Oak Mount Care Home Limited

Oak Mount Care Home

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

About the service
Oak Mount Care Home is a care home, providing personal care to older people 65 and over, some of whom are living with dementia and mental health needs. The service can support up to 21 people.

People's experience of using this service and what we found

People and relatives consistently told us they were very happy with the care and support they and their loved ones received. Staff were extremely caring, thoughtful and kind and respected their privacy and dignity. They felt listened to and valued as individuals and their wishes were respected. We observed staff practiced these values in the support they provided. People were involved in decisions about their care and were encouraged to be as independent as possible. Staff were skilled at identifying when people were upset or worried and offered compassionate and gentle reassurance. The home was friendly, homely and welcoming. Family and friends could visit at any time and felt welcomed by staff who knew them well and involved them in daily life at the home.

People and relatives told us they thought people were safe at Oak Mount Care Home and were very happy with the care people received. Robust recruitment processes were in place to ensure suitable staff were employed. There were enough staff on duty to meet people's needs and keep them safe. Risks to people's health and wellbeing had been identified and mitigated. Accidents and incidents were investigated by the registered manager to reduce the risk of reoccurrence and identify any learning. Medicines were well managed and staff received training in administering medicines. Staff understood their responsibilities in safeguarding people and referrals were made to the local authority when concerns were identified.

People were supported to access routine and preventative healthcare services to maintain their health and wellbeing. People had a choice of nutritious, homecooked foods which met their needs and preferences, and were offered assistance to eat their meals if required. Staff obtained consent from people for day to day decisions. People without capacity to make decisions were supported in line with the Mental Capacity Act 2005 to ensure their rights were protected.

Staff knew people very well including their likes, dislikes, preferences and wishes and were responsive to their care and support needs, including communication needs. People enjoyed a variety of activities at home and in the community, which enabled them to stay active and interact with others. People and relatives knew how to make a complaint if they needed to and felt confident it would be addressed.

The management team had developed a range of quality monitoring systems, such as surveys and audits, and feedback was used to help drive improvement. Where we identified issues during the inspection, these were raised with the registered manager and provider and were addressed straight away. People, relatives and staff spoke highly of the registered manager and provider. Staff felt very well supported by the registered manager and provider who were approachable and available for support and guidance.

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

Rating at last inspection
The last rating for this service was 'Good' (Published 23 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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	Good
Is the service effective? The service was effective	Good
Is the service caring? The service was caring	Good
Is the service responsive? The service was responsive	Good
Is the service well-led? The service was well-led	Good

Oak Mount Care 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

This inspection was carried out by an inspector and an expert by experience on 22 August 2019. An expert by experience is someone who has used or cares for someone who has used this type of service. The inspector returned on 23 August 2019 to complete the inspection.

Service and service type

Oak Mount 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. This included notifications of events which providers are required to send us. We used all of this information to plan our

inspection.

During the inspection
We spoke with ten people who used the service and four relatives who were visiting about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers and care workers. We also spoke with the provider and two healthcare professionals who were visiting. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four people's care records and pathway tracked two people's care. This is where we checked to ensure they have received all the care they required. We looked at other care records including ten people's medicines records, risk assessments and daily activities. We also looked at a variety of records relating to the management of the service, including staff recruitment, training, accidents and incidents, quality assurance and health and safety management.

After the inspection

The provider sent us further information which we had requested.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains as good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● The provider had robust policies and procedures in place to safeguard people from abuse and improper treatment.
● Staff understood how to identify any concerns and how and when to report these, including to external agencies such as the local authority and the Care Quality Commission (CQC).
● People and relatives told us they had no concerns and one healthcare professional told us, "I have no concerns at all."
● The registered manager had informed the commission about any safeguarding incidents they were required to notify us of.

