Buckland Care Limited

# Inglefield Nursing & Residential Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

About the service
Inglefield Nursing and Residential Home is registered to provide accommodation and nursing care for up to 49 people, including people living with cognitive impairments and physical needs. There were 43 people living at the home at the time of the inspection.

People's experience of using this service and what we found
People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences. People were happy living at Inglefield Nursing and Residential Home and told us they felt safe.

There were clear processes in place to monitor risks to people, which helped to ensure they received effective care to maintain their safety and wellbeing. Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs. People were protected from avoidable harm, received their medicines as prescribed and infection control risks were managed appropriately. Systems were in place to monitor incidents, accidents and near misses. These were recorded, acted upon and analysed to identified themes and trends.

People's established care plans were accurate and contained detailed information about people's needs and abilities. However, information gathered about people's needs when they moved to the home was minimal.

People were supported to access health and social care professionals if needed and were happy with the food provided. Staff had received appropriate training and support to enable them to carry out their role effectively. They received regular supervision to help develop their skills and support them in their role.

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.

People said that the staff were caring and kind and they were treated with dignity and respect. People were involved in planning their care and the support they received.

The service had a strong focus on inclusion and the prevention of social isolation and offered people a range of personalised activities.

The management team were open and transparent. They understood their regulatory responsibilities. People and their relatives said the management team were open, approachable and supportive. There were effective governance systems in place to identify concerns in the service and drive improvement.

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 requires improvement (published October 2018). At this inspection we found improvements had been made and the overall rating for this service is now Good.

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?

**Good**

The service was safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement**

The service was not always 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.

# Inglefield Nursing & Residential Home

**Detailed findings**

## Background to this inspection

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

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

Service and service type
Inglefield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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 12 people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the providers representative, registered manager, deputy manager, chef, activities coordinator, housekeeper and six care/nursing staff. We observed the care being provided and reviewed a range of records, including eight people's care records and multiple medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We received feedback from one health care professional. We reviewed quality assurance records and additional supporting information provided by the management team.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Inglefield Nursing and Residential Home. A person said, "I never feel unsafe. They [staff] work well together usually in pairs. It's obvious they are used to it (working together). They work like one."
- There were appropriate policies and procedures in place, which had been developed in line with national and local guidance to protect people from abuse.
- There were processes in place for investigating any safeguarding incidents. We saw records which confirmed where abuse was suspected, this was thoroughly investigated, and action was taken in a timely way to protect people. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.
- Staff had received training in safeguarding and knew how to recognise and report abuse to protect people. One staff member said, "If I was concerned I would go straight to the manager or contact the authorities if I needed to."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risks assessments had been completed where required. Completed risk assessments identified possible triggers and actions staff needed to take, to reduce risks to people.
- Clear processes were in place to monitor risks to people, which helped to ensure they received effective care to maintain their safety and wellbeing. Care plans contained risk assessment information, which provided staff with clear guidance on how to mitigate risks to people. For example, when people required their position changing while in bed to prevent pressure sores, actions to be taken by staff, were clearly documented. Monitoring charts in place also reflected that people's position had been changed, as stated within their risk assessments.
- For people who had swallowing difficulties which placed them at risk of choking, there was clear detailed and up to date information for staff to follow.
- Other risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management, the use of bed rails and behaviours.
- Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in

the event of a fire and fire safety equipment was checked regularly. Personal emergency evacuation plans had been completed for each person, detailing the action needed to support people to evacuate the building, in the event of an emergency.

Staffing and recruitment

● The service had sufficient numbers of staff to meet people's needs. Staff were observed to have time to provide people with responsive and effective care in a relaxed and unhurried way.

● Feedback from people, relatives and staff confirmed there were appropriate numbers of staff on duty to meet people's needs. A person said, "On the whole there are plenty of staff." A staff member told us, "There is enough staff, we have time for people."

● Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager calculated staffing levels using a tool that took account of the dependency levels of people using the service. They told us that as well as using this tool, they took into account the size and layout of the building, observed care, spoke to people and staff and completed regular call bell audits, to ensure that staffing levels remained sufficient. We reviewed the call bell audit which demonstrated that call bells were responded to by staff in a timely way.

