Barton Court Care Home Limited

Barton Court

Inspection report

New Road
Minster On Sea
Sheerness
ME12 3PX

Tel: 01795875394
Website: www.bartoncourtcare.co.uk

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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?	Good

Summary of findings

Overall summary

About the service: Barton Court provides accommodation with personal care to older people, some of whom may be living with dementia. There were 34 people using the service when we inspected.

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

What life is like for people using the service:
By observing, listening and talking to people we found people benefited from a safe and caring service. People and their relatives consistently told us they experienced safe care. One person said, "I get peace of mind living here because I know I am safe." A relative said, "My loved one is safe with the care here, I visit everyday. I've got to say, lovely staff, they are so genuine, I've found them to be very caring." During the inspection, we often heard staff saying kind things to people and observed that staff were friendly and attentive to people's needs.

The registered provider offered an inclusive service. They had policies about Equality, Diversity and Human Rights and applied these by talking to people about their choices. Staff worked in partnership with people, health professionals and families to meet people's needs.

People told us that staff met their needs with care and were friendly towards them. Staff received additional training about meeting the needs of people with dementia.

The proper management of risks, robust risk assessments and the ongoing maintenance of the premises and equipment minimised the risk of people being exposed to harm. The premises were adapted to people's needs to make them dementia friendly, accessible to people with mobility problems.

People's needs were fully assessed and people's right to retain independence in their day to day lives was respected. Staff understood how to safeguard people at risk and how to report any concerns they may have. The staff learnt from incidents and accidents to reduce the risk of them reoccurring.

Care plans had been developed to assist staff to meet people's needs. The care plans were consistently reviewed and updated.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Safe recruitment practices had been followed before staff started working at the service. Staff had regular supervision and personal development opportunities to learn skills in social care. Staff training was ongoing. There were systems in place for ensuring the staffing levels and staff skills balance were maintained to meet people's needs.

There were policies and procedures in place for the safe administration of medicines. Staff had been trained to administer medicines safely.

A range of food choices were encouraged by staff to eat healthily. People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

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

Staff followed good hygiene practice to minimise the risks from the spread of infection.

The service could continue to run in the event of emergencies arising so that people's care would continue.

Rating at last comprehensive inspection: This was the first ratings inspection since the service registered in June 2018.

Why we inspected: We carried out the inspection because the registered provider had changed their legal entity on 21 June 2018 to a new limited company. The same registered manager, management team and staff team were in place. The service had been rated as Good under their old legal entity. However, due to the change in the name of the registered providers limited company name, a new registration was needed. We inspect newly registered services within 12 months of them being registered.

Follow up: We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Barton Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type:
Barton Court is a care home. People in a care home receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Barton Court staff do not provide nursing care. The accommodation is provided over two floors and care is provided for up to 41 people.

Notice of inspection
The inspection was unannounced.

The service had a registered manager in post. It is a condition of the provider's registration that a registered manager is registered with the Care Quality Commission and they, with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did
Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we reviewed a range of records including
four people's care plans. We also looked at a variety of different sources of information relating to people, such as; activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs.

