Karlex Care Limited

Claremont House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Claremont House is a residential care home providing personal care for up to 19 older people with a variety of needs, some living with dementia. The service also provided short or long-term holidays for people, for example when their health deteriorated or when they came out of hospital, which was known as respite. At the time of inspection, there were 18 people using the service, two of which were staying on respite.

Claremont House is situated in Seaford and close to the town centre. The house is built over four floors, with a lift. There were communal bathrooms, a lounge, dining room and conservatory where people could sit in the sun at the front of the house. There was also a wheelchair accessible garden.

People's experience of using this service and what we found
We identified some improvements were needed to the quality assurance process and records. Some people's records were not reflective of their current support needs and mental capacity assessments did not reflect people's and others involvement. We also found some improvements were needed to feedback surveys, for example how results were gained, analysed and fed back.

People told us they felt safe and we observed that staff knew risks to people well. Staff understood signs a person could be at risk and what actions to take if they suspected abuse. People received their medicines safely and as prescribed. People told us there were always enough staff and we observed call bells to be answered quickly, ensuring people didn't have to wait. The registered manager and staff reflected on any incidents together and took actions to ensure risks were mitigated.

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.

Staff had the induction, skills and knowledge to meet people's needs effectively. They were further supported with regular supervisions and team meetings by the management team. People's nutritional and hydration needs were consistently met and they had support from health and social care professionals when they needed it.

People, their relatives and professionals described staff as, "Lovely", "Kind" and, "Caring." One relative said, "Very friendly and caring, they make it a proper home rather than just a care home." We observed people and staff to be warm and caring towards each other and treated with mutual respect. People's privacy and dignity was continually promoted. Staff valued the importance of people maintaining their independence and supported them to do this on a day to day basis. People's views were considered highly important and continually sought.

People and their relatives told us that staff knew them, their preferences and support needs well and this is

what we observed on inspection. People were involved in activities that were centred on their hobbies and interests. No complaints had been received, however people and their relatives told us they knew who they could speak to with any concerns. Staff had good knowledge of how to ensure people received dignified and pain free support when receiving end of life care.

People, their relatives and professionals were positive about the management team at Claremont House and felt it was well-led. The management team showed passion for improving and providing the best care possible for people. They worked in partnership with a variety of health and social care professionals to improve outcomes and the service provision.

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 22 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our safe findings below.	**Good**
Is the service caring? The service was caring. Details are in our safe findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our safe findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Claremont House

Detailed findings

Background to this inspection

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

Inspection team
The first day of inspection was conducted by two inspectors. The second day was conducted by one inspector.

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

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

Notice of inspection
We gave a short period of notice of the inspection.

What we did before 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. 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 eight people who used the service and two relatives about their experience of the care

provided. We spoke with nine members of staff including the registered manager, two deputy managers, two heads of care, three care workers and the maintenance person. We spent time observing interactions between people and staff, activities and meal times.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service and four further relatives.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 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 remained safe because staff were able to recognise risks and understood actions to take if they suspected a person was at risk of abuse.
- Staff had safeguarding training and gave examples of different types of abuse, how they would recognise it and what actions they would take to support people. One staff member said, "I would go straight to my line manager if I thought someone was unsafe. I could also speak to CQC or to the local authority."
- There was a whistleblowing policy that was regularly reviewed with staff. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.