● Short term staff absences were managed through the use of overtime from existing care staff, or the use of external care agencies. Support was provided by the management team when required.

● Safe recruitment practices had been followed. These included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

● Staff confirmed that all recruitment checks were completed before commencing work at the service.

Using medicines safely

● People were supported to take their medicines safely. A person said, "Medicine is always given out promptly at the same time. You could set your clock by them."

● Medicine administration care plans provided clear information for staff on how people liked to take their medicines. In addition, they included important information about the risks or side effects associated with their medicines.

● There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.

● Stock checks of medicines were completed monthly to help ensure they were always available to people.

● Medicines administration records (MAR) were completed correctly which indicated that people received their medicines as prescribed. A MAR chart check was completed daily to help identify any gaps on the MAR or errors in the administration of medicines. This helped to ensure any errors could be identified quickly and acted upon.

● Medicines were administered by registered nurses or suitably trained staff who had been assessed as competent to do so safely.

● People were provided with 'as required' (PRN) medicines when needed. People also told us that they could access pain relief when required. People had PRN plans in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.

● Medicines that have legal controls, 'controlled drugs' were appropriately managed. Balance checks or internal audits of these medicines were robustly completed.

● Safe systems were in place for people who had been prescribed topical creams.

Preventing and controlling infection

● The home was clean and well maintained. Staff were trained in infection control and understood the importance of maintaining a good standard of cleanliness.

● Adequate stocks of personal protective equipment were available, such as gloves and aprons. Staff were seen to be wearing these as appropriate.
● Domestic staff were employed within the service who completed regular cleaning tasks in line with set schedules.
● Policies and procedures were in place to protect people from the risk of infection. Infection control audits were completed regularly by a member of the management team and we saw that action had been taken where required.

Learning lessons when things go wrong
● An appropriate system was in place to assess and analyse accidents and incidents. We saw evidence that any accidents and incidents were investigated, and actions put in place to minimise future occurrences.
● Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Requires Improvement

# 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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Initial assessments had been completed for people on admission to the service. However, information captured was minimal and further information about people's needs was not gathered and recorded promptly. We discussed this with the registered manager who assured us they would take action to ensure that initial assessments of people, were more detailed in order to provide safe and effective care.
- Established care plans were accurate and contained detailed information about people's needs and abilities. The content of these care plans described the people we met. Care plans were regularly reviewed and updated.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's pain levels and risks of developing pressure injuries.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life. Where appropriate, there was guidance for staff in people's files which reflected good practice guidance.
- We saw technology used to support people to meet their care needs. For example, there was a call bell system in place and where appropriate some people had pressure activating mats. This allowed them to have privacy in their rooms whilst maintaining their safety.

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

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. However, we reviewed people's food and fluid monitoring charts and found these were not always completed to an appropriate standard and did not always demonstrate that food and fluids had been offered, taken or declined. This was discussed with the registered manager who agreed to review the food and fluid charts and ensure that these were completed to an appropriate standard in the future.
- People told us they enjoyed the food provided at the home. A person said, "The food is excellent and there's usually three or four choices."
- Throughout the inspection, people were offered drinks and snacks regularly. There were 'hydration stations' throughout the corridors of the home and within the communal areas. These hydration stations were stocked with drinks and snacks including, crisps, chocolate bars and fruit which people could help themselves to if they wished.
- Each person had a nutritional assessment to identify their dietary needs. Some people needed a special diet or needed their meals and drinks prepared in a special way to meet their needs and we saw these were provided consistently.

● People could choose where to have their meals and we found for people who choose to eat their meals in the dining room or activities room, meal times were a social occasion. When people required support to eat, this was provided in a dignified, relaxed and unhurried way.

Staff support: induction, training, skills and experience
● Staff were appropriately trained and well supported by the management team to enable them to fulfil their role effectively.
● New staff were required to complete an induction programme before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. A staff member who was new to the service said, "It's by far the best induction I have ever had. I have shadowed early, late and night shifts, it has really prepared me."
● All staff new to the service including care staff, domestic support staff and nurses were supported to complete training that met the standards of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. This helped the registered manager to ensure that staff understood and worked to expected standards of care.
● Staff also completed additional regular training in key subjects such as moving and handling, fire safety, infection control and safeguarding.
● Staff spoke positively about the quality of the training they received. A staff member said that the recent moving and handling training they had received was, "The best training I have ever had." Another staff member told us, "The training is of a really good standard."
● Staff were appropriately supported in their role. Staff confirmed that they received regular one-to-one sessions of supervision with a member of the management team and a yearly appraisal. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. The registered manager told us that in addition to the one-to-one supervision sessions, staff were also regularly observed by the management team and received group supervisions. Staff confirmed, and records indicated that supervision was provided as described.

