

Caring Homes Healthcare Group Limited

Home of Compassion

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?	Good ●

Summary of findings

Overall summary

Home of Compassion is a care home with nursing for a maximum of 78 older people, including people living with dementia. The service provides residential, nursing, palliative and respite care. There were 33 people living at the home at the time of our inspection, six of whom were receiving respite care.

People's experience of using this service:

Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had.

Incidents had been reported to CQC and the local authority where necessary, which ensured that adverse events were investigated and lessons learned.

Assessments had been carried out to identify any potential risks to people and measures put in place to mitigate these.

There were enough staff on each shift to keep people safe and meet their needs. People told us they did not have to wait when they needed support and did not feel rushed when staff provided their care.

Medicines were managed safely. The home was clean and hygienic and staff maintained effective systems of infection prevention and control (IPC).

Staff received an induction when they started work and had access to the training they needed for their roles. Staff were expected to achieve relevant qualifications and met regularly with their managers for supervision and appraisal.

People were supported to maintain good health and to access healthcare services when they needed them.

People enjoyed the food at the home and were encouraged to contribute to the menu. If people had needs around eating and drinking, care plans had been developed to ensure they maintained adequate nutrition and hydration.

People told us the home had a friendly atmosphere and said they got on well with the staff who supported them. Staff engaged positively with the people they supported during our inspection and treated them with kindness and respect.

People had opportunities to take part in a wide range of activities, which were planned to meet their needs and interests.

Communication amongst the staff team was effective, which helped ensure people received safe and effective care. Staff were well-supported by their managers and colleagues and felt valued for the work they

did.

There were opportunities for people to give their views about the care they received and their feedback was listened to.

Staff and managers had developed effective working relationships with other professionals involved in people's care and implemented any professional guidance effectively.

People's care was designed and planned to meet their individual needs. 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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up:

We will continue to monitor intelligence 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 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 ●

Home of Compassion

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors carried out the inspection.

Service and service type

Home of Compassion 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed and was due to start work two weeks after our inspection.

Notice of inspection

The inspection was announced. We contacted the service an hour before we arrived to check the home's COVID-19 status and visiting protocols.

Before the inspection

We sought feedback from the local authority and professionals who work with the service. We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is

required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the home, three relatives and a visiting healthcare professional. We spoke with 10 staff including the deputy manager, the hotel services manager, the chef, the activities co-ordinator, nursing staff, care staff and house-keeping staff.

We looked at care records for six people, including their assessments, care plans and risk assessments. We checked six staff recruitment files, the management of medicines, health and safety records and quality monitoring systems.

After the inspection

The deputy manager sent us additional evidence via email.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, systems to identify abuse were not operating effectively and staff were not always aware of their safeguarding responsibilities. Incidents of unexplained bruising and skin tears had not been reported to the local authority safeguarding team. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff were confident in their knowledge of safeguarding and the process for reporting any concerns they had. They were able to describe the signs of potential abuse and the action they would take if they observed these.
- One member of staff told us, "We are told about whistle-blowing and who we could go to if we needed to escalate a concern." Another member of staff said, "It's especially important to watch out for changes in behaviour in people with dementia; they may not be able to tell us if something is not right."
- We saw evidence that potential safeguarding events had been reported to the local authority where necessary, including unobserved falls, pressure wounds and skin tears. When requested to do so by the local authority, the deputy manager had contributed information to safeguarding investigations. Any safeguarding referrals were discussed by the management team at monthly clinical governance meetings.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider improve systems to identify and manage risks. At this inspection, we found the provider had made improvements.

- Assessments had been carried out to identify any potential risks to people, including risks associated with mobility, skin integrity and eating and drinking. Where risks were identified, measures had been put in place to mitigate these. For example, sensor mats had been installed in the bedrooms of people identified as at risk of falling when alone.
- The service had a business continuity plan to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly and included any equipment used in people's care, such as slings, hoists and wheelchairs.
- The home's fixed wiring certificate had expired at the end of April 2021. Contractors had been scheduled

to visit the premises to check the wiring since then but had been unable to do so due to COVID-19 restrictions. A visit from contractors had been rescheduled for the week after our inspection.