We gathered people's experiences of the service. We spoke with three people and six relatives. We observed care interactions in the communal lounge areas and the dining areas. We looked at feedback given by people through the provider's quality audit processes. We also spoke with the registered manager, deputy manager, three care staff and the cleaning staff. We asked for feedback from three external health care professionals about the service.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The risks of harm and abuse had been minimised and people experienced safe care. All of the people we spoke with did not have any concerns about their safety. One person said, "I feel safe which is important to me." A relative said, "We are very happy with our loved one's care. Staff look after him very well and he eats well. It was for the best that he is well looked after here. Staff are very friendly."
- Staff received training based on the provider's safeguarding policy. The management team were trained 'dignity in safeguarding' facilitators. This gave them the knowledge and understanding of the key principles of dignity, duty of care and safeguarding as applied to adult health and social care. Staff we talked with could tell us in detail what signs of abuse they would look out for and how they would report concerns.
- Staff felt confident the management team would listen and act on any concerns they raised. Staff were supported to understand how they could 'whistle blow' to external organisations such as social services if they had concerns. Staff told us that they had not had any concerns about people's safety.
- People benefited from transparent and independent safeguarding investigations. There had been seven safeguarding concerns raised since June 2018. In all cases, the registered manager had taken action to reduce the risk of harm, for example by putting additional staff on shift to monitor people at risk. The registered manager had fully cooperated with safeguarding investigations by the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Individualised pre-admission assessments were in place for each person. The assessments included assessing and recording actions to reduce risks. People's mobility, nutrition and health needs were assessed. If people had weak areas of skin that could easily damage where ulcers could develop or were at risks of falls, actions were taken to minimise this happening. We observed the risk reducing actions being taken by staff. For example, we saw staff reminding people to use walking frames which reduced the risk of falls. This support was recorded in the people's falls risks assessment. Staff were trained to respond appropriately if people displayed behaviours which may cause harm to themselves or others.
- The maintenance of the premises was planned to reduce risks. Staff communicated maintenance issues promptly. There were no observed maintenance issues outstanding. General decoration was kept fresh and areas of the service were being re painted during the inspection.
- Environmental risks and potential hazards in the premises were assessed. There was guidance for staff about what actions to take in relation to health and safety matters. Gas, electricity and fire systems were checked and tested by specialist engineers. Fire alarm testing was carried out weekly, fire drills were carried out monthly. Each person had an evacuation plan based on their needs in place which staff could follow in the event of an emergency.

Staffing and recruitment

● Staff were recruited safely. Applicants had provided references and work histories. They had also been checked against the disclosure and barring service records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.
● Staffing numbers were assessed against people's dependency levels. For example, if people were unwell and needed additional staff these were provided. Staff were deployed based on a daily plan by the management of the service. During the inspection we observed that staff were always available to meet people's needs. People told us there were staff available to meet their needs at all times. Actual staffing levels were consistent with those planned on the recorded staff rota.

Using medicines safely
● People received their medicines safely and as prescribed to protect their health and wellbeing. We observed the administration of medicines. Senior staff were trained to administer medicines safely. Our observations and feedback from staff confirmed this. People told us they received their medicines. Ongoing safe medicines competencies were checked by the registered manager through observed and recorded medicines supervisions.
● Medicines were stored in a clean locked clinical room. Storage temperatures were recorded within recommended ranges to maintain the effectiveness of medicines. Medicines were audited and stocks tallied with administration records. Medicines were dispensed from robust locked mobile trollies.
● Staff described how they kept people safe when administering medicines. For example, how they made sure the right dose, and medicine was given to the right person at the right time. 'As and when' required medicines (PRN) were administered in line with the provider's PRN policies.

People were protected against the spread of infection
● People told us the service was clean and that staff assisted people to maintain their hygiene routines. We observed staff maintaining good hygiene practice such as hand washing. Relative's told us their loved one's were always clean and were offered showers or baths. Staff told us how they minimised the risk of cross infections and that they had access to personal protective equipment (PPE), such as disposable gloves and aprons. The service had a 'good' food hygiene rating issued by the local authority environmental health team.
● The premises were odour free and clean. Cleaning staff followed an auditable cleaning programme that included the emergency and routine deep cleaning of higher risks areas.

Learning lessons when things go wrong
● Policies about dealing with incidents and accidents were in place to minimise harm.
● The registered manager investigated incidents and checked for trends such as a pattern of falls. Any such incidents were discussed and recorded at the daily management meetings. Actions were taken to reduce the risk of reoccurrence. One person was who kept falling was provided with alarmed seat cushion and senor mat in her bedroom. Additional staff monitoring was also in place.

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.

Good: 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 involved their family members in the assessment process when this was appropriate . A relative told us how they were involved in helping their loved one and the registered manager with the assessment. The assessment of people's needs checked the care and support needs of each person, so the registered manager could make sure staff had the skills to care for the person appropriately. At the assessment stage people were encouraged to discuss their sexuality or lifestyle preferences as well as their rights, consent and capacity and any protected characteristics under the Equalities Act 2010.

● The registered manager also assessed people's dependency levels to capture how much staff care was required and how independent people could remain. We observed, and people told us they remained as independent as possible. For example, in making choices about what they wanted to do and maintaining as much independence around washing and dressing as they were physically able to.

