The Fremantle Trust

Lent Rise House

Inspection report

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Date of inspection visit:
05 June 2019
06 June 2019

Date of publication:
08 July 2019

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
Lent Rise House is a nursing home which can provide care for up to 60 people. Thirty six people used the service at the time of our inspection. The building was purpose-designed and divided into four units, known as 'houses'. Each house contained en-suite bedrooms, shared bathrooms, shared dining and lounge areas and small quiet areas. Ground floor houses provided care to people with dementia; first floor houses provided care to people with general nursing needs. There was a shared lounge on the ground floor used for activities and other events. There were well-maintained enclosed gardens with seating areas for people to enjoy

People's experience of using this service and what we found
People were protected from the risk of injury or harm at the service. Staff understood about safeguarding people from abuse and undertook training to ensure they followed safe working practices. People were assisted by staff who had been suitably recruited and received good support to be able to meet their needs. Medicines were managed safely and people received support to access healthcare services as and when they needed them. End of life care was managed sensitively.

People's nutritional needs were met and any weight loss concerns were managed appropriately. People were protected from the risk of infection and the premises were kept clean and odour-free. There was appropriate maintenance of the building to ensure people were kept safe. The landlord had carried out a survey of all fire doors at the home. The survey report identified actions were needed but it was not known whether all of these had been completed. We have made a recommendation about this.

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 could take part in a range of activities and there were good links established with the local community.

Managers monitored the service to make sure it met people's needs in a safe and effective way. Staff worked well together. They treated people with compassion and kindness, respected their privacy and dignity and took account of their individual needs. People were supported to be as independent as they could be. Staff understood about people's communication needs and provided appropriate support to them where required. People's equality and diversity needs were well met at the service.

The provider kept us informed of any significant events and worked well with us and other external agencies to monitor and improve people's care. Action was taken when things went wrong or people made complaints.

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 (report published 22 June 2018). There were no breaches of regulations at that time but the provider needed to show they could sustain improved practice in the Safe, Effective, Responsive and Well-Led domains. At this inspection we found improvements had been made.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lent Rise House on our website at www.cqc.org.uk.

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.

Lent Rise House

Detailed findings

Background to this inspection

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

Inspection team
An inspector and inspection manager were present at the service on the first day. An inspector, assistant inspector and Expert by Experience were present on the second day. 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
Lent Rise House 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
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 read the report of a recent visit by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with ten people who used the service and five relatives. We had discussions with the registered manager, clinical lead, three nurses, four care workers and two housekeeping staff. We spoke with an activity organiser, the leisure and lifestyle manager, the chef and regional operations lead for older people's services.

We observed mealtimes in different parts of the home, part of a medicines round and a daily meeting for managers and leaders to report any concerns or areas for follow up.

We looked at a range of records. These included seven care plans, seven staff recruitment files, seven staff development files, the staff training matrix and staff meeting minutes. Medicines administration records were looked at for two of the houses. We checked a sample of internal audits, audits by the provider, records of complaints, accident and incident forms. Other records included maintenance and upkeep of the premises, health and safety records and a sample of policies and procedures.

After the inspection
We sought clarification about some of the evidence we found about fire safety precautions at 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.

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 were protected from the risk of abuse. They told us they felt safe at the service.
• Comments included "You're protected" and "Nothing bad has ever happened." One person told us "The manager acted very quickly" when they informed them about a concern. They added "I feel if something did happen they would deal with it very quickly and effectively."
• There were safeguarding procedures and training for staff on safeguarding. Any safeguarding concerns were referred to the local authority. None of the staff we spoke with had any concerns about people's welfare.
• The provider and registered manager notified us of safeguarding concerns. From these, we were able to see appropriate actions had been taken to keep people safe.
• The service learned and made improvements following safeguarding incidents. For example, staff we re-trained where necessary, risk assessments were put in place or updated and processes were evaluated.

Assessing risk, safety monitoring and management
• People were kept safe and the likelihood of injury or harm was reduced.
• One person told us "I feel very safe (living here because) we have regular fire drills. I feel better informed about what to do in the case of a fire." Another person said "We get fire alarm lessons showing you what the carers have got to do if there's a fire."
• Written risk assessments were in place to assess likely hazards and how these could be reduced. For example, where people were helped to reposition.
• Appropriate measures were put in place where risk assessments identified potential hazards. For example, two staff assisted people who required lifting equipment to help them move. Any equipment people required was serviced routinely by an external contractor to ensure it was safe to use. Staff undertook training in safe working practices which included moving and handling, fire safety and first aid.
• The premises were well maintained to make sure they were in good condition. There were certificates and records to show compliance with gas, electrical and fire safety standards. Regular fire safety checks were carried out. We noted a fire door survey had been carried out by the landlord. This had identified various actions needed attention. At the time of writing our report, it was not known whether all actions had been completed.