- Risk assessments had been carried out to identify the support each person would need in the event of a fire. All staff attended fire safety training and some staff had attend fire marshal training. The home's fire alarm system and emergency lighting were checked and serviced regularly, and fire drills took place every three months. Fire drills had not involved the participation of people who lived at the home, but the deputy manager advised that future fire drills would include partial / lateral evacuation as well as the use of fire evacuation equipment.

Learning lessons when things go wrong

At our last inspection we recommended the provider improve systems to implement learning from accidents and incidents. At this inspection, we found the provider had made improvements.

- If accidents or incidents occurred, staff recorded the circumstances and factors that may have contributed to the event. These details were recorded on a tracker, which enabled managers to review incidents and to identify actions that could be taken to prevent a recurrence. For example, one person had experienced a number of falls, the circumstances of which had been recorded and analysed. As a result of this analysis, an individual falls strategy had been developed for the person which outlined the support they needed to minimise the risk of further falls.

Staffing and recruitment

- People told us that staff were available when they needed them. They said they did not have to wait when they needed support and did not feel rushed when staff provided their care. One person showed us their call bell and said, "I can get the help I need if I just use this." Another person said of staff, "They are busy but they are there when you need them."
- Staff confirmed that there were enough staff deployed on each shift to meet people's needs. They said they had time to spend with people in addition to providing their care. One member of staff told us, "Staff numbers are fine. The fact that we are a good and experienced team makes our job go smoother. We have enough time to be with residents and have a chat with them."
- A dependency tool was used which determined the number of staff required based on people's assessed needs. The tool was reviewed each month to take account of any changes in people's needs. The management team checked call bell response times as part of their monitoring of the care people received.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- Medicines were managed safely. Staff who administered medicines received appropriate training and their practice was assessed before they were signed off as competent. Staff who administered medicines during our inspection demonstrated good practice.
- There were safe and effective systems for the ordering, storage, administration and disposal of medicines. The sample of medicines administration records we checked were up-to-date and accurate. Medicines were audited each month by the management team and by an independent pharmacist periodically. These audits confirmed that staff managed medicines safely.
- People were supported to manage their own medicines if they wished to do so. Any support people needed to do this safely was recorded on a risk assessment.

- People's medicines profiles contained a recent photograph, information about their needs in relation to medicines and details of any medication to which they were allergic. There were personalised protocols in place for medicines prescribed 'as and when required' (PRN).
- Staff ensured that people had access to pain relief medication when they needed it. If people's communication needs meant they were unable to express when they were in pain, staff used assessment tools to determine whether people needed pain relief.

Preventing and controlling infection

- People and relatives told us that staff kept the home clean and hygienic. Cleaning schedules were in place to ensure hygiene was maintained in all areas of the home. These were signed off by housekeeping staff when completed and checked by senior staff.
- Staff attended infection control training in their induction and regular refresher training. Staff demonstrated good infection control practice during our inspection and used personal protective equipment, such as gloves and aprons, when necessary.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection people's legal rights were not always protected as the correct legal processes had not always been followed when restrictions were imposed upon them. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 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.

- People's care was provided in line with the MCA. Assessments had been carried out to determine whether people had the mental capacity to make informed decisions about their care. If people lacked the capacity to make decisions about their care, the provider had involved professionals and representatives legally authorised to act on people's behalf to ensure decisions were made in their best interests. Applications for DoLS authorisations had been submitted to the local authority where necessary.
- Staff attended training in the MCA and understood how its principles applied in their work. Staff told us they sought people's consent before providing their care and our observations confirmed this. If people were subject to restrictions for their own safety, staff had implemented the least restrictive options. For example, if people were at risk of falling from their beds, measures such as low beds and sensor mats had been implemented rather than installing bedrails.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider improve the training and support staff received to carry out their roles. At this inspection, we found the provider had made improvements.