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

● People were supported to have enough to eat and drink and were given choices. We observed meals times were positive and a sociable experience for people, with people chatting to each other or with the staff. One person said, "The food was lovely." There were enough staff in the dining room to offer support to people if they needed help eating. People could choose to eat in the lounge or in their bedrooms and staff supported them to do this. People's clothing was covered in a dignified way to prevent food getting onto people's clothing. We observed one person eating their meal with a member of staff assisting them with the food. We saw the member of staff chatting to the person, waiting until the person was ready between mouthfuls and not rushing the person.

● There was a choice of menu, which was available in picture format to aid choices. We observed the lunch service. People were encouraged to eat and drink as much as they wanted. We observed staff saying, "Can you eat a little more," and "Please eat a little more." There were choices of drinks being offered. We observed people being offered different foods if they changed their minds.

● People's eating and drinking needs were assessed. Medical information was recorded where this impacted on the person's eating and drinking needs. For example, if the person was living with diabetes or had an allergy to any foods. People's weight and fluid intake were monitored and recorded by staff. Where staff had concerns about people's nutritional health, prompt referrals were made to health care professionals. A relative said, "Staff have done well helping with our (loved one) losing weight. He's on a special diet."

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

● The registered manager contacted other services that might be able to support them with meeting

people's health needs. This included the local GP's, the community nursing teams, occupational therapist, speech and language team and the tissue viability nursing team. People accessed a range of health and wellbeing services. For example, podiatry and dental care.

Staff support: induction, training, skills and experience

● New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff then started to work through the training to Care Certificate standards which was recorded in their staff files. The Care Certificate includes assessments of course work and observations to check staff meet the necessary standards to work safely unsupervised.

● Training was provided to staff to improve their skills and understanding of people's needs and how to deliver care. The staff on shift told us they had received training to carry out their roles. People told us that staff were trained to meet their needs. Records showed staff had undertaken training in all areas considered essential for meeting people's needs effectively. This included training in infection prevention and control, first aid and moving and handling people.

● The registered manager checked how staff were performing through an established programme of daily staff handover meetings, team meetings and formal supervision meetings. Staff confirmed they got face to face supervisions with their designated manager to discuss their work.

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

● The premises to meet people's needs. The service was adapted for people living with dementia, for example with signage and decorative colour variations. This assisted people to identify where they were. We observed people living with dementia finding their way around the building.

● Areas of the service were adapted for wheelchair access, for example there were ramps to access the garden. People living on the upper floors could access a lift to move between floors. There were adapted bathrooms and people had a choice between bathing or showering. This provided people with comfortable living accommodation.

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 make 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and they were.

● People's consent and ability to make specific decisions had been assessed and recorded in their records. People were making day to day decisions and these were respected by staff. When people were unable to make decisions for themselves, staff met with relatives and health care professionals to make a decision in the person's best interest. Best interest meetings were chaired by an independent best interest assessor.

● Staff had training in and a good understanding of the MCA and DoLS and told us how any restrictions they put in for people, should be the least restrictive option. DoLS applications had been sent to the local authority to be authorised, sixteen had been authorised. These authorisations were being applied for correctly. For example, if people were not free to leave the premises on their own and/or were under constant supervision. Care plans evidenced capacity assessments had taken place for people who may lack

capacity to make certain decisions after all practicable steps had been taken to help them decide, without success. However, people were still supported to make day to day decisions about their routines, meals and activities.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

Good: 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 staff were respectful. One person said, "The staff are very caring, and it was nice to get waited on. I especially like the care we get at night." A relative said, "The staff treat (my relative) like a human being." Families were given space to meet with people living at the service. For example, we observed a family meeting in the dining room. Another person said, "I would not want to use any other care homes." A relative said, "Staff go the extra mile, nothing is too much bother." Another relative said, "Staff have a good attitude, they have a laugh and a joke with people that's what people want."

● Staff received training and guidance about their approach to dignity, equality, diversity and human rights. We checked the staff's and the management team attitude towards this. We found staff to be open minded and the management team were proactive in promoting human rights. For example, by displaying information about sexuality. The registered manager told us, "We provide Equality and Diversity training and promote this through our staff policy of the week where staff are given the opportunity to refresh knowledge about policies and procedures. There is zero tolerance to discrimination of any description."

● People looked relaxed and comfortable with each other and with staff. We heard staff speaking to people, giving them choices. For example, asking if they would like a cup of tea before they provided personal care. People were still having breakfast in the dining room after 9am and were not hurried by staff. A relative said, "Best carers that I have come across, they always promote my loved one's independence."