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 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 and found that they were.

● Staff demonstrated an understanding of how to protect people's human rights in line with the MCA and received training on this topic.
● Where people did not have capacity to make decisions, they were supported to do so in the least restrictive way possible.
● MCA assessments and best interest decisions were completed and recorded appropriately, where required. The policies and systems in the service supported this practice.
● People told us that staff would ask their consent before providing care and treatment.
● Applications for DoLS had been submitted to the appropriate authorities, as required.
● There was a system in place to ensure that all DoLS authorisations did not exceed their expiry date.

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

● Some adaptations had been made to the environment to make it supportive of the people who lived there; for example, handrails had been installed in all corridors and a passenger lift connected the three floors of the building.

● There was clear and distinct signage on bathroom, toilet and communal area doors of the home, making it easy for people to identify these areas. However, people's bedrooms were not easily identifiable as they all had the same colour doors. There were no identifying features on doors, which would support people living with dementia or poor vision to identify their rooms.

● People's bedrooms had been decorated to their tastes and contained some of their own furniture and important personal possessions.

● There was a number of communal areas available to people, including a dining area, activities room and lounge. This allowed people the choice and freedom to choose where they wished to spend their time.

● There was a small enclosed private garden which had recently been updated to ensure it was level and safe for people to use who had a cognitive impairment and mobility needs.

● Wi-Fi had also been installed to allow people or their visitors to connect to the internet and aid communication.

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

● People confirmed they were supported to access healthcare services when required.

● Peoples' care records contained clear and detailed information on their specific health needs and how these should be managed and monitored. For example, we saw where people had wounds, records showed these were appropriately managed.

● People were supported to access external healthcare services when needed. Care records confirmed people were regularly seen by doctors, opticians, specialist nurses, physiotherapists and chiropodists.

● When people transferred to hospital or to another care setting, staff ensured all key information about the person's needs was passed on. This would help ensure appropriate information was available to the hospital team. These arrangements helped ensure continuity of care for the person.

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 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

- Feedback from people reflected they felt the staff were caring. People described the staff as being friendly and kind. A person told us, "They are so kind and gentle and treat me like royalty."
- We saw a number of 'thank you' cards from people and relatives, which praised the caring nature of the staff. Comments included, 'Our most grateful thanks for the care of [name of person], also for the kindest care you gave us as a family' and 'Thank you for the wonderful care, we feel that [name of person] was treated with dignity and respect. Thank you for being so kind.'
- We observed positive interactions between people and staff. For example, staff supported people in a kind and gentle way, spoke to them respectfully, gave people choices and gained their consent before providing support. Staff demonstrated that they knew people well. They spoke to them about subjects they had particular interests in, listened to them and responded when people required support. On day one of the inspection, one person became anxious while waiting for a visitor they were expecting and this was noticed immediately by a staff member, who sat with them and provided them with reassurance.
- Staff spoke fondly of the people they cared for and were positive about their job. A staff member said, "I love the residents, it's the best thing when I see them smile, it means a lot, to know that we are making them happy."
- The staff recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally. Information about people's life history was recorded, which staff used to get to know people and to build positive relationships.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments.

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

- We observed staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of drinks, activities and asked people where they would like to sit.
- People were given the opportunity to express their views, both on a one to one basis with staff, or the registered manager and during resident's meetings. Resident's meeting minutes confirmed that discussions were held with people about the day to day running of the home. These demonstrated that people were involved in making decisions about their care, the environment and activities.
- People were involved in planning their care and the support they received. Care plans contained detailed personal information about how people wished their care to be provided.