We recommend the service seeks confirmation from a reputable source that all fire doors operate safely.

Staffing and recruitment
• People were supported by staff who had been recruited using robust processes. There were staff available to support people when they needed assistance.

• We were satisfied there were sufficient staff deployed around the building to meet people's needs. In addition, there was a designated duty officer allocated for each day of the week. Either the registered manager or the deputy manager (clinical lead) were on-call at all times to support the home.
• We observed people being supported at various times throughout the day and saw their needs were consistently met in a timely manner.
• All the staff recruitment files contained full and robust checks as required, including a Disclosure and Barring Service check. This checks for criminal convictions and inclusion on lists of people who would be unsuitable to work with people at risk. Information had been obtained from any external agencies who supplied temporary staff to the home. This ensured any agency workers were safe to work with people living at Lent Rise House.
• We spoke with a person who used the service who was actively involved in the recruitment of staff. They told us "I enjoy doing this. There was a person recently who I didn't think was right for the home so I said so." The registered manager told us this applicant was not offered a position at Lent Rise House. It was clear the person involved in recruitment enjoyed their role and was valued by the service for their contribution to the staff recruitment process.

Using medicines safely
• People's medicines were managed safely.
• There was safe storage and disposal of medicines at the home. Nurses who administered medicines had been assessed to ensure they followed safe practices.
• We observed people were offered their medicines in a gentle manner. Nurses explained what they were doing and spent time speaking with people. Records of administration were completed once nurses were certain medicines had been taken.
• There were good links with the pharmacy. The service had worked with the pharmacy, Clinical Commissioning Group (CCG) and GP surgery to improve systems for ordering medicines.
• Regular audits were carried out at the service to check medicines practice. Audits were also carried out by the pharmacy and CCG. Action was taken where any areas for improvement were identified.

Preventing and controlling infection

At our last inspection we made a recommendation for the service to follow good practice in the prevention and control of infection. At this inspection we found improvements had been made.

• People were protected from the risk of infection at the home.
• Staff undertook infection control training as part of their mandatory training. Infection control champions had been introduced at the service, to promote good practice. We saw staff used personal protective equipment (PPE), such as disposable gloves and aprons, when they carried out personal care or assisted people at mealtimes.
• We discussed the use of clinical equipment to ensure the risk of cross infection was minimised, such as the use of single use scissors and syringes. Handwashing facilities and procedures were in place and there were regular handwashing audits.
• We observed areas of the home being cleaned throughout the day. Housekeeping staff maintained the premises in a clean and hygienic condition. There was good odour control.
The clinical lead described to us how soiled waste was handled separately to manage the risk of cross-contamination. They also described the process of how clinical waste disposal was managed by an approved specialist contractor.
• The home had been awarded the highest level of rating by the Food Standards Agency for its food hygiene practices. Staff had undertaken training on safe handling of food, relevant to their role at the home.

Learning lessons when things go wrong
• The provider and registered manager took appropriate action when things went wrong, to improve standards at the home.
• The registered manager operated a robust system of ensuring all relevant authorities were notified of incidents and accidents, as required. They oversaw this process and were supported by the clinical lead.
• There was a 'lessons learned' folder in place which we looked through. We saw this contained records of all falls, bruising, injuries and accidents. The folder also contained all occurrences of errors in the administration of medicines.
• The registered manager or clinical lead reviewed all records in relation to falls, bruising, injuries and accidents. The registered manager described how each service within The Fremantle Trust now shared lessons learned by each home at the regular registered managers' meetings. They said "There has been a big change in the culture of the company in the last year."
• The provider received national and local safety alerts. Appropriate action was taken where required.
• Appropriate referrals were made to the local authority and the CCG, where required. Any actions that were needed had been completed.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were appropriately assessed by the service. Assessments took into account physical and mental health needs and any needs related to disabilities, communication and cultural needs.
• Care plans were in place for each person. They were discussed with people and clearly reflected their identified needs, the risks associated with these and how to reduce them. Care plans showed what level of support people needed and how staff should support them.
• People's choices and preferences were respected. For example, one person told us what their favourite colour was. We saw staff had assisted them to dress in this colour. Another person required support from staff of the same gender. This was provided for them.