Assessing risk, safety monitoring and management

● People and relatives told us they felt safe. Two people commented, "Yes, I feel safe here," and "Yes, we are very safe. I'm terrified of falling over in the shower, but they help me here. It makes a real difference." Another person said, "They take good care of you and I feel safe here." People had call alarms on their person and told us they didn't have to wait long for staff to respond if they used them.
● Individual risks to people had been identified, for example where they were at risk of choking, losing weight or falls. Staff were knowledgeable about these risks and followed appropriate guidance to minimise the risks. Environmental risks such as steps and security had been assessed and action taken to reduce the risks. For example, we were asked to show our identification on arrival and the front door had a coded lock.
● Health and safety within the home was well managed. A fire risk assessment had been completed and actions taken to mitigate risks. This was due for review and the provider was researching for a new consultant. They told us it was good to have a fresh pair of eyes to check over the fire systems and the building. Fire safety equipment was checked and serviced regularly to ensure it was in good working order, for example, fire-fighting equipment, emergency lighting, fire doors and fire alarm panel. Regular fire drills took place. Servicing and safety checks were carried out regularly on other equipment to ensure it was fit for purpose, such as hoists and window restrictors.
● Staff ensured equipment was used safely. For example, where people used the chair lift to go upstairs, we observed this was always supervised by staff who ensured people were strapped in securely and their feet were put up on the footrests before activating the chair.
● The provider monitored the home for legionella and six-monthly water checks confirmed there were no issues with the quality of the water. The provider had not had a full risk assessment undertaken and steps

were taken to address this during the inspection.

Using medicines safely

● Medicines were managed and administered safely.
● Staff received medicine administration training and were assessed for competency every year
● People received their medicines as prescribed, including those on time critical medicines. Staff asked people for their consent before giving them their medicines and ensured people took the time they needed to take their medicines without being rushed.
● Medicines were well organised and appropriately stored, including controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act and require additional safeguards to be in place. Any unused or expired medicines were disposed of appropriately,
● Guidelines were in place for people who were prescribed 'as required' (PRN) medicines to provide guidance for staff as to when and why these should be given.

Staffing and recruitment

● Robust staff recruitment procedures ensured only appropriate staff were employed.
● Staff records included an application form such as previous employment references, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
● All but one person thought there were enough staff to meet their needs and keep them safe. Staff consistently told us they thought there were enough staff on duty. They had time to sit and chat with people and supported them at their own pace. Our observations confirmed this was the case.

Preventing and controlling infection

● Infection prevention and control procedures were well-managed and the home was clean and tidy, although we noted one toilet had not been thoroughly cleaned. We raised this with the registered manager who took immediate action to address this and reviewed the cleaning checklist and monitoring regime.
● People's rooms and private en-suite facilities were clean and odour free. Flooring had been replaced with wood effect vinyl which ensured they could be hygienically cleaned.
● Personal protective equipment, such as gloves and aprons, were supplied and we observed staff used these consistently and appropriately in their daily practice.

Learning lessons when things go wrong

● There was a robust approach to incident and accident investigation and monitoring.
● Incident and accident forms were completed appropriately and in detail by staff. For example, following a fall or a medicines error. An analysis was completed by the registered manager to identify trends and any learning to reduce the risk of reoccurrence. Relevant action was taken and communicated to staff.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains rated as good.

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

● Each person received a pre-admission assessment of their care needs to ensure the home could meet their needs. This included, for example, mobility, medical history, communication and personal care needs. The information in the assessment was then transferred into individual plans of care. The registered manager told us, "We don't take anyone until their care plans are in place. It's important for staff to have the care plans."
● People had access to health care services when needed, such as their GP, district nurse, mental health team or speech and language therapist (SALT). People had regular access to preventative health care, such as chiropodists, dentists and opticians. One person told us there was continuity of care and said, "They use the same surgery that I did at home." A relative told us, "[Name] has had his eyes tested here and has new glasses."
● Staff assessed and monitored people's on-going health, for example, their nutritional and oral health and skin integrity, in line with nationally recognised good practice. This enabled staff to identify trends, such as weight loss, over time. Staff made referrals to GPs when they had identified any concerns about people's health.
● Health care professionals were complimentary about the care people received. One health care professional told us, "They always come to see me with the patient which is incredibly helpful as they know what's going on. They help by taking obs [observations] before my visit and follow any recommendations. I'm very happy. They're very good." Another health care professional said, "They are up to date with people's conditions. They're very good at picking up on things and will contact us or go via the GP."

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Mental capacity assessments had been completed for people where their capacity was in doubt. We noted one person had best interest decisions in place, but these had not been recorded. A family member had been involved in a best interest decision but had instead signed a form stating they gave consent. We discussed this with the registered manager and provider. They addressed this at the time of the inspection and put improved documentation in place to ensure best interest decisions and consent were recorded appropriately.
● We observed staff asking people's consent before providing day to day care and support and where people needed extra time to respond, staff were patient and did not rush them.
● Applications for DoLS had been submitted where appropriate and there was a system in place to monitor the dates these were authorised or needed to be reapplied for.

