Havering Care Homes Ltd

Abbcross Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Abbcross Nursing Home is a care home registered to provide nursing and personal care to people, aged 65 years and over. It can support up to 28 people and at the time of the inspection, 24 people were living in the home. The home has three floors with adapted facilities and en-suite rooms.

People's experience of using this service and what we found
People were protected from the risk of abuse. Medicines were administered to people as prescribed. However, we have made a recommendation for the provider to follow best practice guidance on managing medicines because protocols for certain medicines were not in place or contained incorrect information. Risks related to people's health and care needs were assessed and monitored. Some risk assessments required further development with more suitable guidance for staff, so they could provide safe care. We have made a recommendation about this.

Staff were recruited appropriately and there were suitable numbers of staff on each shift to meet people's needs. Systems were in place to record and monitor accidents and incidents in the home. People were protected from the risks associated with the spread of infection.

People's needs were assessed before they started to use the service. They 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 were supported by staff who were trained. Staff worked with other health care professionals to ensure people were in good health. People were encouraged to maintain a healthy balanced diet. They were provided food and drink that met their preferences and needs. We made a recommendation about reviewing people's fluid intake.

Staff were kind and compassionate towards people. They treated them with respect and their views were listened to and their requests acted upon. People received person-centred care. Care plans provided guidance on how to support people, in accordance with their choices and communication needs. Activities for people took place but the provider was working on improving the activities programme and used feedback from people and relatives to help with this.

People and their relatives were positive about the management team and could approach them with any concerns. Complaints were responded to appropriately. There was a positive culture in the home and equality, diversity and inclusion was promoted. The provider had systems in place to assess, monitor and improve the quality and safety of the services provided.

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 the service was Good (report published 7 January 2018).

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

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

Abbcross 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.

Inspection team
The inspection was carried out by two inspectors, a specialist nursing advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type
Abbcross Nursing Home is a 'care home' in which people receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager
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
The inspection was unannounced.

What we did before the inspection
We reviewed the information we already held about the service. This included feedback from professionals and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager and the managing director. We also spoke with 10 nursing and care staff, 3 members of domestic and laundry staff and 2 kitchen staff.

We carried out short observations of people's care and spoke with 6 people for their feedback on the home and 1 visiting relative.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 9 people's care plans, which included risk assessments and 5 staff recruitment and training files. We looked at other documents such as those for medicine management, quality assurance and infection control records. After the inspection we continued to seek clarification from the provider and validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Medicines were not always managed safely. Protocols for medicines to be taken 'as required' (PRN) were in place. However, we noted that a person was prescribed anticipatory PRN end of life medicine but there was incorrect dosage information written in the protocol. It was higher than the dosage that was originally prescribed. Although the medicine had not been given to the person as they had not required it, there was a risk of error and the person receiving more than what had been prescribed. These medicines can have strong side effects which could put people at risk of harm. We brought this to the attention of the registered manager, who told us they would investigate how the error occurred and learn lessons.

● There were homely remedies available which are common household non prescribed medicines used to treat minor ailments, such as indigestion. We saw that stocks were correct and administration of these medicines was recorded. However, there was no protocol available for homely remedies so it was unclear how much could be given and if they were suitable for all people in the home. We spoke with nursing staff, who were aware of how to use remedies but there was no written protocol in place.

We recommend the provider follow best practice described in NICE (National Institute for Health and Care Excellence) guidelines on managing medicines and medicine protocols in care homes.

● We looked at storage arrangements and documents relating to the recording of medicines. All medicines were safely stored in secured trolleys, in a locked room in a medicine refrigerator or cupboard. The temperature of the storage room and refrigerator were checked and recorded daily to ensure they remained within the recommended temperature range.

● People told us they received their prescribed medicines from staff. Medicines were administered by staff who were trained and had their competency assessed. Medicine administration records (MARs) were completed by staff after people had taken their medicines. We saw these were accurate and up to date.

● There were appropriate processes in place for ordering medicines and for the disposal of medicines no longer required. There was a system for the storage and use of Controlled Drugs (CD), which are medicines that are at risk of misuse. CDs were stored and administered safely and according to the legal requirements. Stocks were checked daily by staff during handovers and we saw that stock levels checks were accurate.