Staff support: induction, training, skills and experience
• People were cared for by staff who received appropriate support, training and supervision.
• New staff completed a four day corporate induction at the commencement of their employment. Care staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. After that they worked towards a dementia-specific qualification.
• We saw there was a six month probation period in place. Comprehensive probationary records were kept for all new staff. The registered manager explained how they 'signed off' all new staff as being competent at the end of their probationary period. They gave an example of where a probationary period had been appropriately extended in order to provide additional support.
• There was evidence of regular supervision meetings to support staff in their roles. Annual appraisals were also held to review performance and identify any development needs. The staff we spoke with told us they felt very well supported by their peers and management. Comments included "I have had regular supervisions and some of these are half-yearly and then annual appraisal meetings. I have my next annual appraisal meeting booked for next week" and "Supervision is much more regular now. It's every three months and I have an appraisal twice a year."
• We saw the staff training matrix and noted the provider's mandatory and additional training was comprehensive and renewed in a timely manner. The registered manager described how staff were encouraged to continually develop their learning and skills set. We met a staff member who was booked to start their nursing apprenticeship and a nurse who had completed a level 5 management qualification.

Staff working with other agencies to provide consistent, effective, timely care

• Staff worked well together and with external agencies such as the local authority, GPs and CCG. pharmacy.
• Written and verbal handovers and other methods were used to share information with staff. We observed a daily 11:00 meeting for managers and leaders from each house. This included reporting any concerns about people's welfare, whether there had been any complaints or compliments, any admissions taking place that week and updates on people who were poorly.

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

At our last inspection we made a recommendation for the service to follow best practice regarding making the environment more suitable for people with dementia. At this inspection we found improvements had been made.

• People lived in a home which was appropriately adapted and designed to meet their needs. People were able to personalise their rooms with whatever items they wished, to make them feel homely, comfortable and familiar.
• Equipment was provided, such as adapted baths and grab rails. Sensory nodules were fitted on handrails to guide people with visual impairments. Rooms and corridors were spacious enough to allow easy manoeuvrability of wheelchairs and lifting equipment.
• There was a range of shared and quiet areas people could use around the building. At the end of each bedroom corridor there were seating areas with views across the gardens. We noted one of these quiet areas was adapted into a library area, another into a garden area with artificial grass, foliage and animals, all providing objects of interest for people.
• There was improved signage around the building, such as to identify toilets and bathrooms. The registered manager told us more signs were to be ordered for other areas of the building.

Supporting people to eat and drink enough to maintain a balanced diet
• People were provided with a varied diet which met their nutrition and hydration needs. People said they enjoyed the meals provided for them.
• Comments included "The meals are very nice, you can choose what you want to eat." "I enjoy breakfast very much. After that, the rest of the meals, I am very fussy... chef always comes along to ask what I want and he will provide something (that I do want)." "The food has improved a lot. You can't expect it all to be 100%. They've just started coming round asking you what you want (to eat). I can't grumble about the food" and "I've had a good meal."
• Care plans identified any support people needed to eat and drink and any dietary considerations which needed to be taken account of. People were assessed to see if they were at risk of malnutrition. Appropriate measures were put in place where people were at risk. This included fortifying their diet, monitoring weight and use of food and fluid charts if appropriate. The chef was made aware of people's dietary needs, including people at risk of weight loss.
• Mealtimes were unrushed. People were offered a choice of foods and could sit where they wished. Picture menu cards were provided on the tables. We saw these were used to help people select what they had to eat. We saw advice from speech and language therapists was taken into account by providing texture-modified diets where people were at risk from choking. Each component of the modified diet meal had been blended separately, to preserve different tastes and make the meal enjoyable for the person.
• There were enough staff to support people at meal times. People were given more drinks when needed. Staff engaged with people whilst supporting them with their food. For example, people who required prompting were given adequate time to chew and swallow the food before they were offered more. Equipment such as plate guards and adapted cutlery was provided, to help people manage meals independently.