Staff support: induction, training, skills and experience

● Staff received training in a range of topics to help them keep up to date with their knowledge and skills. The registered manager told us all training was face to face and staff were booked on to upcoming training in moving and handling, infection control, MCA and first aid. This was confirmed by staff who told us there were plenty of opportunities for training, including undertaking nationally recognised qualifications.
● New staff followed an induction process that incorporated the Care Certificate, which is a nationally recognised set of induction standards for health and social care staff. Induction also included reading people's care plans and policies and procedures and shadowing other staff. This ensured staff had enough information before they started to support people independently.
● Staff received supervision which provided them with formal opportunities to discuss any concerns or training needs with their line manager, although this was not as frequent as stated in the supervision and appraisal policy. Formal staff appraisals had not taken place. We discussed this with the registered manager and provider who told us the policy no longer met the needs of the service as they had a small staff team who had on-going support and daily opportunities to discuss any concerns and training needs. The provider reviewed and updated the policy to better reflect the service and sent us a copy after the inspection.
● Staff confirmed they felt very well supported and could go to the registered manager or deputy manager at any time for support, advice and guidance.

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

● Staff were knowledgeable about people's specific nutritional support needs. For example, one person had been assessed by the SALT team who had recommended the person did not eat stringy foods or seeded bread and another person required soft foods.
● Meals were freshly prepared by the chef and people were offered choices each day. Pictures of the meal choices were available for people if they were unable to understand staff when explaining the choices. One person told us, "The meals here are nice and they ask me what I want". Another person said, "I'm offered a choice every day. There are two or three choices. There's always a nice pudding and cakes as well." A third person said, "Meals are beautiful here. There's always plenty and we always seem to be eating!"
● We observed the lunch meal on the first day of the inspection. The atmosphere in the dining room was relaxed and music played in the background. Some people, who had sensory loss, were given red coloured

plates and one person had a plate with flowers around the edge to denote the vegetarian option. Some people used stay warm pates as they took a little longer to eat their meal and this helped to keep their food warm. Staff encouraged and prompted people if they were not eating and ensured there were plenty of drinks available throughout the day.

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

● People's rooms had their photograph on their door and each area of the home had clear signage in place. The included dementia friendly signage, such as picture signs on coloured backgrounds, to assist people with orientation around the home.
● The provider had carried out improvements to garden, including landscaping and building a gentle ramp to provide accessibility down to the patio area for people to enjoy.

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 remains rated as good.

Good: 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;

- Relatives and people told us they were extremely happy at Oak Mount Care Home. One relative said, "They [staff] are very kind. They're all lovely, very caring. I felt at home here straight away." Another relative told us, "[Name] is so happy here. Before she came in I thought I would lose her. The carers here are absolutely lovely. They are so lovely and gentle and have a nice way with them [people]." A third relative told us, "I'm happy with mum's care. I think they're brilliant here and so kind."
- One person told us, "Staff are very caring. I'm very happy here". Another person said, "They're very nice and put themselves out for you here."
- We observed staff were consistently sensitive and empathetic to people's worries and anxieties and supported them with compassion. One person was feeling a bit overwhelmed and a staff member sat with them, gently held their hand and said, "Are you okay [name]. Is it all a bit much today? Don't worry." Another person had just returned from hospital and was very unsteady when trying to get up. Staff were constantly reassuring and sat with the person to explain, "It's okay. I won't let you go. Catch your breath. We'll go and get [the registered manager] to help us. Would you like a little sip of water while you are waiting? Don't worry. I completely understand. We'll do it. You'll be fine."
- A health care professional told us, "The staff are very caring." Another health care professional said, "It's a lovely atmosphere here, very welcoming. The staff all seem lovely. They're always courteous and polite. Nothing is too much trouble. I would stay here." They went on to tell us the staff were behaving as they always did and said, "This isn't put on for you."
- People's rooms were decorated to their tastes and were personalised with their own furniture, pictures and ornaments. One person told us, "It's a lovely house. I have my own room I can go to if I want to."
- Staff helped people celebrate special occasions such as birthdays and Christmas. One person told us," They made me a lovely birthday cake with candles for my birthday and everyone sang happy birthday. At Christmas I usually go out with my family, but we could have a meal here together too. They have a beautiful Christmas tree here with presents underneath."
- Staff developed open and honest relationships with families and friends created a welcoming environment where they were encouraged to visit at any time. One relative told us, "They don't mind visitors coming in and they can bring dogs in to see people as well." Another relative said, "You can come whenever, there's no restrictions." We heard a staff member talking to a relative on the telephone discussing their visit later that day. They said, "Shall I let her know you are coming or are you surprising her? What time? We'll

make sure she's ready." We observed relatives knew other people well and stopped to enquire about their health and chat with them when visiting their own loved ones.