Assessing risk, safety monitoring and management

- People and their relatives told us they were safe at Claremont House. One person said, "I feel safe because they are kind here." A relative told us, "I know my relative is kept safe as they (staff) always check on them every few hours." We saw people being supported in a safe way, for example when staff supported people with mobility. They encouraged people to use their mobility equipment or offered hand over hand support to promote confidence.
- Staff knew risks to people well. This included areas such as mobility, eating and drinking, falls prevention, skin integrity and people at risk of malnutrition. For example, one person had previously lost a lot of weight and staff were observant of how much they ate and drank throughout the day. They weighed the person regularly to monitor this.
- Another person was at risk of pressure damage and we observed that they used specialised cushions when they sat down. Staff told us how they regularly supported the person to change positions when they stayed in bed to prevent pressure damage. They also had specialised creams and support from district nurses if required. The registered manager told us that due to this support, the person had not had any skin concerns in a long time.
- The building was kept safe with regular health and safety checks by the maintenance person and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Regular fire tests and drills were completed, and people had their own Personal Emergency Evacuation Plans (PEEP's). There was a grab file that staff took in an emergency that contained emergency contact details for managers, people and their next of kin. There was also fire evacuation guidance and drawings of the building that identified fire exits, equipment and assembly points.

Staffing and recruitment

● People told us there were always enough staff to meet their needs. One person said, "If I press the bell, staff come straight away, even if they are upstairs I never have to wait long." We observed call bells were answered quickly and efficiently and there were enough staff to support people with specific needs such as mobilising or eating.

● We looked at staffing rotas and saw there were minimal staffing vacancies and agency use. The registered manager advised they often chose to do night shifts rather than use agency staff so that they can spend time with people and be familiar with their support needs.

● Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included a full employment history, references and applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.

Using medicines safely

● People received their medicines safely from trained, competent staff. Staff did not support people with their medicines until they had received training and had their practice observed several times by the management team.

● We observed a staff member giving medicines in a safe, methodical way. They checked Medicines Administration Records (MAR) and only signed them once medicines had been taken by people. Before giving medicines, they explained to people what they were and asked how they would prefer to take them, such as with their chosen drink.

● Some people had 'As required' medicines. There was clear guidance on dosages, why they were given and when additional medical advice should be sought. Staff had also commented on MARs whether medicines had been effective.

● Medicines were ordered and stored safely, using a lockable trolley. Some people had medicines that were required to be stored separately from other medicines and signed for by two members of staff and we saw that this was happening.

Preventing and controlling infection

● We observed the building to be clean, tidy and well maintained. There were two cleaning staff and a laundry assistant that worked each day and supported staff with cleanliness of the building.

● Staff had all received training in infection control and knew how to reduce the risk of infection. There was Personal Protective Equipment (PPE) such as gloves and aprons available throughout the building. Staff wore these when supporting people with personal care or when preparing and serving food.

● Regular cleaning audits were completed by the deputy manager where the cleanliness and maintenance of the building were assessed. Any actions were immediately addressed and reviewed to ensure they were completed in a timely way.

Learning lessons when things go wrong

● Accidents and incidents were reviewed regularly by the deputy managers and registered manager for patterns or trends. We saw that where these were identified, actions were taken to learn lessons and mitigate risks.

● For example, one person experienced an increase in falls. Management sought support from the fall's prevention team, the person's social worker and their GP to identify the cause of the falls and how to prevent them occurring. New equipment was introduced to support this and as a result, the person's falls had decreased.

● The registered manager told us about another incident where they had learned lessons, regarding medicines. Medicines had been given to the wrong person and this had caused their protocols for storing medicines to change. People medicines were now stored separately in clearly labelled boxes and organised

in order of room number. Since this change, there had been no further medicine errors of this nature.

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 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