● We saw staff had built a good rapport with people, staff were constantly chatting and smiling with each other. Staff spoke with people using their preferred name in a friendly and caring way. We observed staff being kind when they spoke to people with a smile and tender touch on the arm.

Respecting and promoting people's privacy, dignity and independence

● People told us that staff consistently respected their privacy and that staff supported them to maintain their dignity. We observed staff knocking on people's bedroom doors and asking for permission to enter. Bedroom doors were shut during personal care. Staff we spoke with explained how they preserved people's dignity. For example, by keeping people covered during personal care.

● People's bedrooms were filled with their personal items, which included; photographs, pictures, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them. We noted that people could lock their bedroom doors if they chose to.

● Staff were aware of confidentiality regarding information sharing. Records were kept securely so that personal information about people was protected.

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

●People told us they were involved in making day to day decisions about their care. For example, in the way they dressed, what time they went to bed and got up. We observed some people preferred female care staff and this was respected by staff. Where possible people had either signed their care plans to agree their care or the care plan had been read to them.

● People were provided with information in ways that helped them to make decisions about their care. For example, in pictures. There was access to advocacy services. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights.

Good

Is the service responsive?

Our findings

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

Good: 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

● A relative said, "We are happy with (my relatives) care, we know about the care plan, (my relative) is getting her recorded care." Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff were required to record the care they had provided to people by recording how they had met people's needs in their care plan records. For example, where people were being monitored to maintain their health, like the amount they ate and drank, the care plan was completed and intake totalled daily. We found care plans to be accurate and up to date.

● Care plans contained information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing, mental health and specific dementia support.

● The care plans were regularly reviewed by staff so they accurately reflected people's changing needs and wishes. Additional reviews had taken place where relatives and others involved in people's care were invited to give their views. For example, we saw recorded changes to a person's care plan after their needs had changed. We observed a number of examples of people receiving the care that was recorded in their care plan. People were supported with mouth care like teeth cleaning was this was recorded. Staff told us they were kept updated with any changes in care plans through daily shift handover meetings and shift planners.

● People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Photographs were used to help people make choices and we observed that staff explained things to people in a way they would understand. Toilets, lounges and dining rooms were identifiable by pictures. Clocks had day, date, night time or daytime showing in large print. Staff helped people to stay in touch with their family and friends. For example, we observed relatives and friends freely coming into to visit during the inspection.

● Each person had an activities and social wellbeing section in their care plan. Staff followed this to promote participation and reduced isolation. People told us there was always a big activities programme. A relative said, "A carer comes in with dementia stimulation skills, they use music therapy. It's helping with our loved one's dementia." A member of staff said, "We are interested in stories about people's past, backgrounds and looking at old pictures. This opens up conversations."

● People were enabled to carry on with things they used to enjoy such as marking birthdays. National special days had been marked with celebrations. For example, Easter, Christmas and Remembrance Day events. The walls were full of pictures of events people had been to.

● Activities were personalised. One person had been provided with a box of tools they could use as tactile objects and as objects of interest. Having access to the tools had made the person less anxious and calmed their behaviours. People helped staff around the service if they wished. For example, with drinks and the snacks trolley.

● People often went out locally and to other events. For example, the 'Not Forgotten' Garden Party at Buckingham Palace. (The Not Forgotten Association provides recreation, leisure and entertainment to serving personnel and veterans.)

● People benefited from a dementia café activity. This had enabled people to visit other people in other care homes to build friendships.
We observed staff going to people and asking if they wanted to join in activities. The activities staff were committed and motivated. We observed two other lounges where people were singing and there were activities going on. For example, a member of staff was reading a book with a person. Others were doing quizzes. We observed people smiling and joining in. People consistently told us they enjoyed the range of activities offered.
● Care staff recognised the need to provide care that promoted equality and diversity. Care staff had received training and guidance in respecting the choices people made about their lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex. The manager told us they were aware of people's needs in relation to this.