Assessing risk, safety monitoring and management

● Risks associated with people's health and care needs were assessed and managed in order to mitigate them and keep people safe. For example, there were risk assessments in place for the use bedrails, falls and pressure sores. However, assessments for specific conditions such as diabetes or catheter care lacked some detail. Information in risk assessments for staff regarding hyper or hypoglycemia (low or high blood sugar

levels) and what action should be taken in particular situations was lacking. We spoke with staff about this and they were able to demonstrate their knowledge and understanding of these conditions. They could explain the actions they would take to ensure people's blood sugar levels were within safe levels. Records showed people with diabetes had their blood sugar level checked routinely prior to the administration of insulin and there was a hypoglycemia kit available.
● We also noted one person at risk of pressure sores was required to be repositioned every 2 hours. However, records showed that in recent days the person was reluctant to be repositioned that frequently. The person's risk assessment required updating to establish the frequency of repositioning that they would find acceptable and to ensure this was reflected in their care plan. Records showed the person was receiving the appropriate support from external professionals such as a Tissue Viability Nurse (TVN). We discussed these issues with the registered manager to ensure risk assessments contained more thorough and up to date information.

We recommend the provider follows best practice guidance on maintaining risk assessments around people's specific health conditions.

● A number of people required pressure relieving airflow mattresses. Records showed staff checked the mattresses were in working order daily and that they were on the correct setting. They recorded this in their daily notes.
● The provider maintained the safety of the premises. Gas, water, electrical installations, hoisting equipment and fire safety and alarm systems were serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. The provider had safeguarding policies and procedures should staff identify abuse. Staff had received training in safeguarding people from abuse. They could describe the procedures they would follow to report concerns.
● People told us the home was safe and one person said, "I feel very safe here. I am so fortunate to live here." A relative told us, "[Family member] is safe. The staff do a good job looking after people. They do look after [family member] very well."
● The provider had a whistleblowing policy for staff to report concerns to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Staffing and recruitment
● There were enough staff with the right skills and experience to meet the needs of people in the home. The home's staffing levels were assessed by the management team using a dependency analysis tool. We saw the correct number of nursing staff and care staff on duty during our inspection as according to the daily staffing schedule.
● Staff told us they supported each other and felt staffing levels were adequate. Agency staff or other staff were called in to cover gaps such as staff sickness. A staff member said, "We are OK, we have enough staff. You can always do with an extra member of staff anywhere and anytime but that's normal. We manage well."
● People had access to call bells which they could press when they required assistance in their rooms. People told us staff responded to call bells promptly but there could sometimes be delays when staff were busy.
● Staff were recruited safely to ensure they were safe and suitable to support people in the home. Processes included carrying out criminal background checks, reviewing their employment history and experience, obtaining references, proof of the applicant's identity and their eligibility to work in the UK.

Learning lessons when things go wrong

● The provider had a policy for accidents, incidents and emergencies. These were recorded so that the appropriate action could be taken to keep people safe.

● We looked at various incident records such as for falls. The management team reviewed incidents and took the necessary actions. Lessons were learned from incidents to prevent re-occurrence and these were shared with staff.

Preventing and controlling infection

● The provider was preventing visitors from catching and spreading infections.

● People were admitted safely to the service. Staff used personal protective equipment (PPE) effectively and safely and told us they had sufficient PPE for their use.

● Safety through the layout and hygiene practices of the premises was promoted.

● The provider's infection prevention and control policy was up to date. There were processes to make sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

● The provider was facilitating visits for people living in the home in accordance with the current guidance. There were no restrictions on visiting times in the home.

Good

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for 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
- People's needs were assessed before they moved into the home. The assessment helped the management team assess and determine if the person's needs could be met and the environment was suitable for them.
- Pre-admission assessments contained details of people's backgrounds, health conditions, mobility, their skills and abilities, mental capacity and equality and diversity needs.
- People could be discharged to the home from a hospital and there was an accompanying discharge information from the hospital for the staff to know. There were thorough documents detailing people's medical needs and medical history. This included records of body maps to show where people were carrying bruises, injuries or sores.

Staff support: induction, training, skills and experience
- Staff were supported with training to obtain the skills necessary to support people safely.
- There was an induction and training programme for new staff and existing staff received refresher training to update their knowledge. Training included a combination of online and practical courses.
- Training topics included infection prevention and control, safeguarding adults, moving and handling, equality and diversity and medicine administration. Staff told us the training provided them with the skills they needed to help carry out their roles. A staff member said, "The training was good and everyone's competency is checked in areas such as hoisting."
- Staff were supported by the registered manager and other senior staff. Records showed staff received supervision in which they had opportunities to discuss their work, their performance and any problems. A staff member told us, "I feel fully supported here. The managers are nice and always listen."