- Before people moved into Claremont House, they were involved in pre-assessments with a manager, where their support needs, preferences and routines were discussed. This included gathering information from relatives, social workers and health professionals to build a holistic view of the person's care needs. This enabled management to identify what support would be needed when they moved into the home.
- Staff used guidance from professional bodies, such as The National Institute for Health and Care Excellence (NICE), to ensure their medicines practice was up to date and relevant. They used other guidance such as Malnutrition Universal Screening Tools (MUST) and Waterlow assessments tools to assess risks to people's nutritional health and skin integrity.
- These assessments allowed staff to use a scoring system to risk assess what support was needed and if additional medical support was required. These assessments were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff had all received training in areas such as safeguarding, mental capacity, health and safety, food hygiene, medicines management and person-centred care. They had also received more specialised training in positive behavioural support, dementia and specific medicine administration to meet the specialised needs of people.
- Staff told us they had all the training they needed, and it was regularly reviewed. This was confirmed by a training matrix in the office, where we could see training was up to date and monitored. A professional said, "I provided training at the home which was well attended by all staff. Although the registered manager had another home outside my catchment area, she managed to get all staff to engage from both homes by coming to Claremont."
- Staff told us they had received a robust induction which included shadowing more experienced members of staff and getting to know people and their routines. We observed one new staff member also spending their time with a deputy manager, talking about the service and people's needs.
- Following induction, staff were supported with regular supervisions that gave them the opportunity to talk with a manager about any concerns they had and their personal and professional development. For example, several staff had used this opportunity to express areas of interest and were now falls champions. Others had asked to be put on additional qualifications to improve their skills and knowledge.

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

- People told us they liked the food and that they could choose what they wanted to eat for each meal. One

person said, "There is a very good choice of food." Another said, "Food is pretty good, we get choice of two or three things every day. If I want tea or coffee, I'll ask, and they'll bring it."
● People chose where they wanted to eat for each meal. Most people chose to eat together in the dining-room, however others chose to eat in their bedrooms. People chose weekly menus during residents' meetings and a staff member went around and spoke to people individually each day to double check their choice for lunch and dinner.
● Some people had received input from a Speech and Language Therapist (SaLT) and required their food to be prepared in a specific way to reduce the risk of choking. Staff were all aware of this guidance and we saw people receiving support in this way. This included staff staying with people while they ate.
● The kitchen staff also understood people's preferences and support needs for eating and drinking. They had access to people's guidance on this, which included preference for portion sizes, favourite foods, allergies or health conditions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People and their relatives told us that they had regular access to a variety of health and social care professionals and that staff supported them to appointments if needed.
● Professionals told us that staff worked with them to identify people's support needs and make changes to improve their health and emotional well-being. One professional said, "Staff are working with me around a very complex and emotive issue and have demonstrated a commitment to trying to move forward."
● We saw that people had been involved with professionals such as GP's, district nurses, chiropodists, opticians, physiotherapists and occupational therapists. Some people had also been supported by the falls prevention team to reduce the number of falls they had.
● Some people were at risk of developing pressure damage and they had regular involvement from their GP's and district nurses. Other people had specific health conditions that could impact on different areas of their health. We saw that staff were aware of these risks and ensured these areas were continually monitored. This included seeing dietary, foot and optical specialists.
● We viewed health notes made by staff before and after appointments with professionals. These notes clearly identified reasons for referrals, details of what was discussed in appointments and actions to take moving forwards.

Adapting service, design, decoration to meet people's needs
● The building had been adapted to ensure it met people's needs. This included wide corridors to enable people with mobility equipment to move around with space and handrails for those who could be unsteady on their feet.
● There was specialised adaptive equipment in bathrooms to assist people with showering or having a bath. There was also a fully functioning lift that gave people access to all floors in the home and a wheelchair accessible garden.

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.

- We observed that people were offered choice and given control of what they wanted to do throughout the inspection. This included staff using objects of reference to gain people's views, such as showing different drinks and getting people to point to which one they wanted.
- Relatives felt that their loved ones were given choice in all aspects of their care. One relative said that staff had ensured their relative's safety while making sure they were acting in the least restrictive way. The relative said, "My relative is checked on when they are in their room and have a sensor mat, so staff know they are up. My relative wanders in the night but the mat means they can still go out of their room. Staff just monitor where they are and if they are okay."
- We saw that when people were assessed as lacking capacity, they, their loved ones and professionals were involved in a best interest meeting for specific decisions. Some people had also received support from Independent Mental Capacity Assessors (IMCA) where they did not have family or friends to support them with the decision-making process. A professional involved in one of these meetings, said, "The staff have shown that they are very committed to the person and recently attended and contributed to a best interest decision around a very complex issue."
- DoLS applications had been submitted by the registered manager when appropriate.