- Staff told us they had access to the training they needed for their roles. They said if they requested additional training, this was made available to them. One member of care staff told us, "There is more training available now and we get protected time to do this." Another member of care staff said, "Training is good and varied. I can always ask for [training in] something if I am interested in it."
- Nursing staff reported improvements in the availability of clinical training. One nurse told us, "We have more clinical training now. The syringe driver training was very detailed and we have had catheter and venepuncture training." Another nurse said, "We are always told if there is any training we need, we must just ask."
- All staff had an induction when they started work, which included shadowing and completing all elements of mandatory training. Staff were assigned a buddy when they started work, who took the new member of staff through their induction.
- Staff were expected to complete relevant qualifications, including the Care Certificate, a set of nationally-agreed standards that health and social care staff should demonstrate in their work.
- Staff met regularly with their managers for supervision and appraisal. Staff told us these sessions enabled them to discuss their performance and professional development. One member of staff said, "We have supervision every six to eight weeks. We can speak up. It is your time to talk about training or any concerns you have."

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

At our last inspection we recommended the provider improve the environment to ensure it met the needs of people living at the home. At this inspection, we found the provider had made improvements.

- The home's design was suitable for the needs of older people, including people living with dementia. All areas of the home were wheelchair-accessible, including the large, well-maintained garden.
- The home had spacious and comfortable communal areas, including lounges and dining rooms, a bistro, cinema room, activities room and salon. Adaptations and equipment were in place where necessary, including adapted bathroom facilities, and there was clear signage in place.
- People told us they liked their bedrooms and said they had been encouraged to personalise them to their own taste. Memory boxes containing photographs and objects of reference had been placed outside people's rooms.

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

- People were supported to maintain good health and to access healthcare services when they needed them. Staff monitored people's health closely and acted promptly if they identified concerns. The GP had restarted weekly rounds and staff were able to refer people about whom they had concerns. A nurse told us, "Our GP surgery is very supportive. They are always available and we work closely with them."
- A healthcare professional we spoke with during our inspection told us, "The nurses on the units are competent and very knowledgeable. They know the residents and they know their histories." The healthcare professional also told us that communication between the home and healthcare professionals was, "Very efficient" and the standard of care provided at the home was, "Very good."

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

- People told us they enjoyed the food at the home. They said they were asked for contributions to the

menu and that they could have alternatives to the menu if they wished. One person told us, "The menu is varied and we are asked what we think." Another person said of the food, "The standard is very good. If you don't want anything from the menu, they will always find you something you like."

- This was confirmed by hospitality staff, one of whom told us, "We are here to please; we want people to enjoy the food they get." Another member of staff said, "If people do not fancy any of what's on offer on the day, that's okay, there is always an alternative that can be provided."
- People told us they could choose when and where they ate. One person said, "There is a set time for meals, but you can eat when you want." We observed that staff encouraged people to join others at lunchtime but their choice was respected if they preferred to eat alone. People who needed support to eat were assisted by staff in a dignified and unhurried way.
- People's needs in relation to nutrition and hydration were recorded during their initial assessment. If needs were identified, care plans were developed to ensure people were supported to maintain adequate nutrition and hydration. Referrals had been made to speech and language therapy services if necessary. There were systems in place to ensure people's individual dietary needs were communicated to catering staff.
- A number of initiatives designed to improve people's nutrition and hydration had been introduced at the home. For example, the hotel services manager had recently achieved trainer status for 'My Food In My World' and 'Dysphagia In My World', which aimed to improve support for people living with dementia. A best practice group within the company had implemented an additional hydration policy in April 2021, which involved carrying out a dehydration risk assessment for each person living at the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People's needs were assessed before they moved to the home to ensure staff could provide their care. People and their relatives said they had been encouraged to contribute their views to the assessment process. The assessments we checked addressed areas including medicines, mobility, health conditions, personal care and skin integrity.
- Care was provided in line with relevant national guidance. The manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. The management team sought advice on practice from relevant healthcare professionals and implemented guidance where appropriate.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

At our last inspection, we recommended the provider ensure people were always treated with respect and improve the way in which people were involved in decisions about their care. At this inspection, we found the provider had made improvements.