Respecting and promoting people's privacy, dignity and independence

● Throughout the inspection we saw that staff took steps to protect people's privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly, about any personal care if they were in a communal area.
● Staff described how they took action to protect people's dignity and privacy when supporting them with personal care. One staff member said, "I will always offer to leave the room and give people privacy when they need it, [for example] if they needed to use the bathroom."
● People were supported to maintain their independence as much as possible in their daily routines. A person said, "They give me plenty of space." A relative told us, their loved one, "Is an independent lady who was eased into care by kindness." One staff member described how they encouraged people's independence when providing personal care; they commented, "I always encourage and ask them to do tasks for themselves, if they can."
● Peoples care plans contained detailed information for staff about the level of support they required and their abilities.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

● Staff told us they knew people well and demonstrated they had a good understanding of people's family history, individual personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care. A relative said, "They [staff] know and understand [person] really well, they know how she like things done and what she enjoys doing."

● People told us their choices were respected by staff. A person said, "I can do what I like, the staff are very good at that." Another person told us, "If I feel like it, I lay in. They don't mind. It's up to me."

● Staff had access to key information about people's care needs and used this information to help ensure they supported people in line with their preferences.

● Care and support records were personalised. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. Care records were updated which showed how staff were responsive to people's changing needs.

● Staff worked together well to deliver timely and effective care to people. Staff received a handover at the beginning of their shift to ensure that any updates and key information was passed to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. For example, one person's care plan stated, 'At times I can get my words muddled. I need staff to be patient with me and re-phrase if needed to gain clarification.'

● The registered manager was aware of the Accessible Information Standard (AIS). Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The home employed two activities coordinators who provided activities for people on an individual basis and in groups. Activities included arts and crafts, music, quizzes, games and reminiscence. There were also clubs which people could join which included, history club, cookery club and gardening club. An activities

coordinator told us that although there was an activity timetable in place this was, "Not set in stone" and could be changed to suit people's preferences on the day.

● People reported enjoying the activities provided, and during the inspection we saw that activities were well received by people. On day one of the inspection we observed people being supported to join in making Halloween decorations for an upcoming party and on day two people participated in a singalong and quiz. During these activities people engaged in friendly conversation with each other.

● For people who were unable to take part in group activities the activities coordinators would visit them in their rooms and provide them with one to one interaction, including reading to them or providing them with hand massages or manicures. A person told us, "I never get seriously lonely as there are always people to talk to and most are very pleasant." A relative said, "Staff drop in and out all day. I visit at different times so get a good overview. They really are very attentive."

● The service also had access to virtual reality technology which was individualised to people's hobbies and interests. This enabled people to view images and films using a special headset, as if they were there. It also provided people with experiences that they had previously enjoyed, such as being on the beach or taking a dog for a walk.

● Staff were knowledgeable about people's right to choose the types of activities they liked to do and respected their choice. Activities were discussed during the resident's meetings to give people the opportunity to comment on past activities and share ideas about things they could do in the future.

● People were supported to maintain important relationships. Relatives were welcomed at any time. A relative said, "They [staff] are always welcoming when I visit."

Improving care quality in response to complaints or concerns

● People and relatives told us they knew how to complain and were confident action would be taken in a timely way.

● There were robust systems in place to deal with complaints, including a complaints policy. Information about how to make a complaint was displayed clearly in the reception area of the service and in each service user guide. The registered manager told us this could be provided in an easy to read format if required.

● The service had received six formal complaints since the previous inspection. The registered manager was able to demonstrate that these were taken seriously, investigated robustly and action had been taken in a timely way.

● Any complaints or concerns received by the service were regularly reviewed and audited so the service could identify and act on any recurring themes.

End of life care and support

● At the time of the inspection, one person living at Inglefield Nursing and Residential Care Home was receiving end of life care. Individual end of life care plans had been developed for people, which gave clear information for staff about how to meet their end of life wishes. This included information about where the person wanted to be at the time of their death and who they wanted to be contacted.

● The registered manager and staff were able to provide us with assurances that people would be supported to receive good effective end of life care to help ensure a comfortable, dignified and pain-free death. Staff had received training in end of life care and demonstrated that they understood this.