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 the last inspection this key question was rated as good. At this inspection 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; respecting equality and diversity

- People told us staff were kind and caring. Comments included, "I like it here, the staff are kind to me" and, "Staff look after me very well." We observed that positive relationships had been built between people and staff. Staff greeted people warmly and some people hugged them in response. Others smiled when staff approached and talked about their families or hobbies.
- Relatives were also complimentary of the nature of staff. One relative said, "The staff and manager are very friendly and helpful. You just have to ask them anything and they will listen and help you the best they can. They look after my relative very well and will do anything for them." Another relative said, "I visited nearly every care and nursing home in the area and further afield when trying to get placement for my relative. Claremont is by far the best."
- Staff had all received training in equality and diversity and understood the importance of respecting and valuing people's differences. One staff member said, "The most important thing is treating people how you'd want to be treated." Staff talked to us about people who had lived at Claremont house since the previous inspection, who had a variety of different faiths and ways they wanted to live their lives.
- For example, several people had wished to continue going to church and staff had supported them to do this. Others had not celebrated faith or holidays, and this was equally respected by staff. A staff member said, "It is very much individuals and what they want." For example, when people had specific clothing that was important to them, staff understood and respected this.

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

- We observed that people were continually asked for their views throughout the inspection. This included what they wanted to watch on television or which radio station they wanted to listen to, as well as their choices for food and drink or times they wanted to receive personal care. A relative said, "They listen to the residents. They know and understand our relative better than us these days."
- People were also involved in regular residents' meetings where they were asked their views on activities, menus, layout of the home and staffing. We viewed the minutes from the most recent meeting, which included comments people made throughout. Several people commented that they appreciated not only being able to choose what they ate, but when and where they had their meals.
- The registered manager said, "We promote that we work in the resident's home. We involve them as much as possible. For every new person, we make it clear this is their home and they're the boss. For example, all rooms are refurbished when new people move in, in the colours they choose. People also choose colours for

their bedding and accessories like photos or paintings."

Respecting and promoting people's privacy, dignity and independence

● People told us that their privacy and dignity was always respected. We observed staff being discreet when talking to people about their care needs and seeking permission before entering their bedrooms. Staff also told us about other ways they respected people's privacy, such as by closing doors or curtains when providing personal care. A relative said, "Staff always treat my relative with the utmost dignity and respect.

● Staff had all received training in maintaining confidentiality and told us they would only discuss people with those on a 'Need to know' basis. People's care documentation was locked away in a cabinet and only accessible by staff who had permission to do so.

● People told us their independence was valued and promoted. We observed one person being supported to lay the tables before each meal. Another person was responsible for feeding the house cat each day. One person said, "They do encourage me to do things, to be independent."

● Relatives also fed back that people's independence was important to staff. One relative said, "Staff don't stop people doing things. They take my relative out shopping to maintain a lifestyle they liked before they became incapacitated."

Good

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 ensure people have choice and control and to meet their needs and preferences

- Information gathered during pre-assessments was used to formulate person centred care plans for people. A focus had been made on understanding people's histories. Every person had a 'My life before you knew me' document. This included information about people's early years, their working life, how they see themselves now and how they would like their life to be.
- There was a new activities co-ordinator who advised us their main goal was to get to know people, their support needs and interests. They had created a, 'All about me' form designed to get to know people. This was in an easy read format and included information about people's families, their favourite things and what they would like to do in the future.
- We observed that staff knew people, their support needs and preferences very well. For example, one person's care plan stated that a person would move from room to room because it was important for them to find a 'warm spot' to sit in. We observed staff supporting the person to find a chair in the sunshine. Staff then offered the person a blanket which made the person smile.
- Relatives and professionals told us that they found staff to be responsive to any concerns about people and keen to ensure all needs were being met. A professional said, "Staff were responsive to residents needs and very engaged in the service that I provided." Relatives also told us they were in regular contact and felt involved in their loved one's care. One relative said, "I speak to them (staff) all the time and they always answer any questions I have."

