plans. Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist palliative care teams to make sure people were kept comfortable, dignified and pain-free. We saw an example where staff had recorded people preferred music so they could play this at the last moments of their life.
- From our review of people's care plans we saw they together with relatives were supported to make decisions about their preferences for end of life care.
- The registered manager told us when people had passed away the staff team maintained contact with families. They were able to continue to visit the service in order to maintain contacts they had made previously with other people.

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 good. At this inspection this key question had remained the same. 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

- People, relatives and staff consistently told us the service was well-led. There was a warm and friendly culture within the service with a clear drive to provide high quality care. Comments we received from relatives and staff included, "The manager is totally committed to this service, she lives and breathes it"; "The manager is very good, she is always here and never minds getting stuck in or providing advice and support for us all."
- People and staff told us the management approach created an open and empowering culture in which they felt able to contribute their thoughts and suggestions. They said they were encouraged to participate in the development and improvement of the service that people received and that this provided them with much improved job satisfaction.
- There was a good governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- Competency checks were carried out on staff to monitor the quality of the care being given.

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 was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- The ethos, vision and values of the service were led by the provider and registered manager. All people and staff told us the registered manager and management team were very approachable. One relative told us, "The registered manager is very approachable. They are always looking for ways to improve."
- Staff shared the vision of the service to provide person-centred care and to put people first. All people and professionals commented very positively about the support provided. Comments from staff included, "The manager is so good, exceptionally caring, she listens and acts upon any concerns or complaints"; "She's always here to support us with an open door. It's the best place I've worked in definitely"; "I wouldn't want to work anywhere else now, the team work is really good and I feel that we are all working to provide the best care for people."

- People received their care from a service that continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed, such as if there was an increase in numbers of falls or if staff training was due.

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

- The management team together with the activities coordinator organised 'international days' for staff, people and their relatives to celebrate different cultures, to raise awareness and to promote teamwork. Staff dressed up and ate different international foods with the residents. Staff had addressed cultural differences in the home and had adapted to different ways of people, families and staff expressing themselves.
- People's assessments and care plans included their equality characteristics and individual preferences. The provider had considered people's gender, ethnicity, religion, culture, disability, medical conditions, likes and dislikes and personal interests when carrying out assessments and planning people's care and support.
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with the managers 'open door' policy. We observed an open culture within the staff team and the management team.

Continuous learning and improving care

- The provider had robust procedures in place regarding reporting and learning from things went wrong.
- The registered manager told us they carried out regular checks of the quality and safety of people's care. This included checks of the environment and equipment used for people's care and checks of medicines and care plans. Regular checks were also made of any accidents and also for people's health and nutritional status and any related incidents, such as weight loss, infection or skin sores. This helped to identify any trends or patterns to inform any changes that may be needed to improve people's care.
- The service improvement plan included actions that came from these audits, quality assurance processes and feedback. All action points had a target completion date and identified the staff member responsible for them. We noted this system had been effective in driving improvements, such as improving the mealtime experience.

Working in partnership with others

- The provider worked in partnership with the local authority and other healthcare agencies such as social workers and commissioners. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.
- The provider and registered manager had grown their networks with partnership agencies and charities. They took a pro-active and practical approach to involving themselves in local and national projects and initiatives.
- The registered manager and management team worked in a collaborative way with other agencies. A range of care professionals described the excellent working relationships the staff had promoted for the benefit of people who used the service. A professional told us, "Staff are really dedicated and enthusiastic. They are involved in multidisciplinary meetings and give ideas to produce better outcomes for people."