Supporting people to live healthier lives, access healthcare services and support
• People were supported to be healthy and to access a range of healthcare services.
• People told us staff arranged for them to see healthcare professionals whenever required. A relative told us "There are regular visits by the chiropodist and optician. The dentist has been and the doctor comes every week."
• Care plans identified any support people required to meet their healthcare needs. We saw the service had referred and liaised with healthcare agencies about people's care. For example, GPs, podiatrists, speech and language therapists and dietitians. We saw a specialist nurse visited the service on one day to give advice about a gastric feeding regime for one person. The clinical lead updated the person's care plan without delay to incorporate this advice.
• The home used technology to help meet people's healthcare needs. Lent Rise House used a leading provider for clinical healthcare services via telemedicine. Telemedicine is the use of telecommunication and information technology to provide clinical healthcare from a distance. This helped to diagnose conditions, reduce attendance at A&E and hospital admissions.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• People who had capacity were able to consent to their care and treatment. Where they lacked capacity, the service provided care and treatment in line with legislation and best practice.
• Each person's capacity had been assessed. Where people could not make their own decisions, the best interest decision making process was used. This involved consulting relevant others such as relatives. Applications to restrict people's liberty were completed and sent to the local authority. A track was kept of when any authorisations were due for renewal, to ensure these were submitted in a timely way. No conditions had been attached to any current authorisations.
• Care plan documents contained information on whether people who lacked capacity had a legally-appointed representative to make decisions on their behalf, such as a Lasting Power of Attorney. The service had obtained details from the Office of the Public Guardian about who had authority and for which decisions. These people were then consulted about any important decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People were happy with the care and support they received and felt they were well treated.
• Comments from people included "I think they're very good. They've helped me tremendously. When I came here I was in a wheelchair and they helped me to walk again…that makes me so happy." "I think they are looking after (my relative) very well. He's happy, if he wasn't he would tell us." "The care's very good. They're very good to me, all the staff here...I like all the staff here....they tap on your door before they enter your room." "I think I've settled in very quickly. I was very much helped by the attitude of the staff from the management down to the carers. They are very sensitive people. I think it's good that the resident is never criticised. The staff are always polite and kind and respect my wishes."
• Staff responded appropriately when people were unwell or distressed. One person told us "I was quite ill yesterday and they were marvellous. They put me to bed and tucked me up. They were so good. I couldn't have wished for more. They talked about calling the doctor, one step more and they would have done." We heard another person asked the same questions throughout our time at the home. We observed staff in all roles stopped to speak with the person to answer their questions. This was done patiently and politely, even if they had done this a few minutes ago. We saw this provided the person with reassurance.

Supporting people to express their views and be involved in making decisions about their care
• People were involved in decision-making about their care and had opportunities to express their views.
• Comments from people included. "The day I arrived they did my care plan...my opinions were listened to. (Later on) they had a session when they ask relatives to come and go through it. The head of the unit brought it to me and I read through it all and I was very impressed…by what she wrote." "(My relative) does what he wants. He chooses where he wants to eat his meals...They are really good at communicating with us either by phone or when we arrive they tell us how he's been." "If they want to do personal care they would ask me first. " "A care worker helps me to get up and washed and dressed. They go through the wardrobe and say 'What would you like to wear today?'"
• People had access to advocacy services if they needed them. We saw in one person's care plan their finances were managed by independent guardians.
• Residents' meetings were held at the home. Consultation meetings were also held where relatives could attend. We read some of the minutes of these meetings. These showed people were kept informed about what was going on at the service and had the opportunity to ask questions. One person told us "We had a very good residents' meeting last time. The minutes are on the notice board. I felt able to contribute usefully."

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity were respected and they were encouraged to be independent.
• We saw people had been supported to look well groomed and take pride in their appearance. A hairdresser visited the service regularly.
• Care was taken of people's clothes and personal belongings.
• Care plans and other records were written in a respectful and dignified way, using appropriate terminology and language.
• People were encouraged to be as independent as they could be. Risk assessment systems and adaptations throughout the building supported this.

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

- People received personalised care which met their needs and preferences.
- Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age, disability, ethnicity and gender.
- People's preferences, likes and dislikes were assessed and recorded in the care plans. This included important information about their past histories, such as occupation and family composition.
- Care plans were reviewed regularly to ensure they reflected people's current circumstances.
- Reviews were held to check people received the support they required.

Meeting people's communication needs

At our last inspection we made a recommendation for the service to review its signage to meet the Accessible Information Standard. At this inspection we found improvements had been made.

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 assessed as part of their initial and on-going care needs assessments.

- People were supported to use any identified aids to facilitate communication. For example, hearing aids and glasses. One person's care plan showed they used a whiteboard to communicate. This was provided for them.
- Laminated menu cards, use of photographs and some dementia-friendly signage around the building were used to help people understand information. In one of the houses, staff had produced some laminated cards in the person's first language and English, to facilitate better communication.

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

- People were supported to keep in contact with their relatives and friends.
- Visitors were welcomed at the home. There was a café area for them to make themselves a drink and enjoy freshly made cake.