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.
● We saw evidence of the provider following the principles of the MCA. There was a comprehensive MCA policy in place defining capacity and what steps staff would take if a person appeared to lack capacity. The registered manager submitted DoLS application when they were applicable.
● We noted during the care planning process, there was a focus on people's right to consent to their care and this was clearly recorded in their care plans. Mental capacity assessments were in place that included people's capacity to make decisions on the use of bed rails, drinking alcohol, using the toilet independently and their emergency evacuation plans. Staff had a good understanding of the MCA and were observed putting the principles into operation in their work. A staff member said, "I ask person's permission and consent when I support them with personal care."

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink to maintain a balanced diet. Fresh water for people was available in jugs in people's rooms. These were replenished throughout the home and tea was offered on a regular basis.
● Staff maintained fluid charts to check people were maintaining their hydration with water and other fluids. We found that fluid targets for most people were set at an identical level which meant they were not targeted to the person's specific fluid needs or requirements. For one person who had a urinary catheter, the recorded fluid intake was often below this target. We spoke with the person, who told us they wanted more support for their needs. We followed this up with the registered manager for them to ensure any issues were followed up and their fluid intake was reviewed.

We recommend the provider follows best practice guidance on monitoring and assessing people's fluid intake.

● When there were concerns about people's food and fluid intake or weight, records showed they were referred to other health professionals such as speech and language therapists (SALT), dieticians or their doctor.
● People's nutritional risks were assessed. For example, if they had any allergies or if they required their food to be softened or pureed to help with swallowing. The kitchen staff knew of this information and prepared meals according to each person's specific needs.
● People told us they were provided meals they liked to eat but could also ask for a different meal, should they change their mind. A person said, "The majority of the time, the food is good." Another person told us, "The food is reasonable."
● We observed a lunch service and saw it managed well. There was a pleasant, relaxed atmosphere and people were given as much time as they needed to eat and drink.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies
● People's health and wellbeing was monitored so that they could receive the appropriate care and treatment they needed. There was evidence of input from members of multidisciplinary teams or external health professional including GPs, SALT teams, TVN teams, dietitians, physiotherapists and catheter care specialists.
● Records showed people attended health care appointments. Care plans included the contact details of health professionals or agencies involved in their care.
● The staff and management team worked well with health professionals to ensure people were in the best of health. We observed this during our inspection as there were visits from professionals throughout the day. The GP from the local surgery visited the home weekly to check up on people's

health. Physiotherapy professionals also visited the home and worked with staff to support people. They told us staff in the home supported people well.

● Staff told us they checked people were in the best of health by speaking with them. Staff were able to identify if people were not well and knew what action to take in an emergency.

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

● Abbcross Nursing home is located within a residential area and was close to local shops, services and public transport links. There were areas of open garden space for people to walk around and there was easy access for people to move around.

● People told us they were happy and safe in the home. They were able to personalise their rooms with items of their choosing. The home's premises was cleaned daily and the environment was welcoming. Some parts of the home's furnishings and fittings were affected by wear and tear. The registered manager told us they were in discussions with the managing director about this. They had ideas and plans for refurbishing and updating some parts of the home to make a more comfortable living environment.

Good

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 for this key question has remained the same. 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 told us they were well treated by staff and were supported with their daily needs. People also said staff were caring, respectful and kind and had got to know the staff well. A person said, "The staff are marvelous." Another person told us, "The staff treat me with respect."
- Staff told us they had had developed positive relationships with people. A staff member said, "This is a homely place, I like coming to work." Another staff member told us, "I care for our residents and make sure they have a good day by listening to them and supporting them with their needs and personal care."
- We found people were dressed for the day and their personal care needs were being met. We observed staff chatting with people politely and patiently, using calm and warm tones of voice.
- We saw that people were assisted to eat if required and this was done using a safe and kind approach. People were not rushed and were assisted in the way they wanted, and at their own pace.
- People's protected characteristics such as their gender, race and religion were respected and recorded in their care plans. People were supported to maintain their cultural identity or individual beliefs. For example the provider had introduced church services in the home for observing religious events, and was able to make arrangements for other faith leaders to visit if requested.
- Staff had received training in equality and diversity. They told us they respected people as individuals with their beliefs and would challenge forms of discrimination.
- There was an equality, diversity and inclusion policy in place. This was embedded in the principles of the Equality Act (2010) and offered staff clear guidelines on how to apply non-discriminatory practices.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they knocked on people's doors before entering their room, and made sure the door was closed behind them for privacy. They also closed curtains before completing personal care if necessary.
- Before delivering personal care, staff told us they informed people what they were doing before carrying out their tasks. A person told us, "Staff tell me what they're doing and what events were going on in the home. It is nice."
- Staff told us they understood the home's confidentiality policy and protected people's personal information.
- Care plans contained details about people's levels of independence and daily living skills. For example, their ability to eat or walk independently.