People's concerns and complaints
● On admission every person and their families were handed copies of the complaints process and the services approach to maintaining their privacy under the General Data Protection Regulation that came into force in May 2018. (The General Data Protection Regulation (GDPR), replaced the Data Protection Act as the primary law regulating how companies protect citizens' personal data). A relative said, "Yes they explained how we could complain. Can't praise them enough."
● Information about how to complain and details of the complaint's procedure were displayed in the service. The registered manager showed us how they kept people reminded about their rights to complain. They spoke to people about how they could complain in 1-1 meetings and in residents' meetings. This was recorded in meeting minutes. Families had also been updated about the complaints process during care plan reviews.
● A relative told us they had complained about their loved one's care when they first moved into the service. They told us the registered manager and staff had responded to their concerns very well and they were very happy now. They said, "We asked if our loved one could get more support with eating at meal times. The registered manager listened, and they now provide more support. Our loved one is now in a better place."
● The registered manager had a procedure to follow when managing complaints. We reviewed the responses to three recent complaints. All of these had been investigated and responded to and resolved. One complaint had been resolved by giving a family more information. Another had been resolved by additional staff hours being provided for doing the laundry and another had been resolved after a change in the staff night check times. The staff had received dozens of written compliments through thank you cards and feedback forms.

End of life care and support
● No end of life care was being delivered at the time of this inspection. However, if this was required, the staff offered a comfortable, dignified and pain-free death. Care plan sections about death and end of life planning were discussed at assessment and care plan reviews.
● Staff had recorded the end of life planning discussions they had with people and their relatives in care plans.
● Advance medicines and pain relief were made available through the community nursing teams based on individual needs and choice.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives spoke positively about the staff and management team. One person said, "This is a well run home." A relative commented, "I am very pleased with the care here. I go to relatives' meetings. Managers are very approachable, the home is well run."
- The management team led by example and in an open and transparent way. People knew who the management team were and we observed the managers greeting people by their first names, chatting to them and to relatives and making themselves available to assist and advise staff.
- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation, and were available for staff to refer to.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths. The registered manager was aware of their regulatory responsibilities and had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- The care and quality management systems were linked to a computer. Staff carried portable IT equipment and updated care records onto the system in real time. This made the management of people's care more effective.

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

- The management team met to discuss operational and quality issues. Staff told us they felt supported by the registered manager. A member of staff said, "Managers are approachable, I go to all the staff meetings." Staff told us they were encouraged to challenge any poor practice they may see. For example, if their colleagues were not following safe moving and handling practice. There were various meetings arranged for staff. These included daily hand over meetings and team meetings. Management and senior staff met regularly. These meetings and any actions were recorded and shared for staff to reference.
- Staff told us that they received information and training about the vison and values of the service. One member of staff said, "I understand the vision, we get booklets about the mission, we know what is expected from us and our duties."
- The service used thorough and robust quality monitoring systems. Medicines audits were carried out by an independent medicine's auditor. Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The audits were reported weekly to the directors and the registered persons who had oversight and responsibility for the quality of the service. When areas for improvement were identified

through the internal audits, actions were put in to the service's service development plan. For example, from a recent audit a suggestion box had been placed in the reception.

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

● People and their relatives told us that they were kept fully informed about the care they were getting. The registered provider had kept people informed about their plans to modernise and extend the premises.

● The registered manager proactively sought people's views and took action to improve their experiences. For example, through questionnaires and face to face meetings. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience. One person said, "Staff meet my needs and we like giving feedback." From feedback people had requested key workers names and pictures in their bedrooms. This was implemented, but then at the next face to face feedback meeting people changed their minds and they had been taken out of bedrooms. People had fed back that the tea was cold, so the tea flask had been replaced. People told us that following the tea time survey they felt they had been listened to as more sandwich choices were now offered.

● The provider and the registered manager promoted an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time. A relative said, "You can always talk to managers, an open door makes you feel you can talk to them."

Continuous learning and improving care

● Staff were passionate about learning and embraced the latest and best practices. The registered manager has attained training as a dignity champion. Staff were being trained so that they understood more about working on people's individual relationships and sexuality needs.

Working in partnership with others

● Staff worked closely with a range of different professionals, authorities and charities and engaged with local organisations. The staff had linked to a local college and students often visited people in the service. The staff had a certificate awarded by the Medway Education Business Partnership for providing 'work experience developing student's understanding of the world of work, raising levels of achievement in Kent and Medway schools, supporting tomorrow's workforce.'