- The service had introduced a Dignity and Respect Charter and all staff had signed up to this. The charter set out the attitudes and behaviours staff should demonstrate to ensure people were treated with dignity and respect in all areas of their lives.
- We observed that staff demonstrated these behaviours during our inspection, engaging with people in a way that was kind, caring and respectful. People told us staff were respectful when supporting them and said they could have privacy when they wanted it. Staff were discreet when asking people if they needed support with personal care.
- People were supported to manage aspects of their own care where they were able and wished to do so. We saw evidence of people and their relatives being involved in planning their care. People's comments and the input of their families were recorded in their care plans.
- Staff were committed to supporting people to live their lives as they chose. One member of staff told us, "We have to follow their routines, not ours. We are here for them, not to be convenient for us."

Ensuring people are well treated and supported; equality and diversity

- People told us the home had a friendly, welcoming atmosphere. They said they had developed positive relationships with the staff who supported them. One person told us, "I am well looked after and I am listened to. [Staff] are very understanding." Another person said, "The carers here are very good. They are wonderful. They really listen to you and they really take care of us."
- We observed that staff engaged positively with the people they supported and were attentive to people's needs. Staff took time to compliment people on how they looked. Several people visited the home's salon during our inspection and staff complimented them on their hair and nails.
- Staff were observant of people's wellbeing and proactive in maintaining their comfort. For example, one person was falling asleep on a sofa in a lounge and looked uncomfortable. A nurse noticed this and asked the person if they wished to stay in the lounge or if they would prefer to go to their room. The person replied they would like to go to their room and they and the member of staff went together, talking about the person's outfit and new hair colour. A member of care staff noticed another person trying to stand up and

asked if they could get anything for them. The person asked for a cup of tea, which the member of staff made for them, then sat talking with the person while they drank their tea.

- Staff were quick to respond if people became anxious or upset, offering comfort and reassurance. People told us they appreciated their caring nature of staff. One person said, "I often think how lonely I would have been in my flat. The staff here are brilliant. They look out for you. They will do anything you ask of them."

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

End of life care and support; 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

At our last inspection, people's individualised needs were not met and staff did not design care and treatment to ensure people were pain-free at the end of their life. There was a lack of meaningful activities for people, especially those living with dementia. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- No one living at the home was receiving end of life care at the time of our inspection. Work had begun on the development of end of life care plans to ensure these reflected people's individual needs and wishes.
- The home had achieved the "Six Steps to Success End of Life Care" accreditation awarded by the local hospice in October 2020. This meant staff had the knowledge and skills and required to provide personalised end of life care.
- There was a full and varied programme of activities which was based on people's individual needs and interests. The programme included gardening, baking, arts and crafts, quizzes, a daily exercise class and a monthly wine-tasting club. Visits from entertainers had recently restarted following an easing of COVID-19 restrictions and trips to places of interest were being planned.
- The activities co-ordinator had made creative use of the home's facilities. For example, an 'armchair travel' activity involved watching a film about a country in the home's cinema room and making food from that country to accompany the film.
- The activities co-ordinator told us they designed the activities programme to reflect the needs and wishes of all the people living at the home. For example, a weekly book club involved listening to audio books rather than reading printed versions, which enabled people with a visual impairment to take part. The needs of people living with dementia were also considered when activities were planned and evaluated.
- The activities co-ordinator asked people for their ideas about the programme and sought feedback about which activities to rebook and include again. The activities co-ordinator recorded people's involvement with activities in order to assess the suitability of particular events and their success in engaging people with different needs.
- Care staff supported people to take part in activities. We observed that care staff encouraged people to join in activities but respected their decisions if they chose not to. Staff supported some people on a one-to-

one basis. For example, one person enjoyed a walk around the home's garden with a member of staff most days.