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.

- Staff all had a good understanding of people's communication needs and ensured they were met. For example, some people had hearing impairments and we observed staff speaking to them loudly and clearly in a quiet space, so they could be heard.
- One person with limited verbal communication was being supported by staff to learn 'key words for the day' and staff all told us they had noticed an improvement in the person's conversation. Another person's support plan stated that due to a health condition, they required staff to be patient and we observed this happening when staff spoke with them.
- Staff told us about another person who had been on respite at the service since the previous inspection.

The person was hard of hearing and was struggling to hear their relatives over the phone. Staff set up a video calling programme which meant the person could lip read conversations and still talk to their relative.
● The service had access to picture cards. These had been used with a person previously staying at Claremont House, successfully. Staff had tried to introduce this to a couple of other people currently living at the home, however people had chosen not to use this. The registered manager said, "We respected their decision not to use the picture cards, however we recognise they are a useful tool to have in the future, if needed."

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 told us they were supported to take part in a variety of activities that promoted their social wellbeing and were centred on their preferences and hobbies.
● People were involved in choosing a weekly timetable that included their favourite activities, such as cake making, singing, quizzes and movie afternoons. External professionals also visited twice a week to do music sessions and arts and crafts, such as clay vase making and painting.
● People were supported to build relationships with others in the community. The home had held an 'Elf' charity event where everybody dressed up as elves and relatives and the local community were invited. A local school had visited at Christmas to join in with their carol concert. The home also had a visit from the local Brownies and people had all been involved in making goodie bags for them.
● People were involved in activities that promoted their interests, such as shopping, afternoon teas, going to a Pantomime or the theatre. People and their relatives told us that relatives could visit at any time of the day. We observed one relative eating lunch with a person in the dining room. Others told us they spoke to their loved ones regularly on the phone.

Improving care quality in response to complaints or concerns
● People told us, "Never had to complain about anything but would know who to speak to, to raise any issues" and, "I've never had to complain but would know how to." Relatives agreed, one telling us, "If l was unhappy with the care home l would talk to the Manager but l have had no problem with the care home. l know my relative is well cared for and always seems very happy when l go and see them."
● The service had not received any complaints since the previous inspection, however there was an up to date complaints policy and the registered manager told us this was regularly reviewed with people and their relatives.

End of life care and support
● At the time of inspection, one person was receiving end of life support. The person had Just in Case (JIC) medicines to support them and involvement from district nurses and the hospice if their health deteriorated. Just in case medicines are medicines that have been prescribed prior to a person requiring their use.
● Staff knew which people had a Do Not Attempt Resuscitation (DNAR) form. These were regularly reviewed with people and their GP's.
● Staff told us about times they had supported people at the end of their lives. This included meeting physical and emotional support needs. One staff member said, "Make sure they are clean and comfortable and that their skin is well looked after." Another staff member said, "Even though it's end of life care, it's still them. You should still talk to them and do things you would usually do. Even after they had passed, still treat them the same, talk to them."
● A relative of a person who had passed away recently, told us about the caring and compassionate nature of staff at this time. They said, "Staff showed great kindness and care towards Mum and to us as a family. I spent many hours with Mum during that week and I was supported by the staff all the way. In fact, someone was always with her 24 hours of the day."