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

● People and their relatives told us they were involved in decisions about their care so that they could receive the type of care they wanted.
● People confirmed they could express their views and make choices around all aspects of their daily living. Comments from people included, "I spend my time in the lounge, that's my choice" and "I choose how I spend my day. It's my choice to be in my room."
● We observed staff listening to and respecting people during our inspection. Staff offered people choices about their day to day care and how they spent their time. A person said, "I am fully dependent on staff due to my health, they are very good and help me the way I like it."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. 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 person-centred care that met their needs and ensured they had choice and control of how their care was delivered. People had an individual care plan which recorded their care needs and profiles. They included information about people's communication needs, medicines, nutrition and hydration needs, oral care and personal care preferences.
- Care plans contained clear goals and outcomes for people such as increased independence. People's specific preferences and wishes were recorded. A person we met during the inspection told us of their emotional needs. We checked their care plan and there was detailed information on emotional and communication support for the person.
- Care plans were developed and stored electronically. Staff accessed care records from handheld devices which they could update as and when needed. Care plans were reviewed and updated with any changes to people's preferences or health.
- Staff told us they communicated with each other to ensure people received the support they needed. There was a process for shift handovers so staff could update incoming staff of how people were and any ongoing issues in between shifts.

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.

- The provider supported people to develop and maintain relationships with others such as family and friends to avoid social isolation. A person said, "My family and friends visit, there are no restrictions."
- Activities took place in the home such as bingo, arts and crafts and ball games. There was an activity lead member of staff, although they were new in post. They showed us a weekly activity planner. We saw the home was preparing for the Christmas holiday and party season. The activity lead told us there were plans to have a singer at Christmas and a local dance group had been contacted to perform in the home.
- We found the activity programme for the home required further work and development to ensure people were engaged and offered more structured and meaningful activities. The registered manager told us this was part of their ongoing internal improvement actions.
- We spoke with a person who was managing raffle tickets for a raffle that was to take place to win a prize. People were aware of the raffle and were looking forward to it. Another person said they took part in activities when they wished and said, "The staff come and play cards with me every now and again."

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.

● People's communication needs were set out in their care plans. For example, if people required support to verbally express their thoughts, guidance was in place for staff to follow. Staff told us they knew of people's communication needs.

● A person that had recently moved into the home was not able to verbally communicate in English as it was not their first language. We noted they used a white board and gestures to help them communicate with staff. We saw this worked well during our inspection and a pattern of communication was being established. The registered manager was also making efforts to find out further information about the person to help staff get to know them. This would help staff to deliver person-centred support to the person.

● The registered manager told us they could supply information to people in easy read or pictorial formats to help them understand what the information was trying to say, such as activity planners and menus.

Improving care quality in response to complaints or concerns

● Complaints were responded to and reviewed to help improve the service. A complaints procedure for the home was available should people wish to make a complaint if they were not satisfied with their care. Complaints were logged and the procedure for responding was followed.

● The registered manager investigated all complaints within the timescales set out in the complaints policy and provided people and relatives with an outcome for their complaint. They took action to resolve complaints and learn from them.

End of Life care and support

● People's wishes for end of life care and support were respected in the event of changes in their health. Staff had the skills to deliver care to people nearing the end of their lives. End of life care plans were in place to record people's wishes for their support. For example, records showed people were asked about their wishes and funeral arrangements with the involvement of their family members.

● Where applicable, people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. The home received support from the local GP to ensure these were in place with people's consent. Staff told us the registered manager ensured end of life care equipment was provided should people need it.