Respecting and promoting people's privacy, dignity and independence

● Privacy and dignity were embedded in the culture and values of the home. We observed staff understood the importance of this in their day to day care practice and the positive impact this had on people's self-esteem and self-worth.
● Staff consistently treated people with dignity and respected their privacy. For example, privacy screens were used in communal areas if people required immediate support. Staff talked with people whilst they provided any care and support so they were kept informed and involved throughout. Staff knocked on people's doors and waited for a response before entering their rooms and spoke discreetly when talking with people in communal areas about their care needs.
● We observed staff were extremely caring and patient and supported people at their own pace which enabled them to remain independent and be reassured. One person told us, "They are so kind and caring. They don't rush me and I can take my time." One person had walked to the lounge with their walking frame while a staff member carried their handbag for them. The staff member asked where they would like to sit and said, "Well done [name]. Here's your handbag" and placed it where the person could reach it. Another person was supported by staff to walk to the lounge and sit down in an easy chair. Staff got a footstool and gently lifted the person's feet up onto the stool in a thoughtful and caring manner. The person responded, "Thank you so much."
● Staff ensured people were clean and well- dressed and wore jewellery and make-up if they wished to. A visiting hairdresser was available every week for people to have their hair washed and styled. The hairdresser knew people well and joined in with banter and conversations.
● Staff paid attention to the little things around the home. For example, tissue boxes were placed on coffee tables around the lounge and replenished for people to use if they needed to.

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

● There was an exceptionally strong person-centred culture within the home. Staff understood the importance of empowering people to be in control of their day to day lives and express their needs and wishes. We consistently observed staff asking people, for example, where they wanted to sit, who they wanted to sit with, what they would like to watch on TV or what they would like to eat and drink.
● People were asked for their views about their care and support. They felt able to share their ideas with staff and felt listened to and valued. One person told us, "I've discussed things to do with a member of staff. We talked about forming a choir here but not everyone could join in. It's an idea in progress at the moment."
● Thank you cards received by the home showed how much people and relatives appreciated the kind and thoughtful care they received at Oak Mount Care Home. Comments included, "From the first viewing I felt a warm and friendly atmosphere and knew dad would be happy with you. You gave him lots of laughs and fun" and " I'm so appreciative of all you and the carers do for all of your residents and my mother is so lucky to be with you" and "Thank you for all the care and kindness you showed dad during his stay with you and for giving him the chance to come out of himself and have a laugh and a sing-song."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

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

● Each person had an individualised care plan which included an 'All about me' record which gave a detailed life style and life history of things that were important to them. Staff knew people well, including their likes, preferences and life histories.
● Staff responded promptly to people's needs and wishes throughout each day. One staff member told us, "We're here for the residents and we talk to each other. We're person centred not task based. We know them so well and can see if they're having an off day or not at their best. I'm proud of the care we provide."
● People told us they made day to day decisions for themselves. One person said for example, "You can suit yourself when you go to bed. Sometimes I sit down here [in the lounge] and other times I go and sit in my room."
● Where people's needs had changed, care plans were up-dated and staff were made aware of these changes. For example, one person had returned from hospital. They had not been assisted to get up out of bed during their stay in hospital and their mobility had declined so they now needed more assistance. We observed staff working together to help the person get up from their chair and encourage them to walk using their walking frame to help them start to regain their mobility. A staff member told us, "[Name] is quite frail and her legs are weak. We need to walk with her, to offer support and reassurance."

Meeting people's communication needs

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

● Staff understood people's individual communication needs and had a range of communications aids to assist people with their understanding. For example, staff used pictures to show people the meal options or showed actual food packets, such as waffles, for people to see what they could choose.
● Large print options were available for discussion between people and staff, such as, 'How are you feeling today' and 'are you in any pain' and 'would you like tea or coffee.'
● Staff ensured people had their communication aids with them, such as hearing aids and glasses, and that they were clean and in good working order.