• The home had free Internet access for people to use, to help keep in touch with friends and family. There was also a social media group set up by the provider which people could access. This was a closed group (not accessible to people unconnected to the home or provider) which shared information about activities and photographs of events.
• People were provided with a range of different activities, events and outings to provide them with stimulation and interest. This included regular church services.
• Comments included "There's always a full schedule of activities. There's almost more than you could expect." "I take part in the entertaining. We've got a minibus. We go to the coast once a year to Brighton...we go to a pantomime once a year and we do a pantomime here, the people that can. We do bowling. We've got a children's school opposite for under 11s. They come over here and play with us. We're going to Kew Gardens, we've been to Virginia Waters. I like to go in the garden here, we've got hanging baskets to put up." "The activities are very varied…I've noticed they look at the individual and try to find something for everyone...I would like more exercises. We do have Zumba every week." Zumba is an exercise workout involving dance.

Improving care quality in response to complaints or concerns
• People's complaints and concerns were listened to and used to improve the service.
• People told us they would be confident making a complaint.
• Complaints procedures were available in the entrance area of the home and on the provider's website.
• A log was kept of complaints and how they had been responded to. These showed appropriate action had been taken.

End of life care and support
• People received appropriate support at end of life.
• Detailed care plans were put in place to record people's wishes and ensure their palliative care needs were met.
• Nurses had recently started specialist training with a nationally-recognised organisation to promote good end of life care.
• The service had links with external agencies involved in supporting people at end of life, for example, a local hospice and specialist nurses.
• Management of pain had been anticipated. Medicines were available to manage common symptoms that can occur at the end of life. For example, for management of pain or breathlessness, nausea and sedation.

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 were cared for in a service which had a positive culture and provided person-centred care.
• The service had made improvements since the last inspection. Staff and managers were keen to speak with us and describe 'the journey' they had been on. Staff said they had worked together as a team. One member of staff said "The manager is on top of everything. It all comes from management."
• The registered manager had made contact with and arranged to visit a care home in another part of the country which used a nationally-recognised model of good, person-centred dementia care. This was with the aim of further improving the care provided to people at Lent Rise House. Some changes had already been introduced. These included staff no longer wearing uniforms, to make the environment more inclusive and homely and purchasing crockery which was more suitable for the needs of people with dementia.
• One member of staff said "It feels like home now." Another told us "They care about the residents here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• People were cared for in a service where staff were clear about their roles and what was expected of them.
• There was a registered manager in post. They understood their responsibilities towards meeting the regulations. They had notified us about incidents which had occurred during, or as a result of, the provision of care and support to people. We could see from these notifications appropriate actions had been taken.
• Staff and people at the service spoke highly of the registered manager. All the staff we spoke with said they would report any concerns to them and would feel confident action would be taken.
• There was effective monitoring at the service. A range of audits and checks were carried out routinely in-

house. These included audits of medicines practice and infection control practice. The provider also carried out monitoring. This included visits by the external line manager for the service and detailed audits by the provider's quality team. Any areas for attention were added to the home's overall improvement plan.
• Records were in good order at the home. Sensitive information was stored appropriately. Computers were password protected to prevent unauthorised access.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The service engaged and involved people who lived at the service, staff and the public.
• People were asked what they thought about the service through meetings and questionnaires. This included a staff survey. Results were analysed and shared with people.
• Information was accessible in the entrance hall. A noticeboard had been put up for relatives and visitors, to see the latest news about the home.
• There were good links with the local community. These included the school opposite the home and a nearby supermarket which provided flowers for people to arrange as an activity. The home was holding a stall at a local fayre and an open day was arranged for people to come and see the home. A dining event was planned for July which the mayor and stakeholders in the community had been invited to. There were five volunteers who supported the home, some were relatives of people who had lived at Lent Rise House. Their involvement included maintenance of the garden and running a monthly café. The home also took part in events and competitions held between the provider's services, such as a 'gardens in bloom' competition and an inter-service quiz.
• All the staff we spoke with said they felt supported and had access to the training they needed. Regular staff meetings were held to discuss practice.

Continuous learning and improving care; Working in partnership with others
• The registered manager kept their learning up to date. They were part of local and national forums to share good practice.
• There was learning from investigations. The registered manager and provider had established systems and processes to improve people's care. For example, a daily walk-around was carried out by managers and various 'champion' roles had been put in place to promote good practice. Medicines errors and near misses were discussed in nurses' meetings, to learn from these.
• Improvements were made as a result of quality assurance processes and feedback.
• The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals and the local authority.