Good

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 our last inspection we rated this key question good. At this inspection the rating for this key question has 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.

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

- The provider had quality assurance systems in place to monitor the safety of the home. The home was well managed and the systems were mostly effective.
- The registered manager carried out audits to ensure the quality and safety of the home was being maintained. For example audits for care plans, infection control systems, medicines and staff training. However, we identified areas that could be improved. For example, although people received their medicines as prescribed, we found a recording error on one person's PRN protocol. Risk assessments also lacked some detail around people's health conditions. The activities programme required some development so people could engage and interact with staff and one another more regularly. Records showed that audits had identified some of these concerns and actions to make the necessary improvements were still in progress.
- The registered manager took action to resolve these issues and shortly after our inspection, they provided assurance they had taken immediate action to reviewed the areas we identified and make improvements.
- The registered manager had a system for continuous learning to help drive improvements in the home. Audits and meetings with senior staff were used to identify trends, analyse data and develop learning outcomes. For example, reviewing moving and handling practices within the home to help reduce the risk of skin tears and bruising in people.
- There was a clear management structure. The registered manager was well supported by the managing director, who also attended the inspection to provide additional assistance to the service. The registered manager was also supported by senior staff and nursing staff to help manage the day to day running of the home.
- The registered manager was well respected by staff, people and relatives. A staff member said, "The manager is never intimidating, she is always supportive." Another staff member said, "I love it here. The manager and director are brilliant. They take an interest in you as a person they want you to grow and learn."
- Records showed the registered manager met and consulted with the managing director to go through any issues, review the governance of the home and obtain continuous support in their role.
- Staff told us they were clear about their roles and responsibilities. Staff and nursing staff meetings were held by the management team to share important information and discuss any issues. Topics included updating care records, infection control, policies and protocols and training.

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

outcomes for people
● People received care that was person-centred and empowering. The provider had established a positive culture in the home. A person said, "It's been a better atmosphere since the new manager started. She is approachable and I know I can talk to her if I need to." Another person said, "The manager is really nice and friendly."
● People told us staff were compassionate and caring towards them. 'Thank you' cards and written compliments were received from people and relatives. A relative had written, "[Registered manager] has a great team because of their leadership. It's obvious this feeds down to the staff. It was a great comfort to us that [family member] received a fantastic standard of care."
● Staff felt supported and encouraged by the registered manager to perform well and told us there was an open-door policy so they could approach them with any issues. A staff member said, "[Registered manager] has allowed me to work flexibly and I feel respected. There is a caring culture. [Registered manager] knows the staff and residents and cares for them. It helps the staff also care for the residents."

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
● Providers and registered managers have a legal responsibility to notify the CQC of any allegations of abuse, serious injuries or incidents involving the police.
● The registered manager was open and transparent with people and relatives when things went wrong. They also notified and liaised with the local safeguarding authority and the CQC regarding concerns of abuse.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were engaged with the home. Meetings were held with people and relatives either face to face or online so that the registered manager could keep them informed and updated of changes in the home.
● Minutes of the meetings showed people's and relative's feedback was being listened to. The registered manager said, "We seek feedback, either 1 to 1 or in groups of residents, so that we can ensure that everybody's voices are heard not just those with dominant personalities. We do our best to implement suggestions from residents reaffirming to them that their suggestions and points of view are important."
● People were involved, where possible, in ideas to help decorate the home. For example they were shown colour choices, and potential ideas to gain their feedback. People were also involved in organising parties within the home.
● Regular surveys were completed for people's feedback about their care, the service, the food, the décor, the general environment and activities. We saw the information was used to continually updated aspects of the home, for example around improving menus.
● People's equality characteristics were considered and recorded in their care plans.

Working in partnership with others:
● The provider was supporting the discharge to assess scheme in conjunction with local Integrated Commissioning Board (ICB) and the NHS to support people after they were discharged from hospital to a short term funded placement at the home. This was a pilot to help relieve the pressure on the demand for hospital beds. The staff also worked with physio teams to help settle people into the home after they were discharged.
● Staff consulted health professionals to maintain people's health and wellbeing. Health professionals we spoke with were positive about the home and the visiting GP told us, "I like this home. I've seen a lot of homes and this is a good one. The staff and managers are very knowledgeable."

● The provider and registered manager kept up to date with new developments in the care sector and shared best practice ideas with the service.