● The registered manager told us about another person who had passed away and had no relatives or close friends. The person had requested half of their ashes to be scattered at Claremont House and the other half on Brighton beach, where they grew up. The ashes at the home had already been scattered in the person's favourite spot in the garden. The registered manager had planned to go to Brighton beach in the Spring with a picnic of jam sandwiches as this was the person's favourite meal.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and deputy managers completed audits of the service each month, this included areas such as the environment, people's care documentation, staff files, accidents, incidents and medicines. However, they had not identified some concerns we found on inspection, which would suggest the quality assurance process required some improvements.
- Some people's care documentation was not up to date with their current support needs. For example, one person being supported with their diabetes, did not have a robust diabetes care plan advising staff of what their sugar levels should be, how they would present if they were unwell and what actions staff should take. For other people, their moving and handling and skin integrity assessments did not reflect their most current support needs.
- We saw in meeting minutes that people, their relatives and professionals were involved with mental capacity assessments. However, records did not include their views and did not clearly reflect how staff had reached a decision about a person's capacity. This was not in line with current mental capacity guidance.
- Although we found these areas for improvement, staff knew people and their support needs very well, therefore we assessed the risk to people to be low. The registered manager and deputy manager also responded instantly to our concerns and by the second day of the inspection, many of the records issues we found, had been rectified.
- The registered manager talked to us about a new online care system that they were planning to introduce within a couple of months of the inspection. This meant people's records would be online and accessed through iPads that the staff could use. They told us this would mean easier recording of changes and monitoring of people's health.

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

- The registered manager had sought some feedback from people and their relatives in the form of a survey. However, they had not considered gathering feedback from staff or professionals. During the inspection, the registered manager found a staff survey that had been previously used and sent it out to the staff team. This would allow staff to give feedback in an anonymised way.
- Although staff had not received surveys, they told us they had opportunities to share their views, in supervisions or in team meetings. One staff member said, "We can always express our views. We can raise

issues at team meetings. It's a two-way process."
● We viewed the latest staff meeting minutes and saw that staff had the opportunity to talk about any issues regarding people or the service. Staff were also encouraged to be involved in the agenda process. A blank agenda sheet was placed on the staff notice board and staff could write down things they wanted to discuss at the meeting.
● We viewed the latest people's surveys and found some improvements were needed to encourage people's involvement and to ensure feedback was fully analysed by management. Feedback and any actions taken had not been fed back to people or their relatives.
● The registered manager and deputy manager agreed this was an area for improvement and had already talked about amending the questions to allow more discussion and involvement with people. They also talked about implementing a 'You said, We did' notice board so that they could feedback results of the survey to those involved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People described the registered manager as, "Very nice" and, "Very good." We observed that the registered manager knew people extremely well and that people sought out their company. The registered manager went into one person's room and crouched down by their armchair. The person wrapped their arms around the registered manager and they both talked about the photos on the person's wall. Another person visited the registered manager in their office and said, "I just wanted to come and see you were okay."
● Relatives and professionals were also complimentary about the registered manager. One relative said, "The registered manager is lovely and is very caring and likes to get to know the residents and family."
● Staff told us they felt part of a supportive and honest culture where they were encouraged to be open and their views listened to. One staff member said, "The registered manager is always around and very supportive." Another staff member said, "The managers are the most approachable I've ever had. We very much have a family atmosphere here, with a two-way communication process."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager had a good understanding of their responsibilities under the duty of candour. Relatives told us they were informed instantly when incidents occurred and what actions had been taken to prevent things happening again.
● We saw that incidents were reported to professionals such as the local authority and CQC when this was appropriate.
● The previous inspection report was displayed in the home and on the website, which meant that people and members of the public could clearly see its rating.

Continuous learning and improving care; Working in partnership with others
● The registered manager and deputy managers responded instantly to areas of improvement that we identified on inspection, which demonstrated their willingness to learn and grow.
● The registered manager also told us that the website was undergoing improvements to make it more accessible for people and members of the public. This would include a monthly newsletter so that others could see what was happening at the home.
● The registered manager recognised the importance of working in partnership with others to improve the experiences of people.
● This included input from the local authority market support team, who they had contacted to gain further advice about mental capacity records. They had also worked with the Medicines Optimisation in Care Homes (MOCH) team to support with insulin competencies and training.

● The registered manager told us they had strong links with other providers in the area and regularly met to discuss good practice and ways of moving forward. They also received emails from organisations that held training events or forums which staff attended. The most recent of these was a safeguarding event that all managers were attending.