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

- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- Staff had assessed and recorded any issues which may impact people's ability to communicate their needs and choices, such as cognition, memory retention, language and sensory needs. Individual communication plans had been developed to meet these needs where necessary. Information about the home, such as the service user guide and the complaints procedure, was available in accessible formats.
- Care plans were individualised and person-centred. They contained information about people's needs and preferences about their care, their life histories and interests. Staff said they had received training in how to develop care plans in a way that ensured they were focused on people's individual needs and wishes. One member of staff told us, "I have learned a lot about writing person-centred care plans. This wasn't something I had done before but they gave me training, guidance and support."
- Care plans had been developed where needs had been identified in areas including personal care, mental health, continence, tissue viability and oral health. Care plans were detailed and contained clear guidance for staff about how people's care should be provided. In addition to information about people's needs, care plans also detailed people's personal preferences, which enabled staff to provide care in the way each person chose.

Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed. People and relatives knew how to complain and told us they would feel comfortable doing so.
- Records demonstrated that any issues people raised were responded to. Complaints had been investigated and the provider had been transparent in sharing their findings with people who raised concerns. There were systems in place to ensure that any complaints received and the response to them were monitored by the provider's senior management team.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support

At the last inspection, systems of quality monitoring were not robust. Some people and staff reported that the management team did not communicate effectively with them and did not always respond well to feedback. Significant incidents had not always been notified to CQC and other relevant agencies. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager in place at the time of our last inspection had left and the home's deputy manager had been acting up as manager. A new manager was scheduled to start work two weeks after our inspection.
- People and staff told us the deputy manager had created an atmosphere in which communication was effective and feedback was welcomed. They said this had led to improvements in the care people received. One member of care staff told us, "The management are very approachable and the nurses are fantastic. The teamwork is really good now. Everybody is on the ball, and a good team leads to good quality care."
- Staff reported the support they received to do their jobs had improved. One member of staff said, "As a new registered nurse, I have learned a lot, especially from [deputy manager]. She has lots of patience." Another member of staff said, "I feel there are opportunities to progress. [Deputy manager] has given me more responsibilities and I hope to move on. I have been well supported."
- Staff were positive about their roles and felt valued for the work they did. One member of staff said, "I feel valued because I am trusted to do my job and they are confident I know how to do it." Another member of staff told us, "[Deputy manager] is always saying thank you and that little bit of appreciation is so good to get."

Continuous learning and improving care; 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

- Staff at all levels met regularly to discuss people's needs and the care they required. This ensured that people's care was provided in a consistent way. The deputy manager and heads of departments met each morning to plan the day ahead, including any admissions, appointments, activities and events. A member of

staff told us, "There is really good communication now. Nurses, seniors, [deputy manager] and [hospitality manager] have a flash meeting each morning to update everyone on what's going on."

- There were effective systems of quality monitoring, which ensured that people received well-planned and managed care. Key areas of the service were checked and audited regularly. These areas included people's assessments and care plans, standards of infection control, medicines management and health and safety. Any untoward events that occurred were reviewed to ensure learning and improvements took place.
- The deputy manager understood the responsibilities of a registered person, including duty of candour and the requirement to submit statutory notifications when required.

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

- People who lived at the home and their families were encouraged to give their views about the service and these were listened to. One person told us, "We have residents' meetings once a month. They do listen to what we say." Another person said, "The staff and the management will always listen if you've got anything you want to say."
- Residents' meetings took place regularly and people were kept up-to-date with developments in the home, such as staff changes, events and outings. Residents' meetings were also used to seek people's views about the home and suggestions for improvements.
- Staff told us the management team encouraged and implemented their ideas about improvements.

Working in partnership with others

- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, speech and language therapists and mental health professionals. Where specialist professionals had provided specific guidelines about people's care, such as guidance around the consistency of food and fluids, these had been implemented effectively by staff.
- The home had taken advice from healthcare professionals to improve the care and support people received. For example, the local clinical commissioning group (CCG) community team had provided advice about the management and prevention of falls and the service worked with the local hospice around the provision of end of life care.
- Managers and staff had access to updates from relevant bodies in the sector, such as The National Institute for Health and Care Excellence (NICE) and Skills for Care.