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 had a calendar on the dining room wall detailing the week's planned activities. These included for example, chair exercises, games, quizzes and singing. We observed a staff member facilitating a throwing game which helped people with hand eye co-ordination and balance and a fun opportunity to join in with a social event. The staff member was supportive and encouraging and people were chatting and laughing together. An external entertainer arrived in the afternoon and sang songs and led a quiz which people enjoyed
● One person told us, "If it's nice we go outside. They have canopies to shade you there." Another person said, "We have a lady who comes Mondays and Wednesdays to do exercises with us. Tuesdays it's usually free or sometimes there's a singer. Thursdays I do flower arranging. There's always something to do." A relative told us their family member liked to spend a lot of time in their room but said, "The staff do try to encourage her to join in with others." The home also hosted a regular religious service which people could choose to attend.
● People accessed events and activities in the community. For example, one person told us they were supported by staff to attend a lunch club once a week. Another person said, "You can go to any church with your visitors as well as a service here [at Oak Mount]."

Improving care quality in response to complaints or concerns

● The provider had an easy read version of their complaints policy and this included how to complain about other health care services such as dentists and hospital care. People and relatives told us they would speak to the registered manager or deputy manager if they had a complaint and felt confident if would be addressed appropriately. No-one had any complaints, although one person told us there could be more toilets downstairs. This had been raised in a recent survey was being addressed by the provider as part of an overall improvement plan for the building.

End of life care and support

● People received compassionate care at the end of their lives. People were able to stay at home at the end of their lives rather than go to hospital if this was their wish. Hospice support was available depending on people's wishes; although one person had decided they did not want this support. The registered manager told us, "I always do end of life care with staff. They [staff] are very good, very experienced. It's team work. We've only got the one chance and it has to be right." Relatives were offered meals and accommodation so they could stay with their loved ones. Staff offered support and advice and assisted relatives with practical arrangements if they needed help.
● Comments in thank you cards showed relatives valued the care and compassion at such a difficult time. One relative commented, "Every one of you did fantastically in a distressing situation and I'm impressed. I really appreciate all your efforts which enabled me to hold dad's hand as he went off to meet the big man in the sky. Thank you from the bottom of my heart."
● Staff worked closely with local GPs and district nurses to ensure 'just in case' medicines were obtained in good time and available to administer during palliative care if required.

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 good. At this inspection this key question remains as good.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● The registered manager and provider had created a strong focus on person centred care within a welcoming and homely environment. Each person we spoke with told us they were very happy at Oak Mount Care Home and would recommend it. One person told us, "I can't fault the place. I'd definitely recommend it to other people." A relative said, "Somebody recommended it to me. The GP said it was very good here. My life was full of anxiety before mum came in here but now all that worry has gone."
● The registered manager and provider were well thought of by people, relatives and staff. One person told us, "They're both very nice and the boss man as well who owns it." Staff consistently told us the registered manager was a good role model and was always available to provide support and guidance when needed. A staff member told us, "If she [registered manager] has gone home I know I can call her if I need to. She always says to give her a ring." There was a culture of shared ownership within the whole staff team and management team to provide safe care and achieve good outcomes for people. Handover meetings and diary entries ensured communication between staff was effective.
● Staff felt valued and listed to. They were very clear about their roles and told us they worked very well as a team. One staff member said, "I'm proud of the home in general. We really do care. It's not just a job. We're a good team, work well together and get so much good feedback from everyone."
● The registered manager and deputy manager monitored care delivery through a range of processes, including surveys and audits such as, medicines, housekeeping and night audits. They worked closely with the provider who visited the home most days. Any issues or concerns were discussed and dealt with as a management team who were focussed on continuous improvement. We raised some issues during our inspection and these were addressed immediately and as a matter of priority. The registered manager told us the provider was open and receptive to ideas and was extremely supportive.

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

● People felt involved in daily life in the home. The registered manager told us relatives' and residents' meetings had been held occasionally in the past but had not been very successful. They took an informal approach to obtaining feedback through ad-hoc chats with people on an on-going basis. They told us, for

example, "We're here every day so we just ask them, is everything ok? Is there anything we could do better? We'll sit and do a puzzle with [name] and ask if everything is alright."
● The provider sent out annual surveys, including easy read versions, to people and relatives to gather formal feedback about the home. The provider produced a report from the most recent survey which showed extremely positive feedback. Areas for improvement were also identified. For example, only 45% of people knew how to make an official complaint so the easy read complaints procedure was introduced and communicated.

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 in place to ensure any relevant concerns were communicated and addressed with openness and transparency. The registered manager understood their responsibilities under the Duty of Candour.

Working in partnership with others

● The registered manager was open and collaborative and worked in partnership with local organisations and agencies to strengthen local relationships and improve care. For example; with the local district nursing team, the church, and the local authority. A health care professional told us, "I work with them as part of the team. I'm welcomed into it."