● We saw 'thank you' cards from people's relatives, which confirmed their loved ones had been treated with respect, compassion and support at the end of their lives. One commented, 'You [staff] should all be proud how dignified you kept him, he was very comfortable and well-loved when he passed.' Another said, 'I cannot put into words the heartfelt gratitude to all of you [staff] who cared for [loved one] with such kindness, dignity and professionalism.'

Good

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now 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

- People and their relatives felt the service was well led and told us they would recommend the home to others. A person told us, "You wouldn't get a better place than this" and another person said, "I definitely don't have any concerns, they [staff] do an amazing job looking after [person]."
- People were made to feel that they mattered. A person said, "It's like we are all one big family here." On the walls of the corridors there were professional looking photos of people and staff which had been taken by students from a local collage. The registered manager told us that these were in place as most family homes contained family pictures and this was people's home.
- There was an open and transparent culture within the home. People, relatives and staff were confident about raising any issues or concerns with the management team.
- The management team demonstrated they were committed to providing person-centred, safe and effective care to people.
- Staff understood the provider's vision for the service and they told us they worked well as a team to deliver support that met the needs of individual people.

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 provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the registered manager who was able to demonstrate this was followed when required.
- The previous performance rating was prominently displayed in the reception area and on the providers website.

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

- There was a clear management structure in place, which consisted of the providers representative, a registered manager and a deputy manager; each of whom had clear roles and responsibilities.
- Management and staff were clear about their roles and requirements and communicated effectively to ensure people's needs were met and changes or concerns were shared.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.
- There were robust quality assurance procedures, which included audits of care plans, cleaning records,

medicine administration, environmental audits, training and supervision.
● All completed audits resulted in an action plan being completed, where required. These were discussed with the management team and timescales for work to be completed, agreed.
● The registered manager felt well supported by the wider management team who were fully involved in the running of the service.
● The registered manager was aware of the need to report to CQC, any event which affected the running of the service, as they are legally required to do.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff spoke positively about the management team. A staff member said, "I can't fault the manager or deputy, they really do care. They have a revolving door, we can also go to them." Another staff member told us, "I think the home is definitely well run and the staff really are supportive of each other as well and the residents." A third staff member said, "I think it is really well run and organised, the manager is really on the ball and conscientious."
● The management team and registered manager consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and resident and relative meetings. There was also a monthly newsletter which provided people with up to date information about changes in the organisation and events and activities that were due to take place. A page had also been set up on social media to update families and residents of upcoming events.
● Feedback surveys were given out annually to people, relatives, staff and health and social care professionals. Following feedback, action plans were developed and required actions were carried out. The registered manager told us that due to the recent lack of responses in relation to the survey's, they were considering ways to improve them and had recently developed a multiple choice questionnaire for people.
● Relatives felt involved and included in the service and their loved one's life. A relative told us, "They [staff] always keep me up to date and involved with [loved ones] care." Another relative said, "I can visit at any time and they [staff] will always offer me lunch or to have tea with my relative."

Continuous learning and improving care
● There was an emphasis on continuous improvement.
● Complaints, accidents, incidents and near misses were robustly recorded and monitored. These were recorded by the registered manager and sent to the provider's representative weekly to allow continual oversight of the service. This helped to identify any themes and trends. If a pattern emerged, action would be taken to prevent reoccurrence.
● The management team kept up to date with best practice through training and reading relevant circulations/publications and updates provided by trade and regulatory bodies.
● Staff performance was closely monitored by the management team. The registered manager and deputy manager worked closely with staff, completed regular spot checks and observed staff perform their daily tasks. The outcomes of these were recorded and shared with staff.
● All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others and community involvement
● The service worked in collaboration with all relevant agencies, including health and social care professionals. The registered manager was clear about who and how they could access support from, should they require this. This helped to ensure there was joined-up care provision.
● The service worked in partnership with a number of organisations. The registered manager participated in local care partnership meetings and liaised closely with the local hospice. Their active involvement with these organisations provided them with the opportunity to share knowledge and ideas with others, to aid

the delivery of effective care following up to date guidance and legislation.

● Staff supported people to attend local community events and to access activities and support from external agencies. The service had links with other resources and organisations in the community to support people's preferences and meet their needs. This included, supporting people to follow their faiths, being part of a Christmas tree festival, working with a local scout group and a school.

● The service hosted in-house events such as coffee mornings, fetes and parties.