

Thorngate Churcher Trust

Russell Churcher Court

Inspection report

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Date of inspection visit:

11 March 2020

12 March 2020

Date of publication:

16 April 2020

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

Russell Churcher Court is a residential care home providing personal care and accommodation to 44 people (43 at the time of inspection), aged 65 and over. The majority of people living at the home were living with dementia

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

The registered manager had developed safe systems to ensure people received their medication as prescribed. People said they felt safe and comfortable. The registered manager had sufficiently skilled numbers of staff to deliver care in a safe environment. They had a good understanding of protecting people from harm or abuse.

The provider had an extensive training programme to develop their staff. A relative commented, "Staff are wonderful and really experienced." The registered manager monitored people against the risk of malnutrition. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff helped people to make their day-to-day decisions.

The registered manager placed people and their relatives at the heart of their care planning in the delivery of personalised care. One person said staff were responsive to their preferences. The provider's core values centred on optimising people's human rights and guiding staff to respect their individuality.

The registered manager assessed people's needs and created care plans with them to meet their individual requirements. The registered manager had a programme of activities for each person's stimulation. One individual stated, "There's plenty to do here for my needs."

The provider promoted inclusive, transparent care delivery to optimise people's experiences. One person stated, "[The registered manager] is fantastic. Their kindness is the most essential thing to me." The registered manager audited service delivery as part of their quality assurance oversight.

The service was well managed. When speaking about the registered manager, people said, "Wonderful manager" and "So well organised." Quality assurance processes ensured people received high quality care.

People, relatives and staff were positive about the running of the service and the support they received from the management team and providers. People and staff felt there had been improvements in all aspects of the service since the last inspection.

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 8 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We previously carried out an unannounced comprehensive inspection of this service in January 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do to improve safe care and treatment, recruitment procedures and governance of the service. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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?

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.

Russell Churcher Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 carried out by three inspectors.

Service and service type

Russell Churcher Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 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 used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with 11 members of staff including the Nominated individual, the nominated individual

is responsible for supervising the management of the service on behalf of the provider, registered manager, deputy manager, senior care workers, care workers and the chef and domestic staff. 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 a range of records. This included seven people's care records and eight medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Assessing risk, safety monitoring and management

At our last inspection a failure to ensure the effective assessment of risks and plans to mitigate risks was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning notice which required them to act to ensure they met this regulation within a set period of time. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Personalised risk assessments were in place, they considered risks to people from the environment as well as risks to the individual such as weight loss, falls and skin condition. Regular reviews took place and care plans were amended accordingly. Records gave staff guidance on how to reduce risks and were up to date.
- The registered manager told us, "Personal risk assessments were carried out for everyone attending outside activities for example going out shopping, horse riding, visits to café."
- The registered manager analysed falls risk assessments and successfully reduced the number of falls in the home by making alterations to the environment, the registered manager said, "We noticed one person had regular falls, after we carried out the analysis it was found that the environment needed adapting. We made changes to incorporate an outside shelter, seating, this has reduced falls for this person and has improved their wellbeing."
- Personalised emergency evacuation plans were in place to ensure people were well supported in the unlikely event of an evacuation of the building.
- The home was safe and well maintained. A maintenance person was employed by the service who ensured regular checks of the building took place, including, fire safety checks, gas safety checks and water quality and temperature checks.

Staffing and recruitment

At our last inspection we found the provider had failed to operate safe recruitment practices and this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 19.

- Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people. The (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff available to meet people's needs. People told us that if they rang their call bell staff responded promptly. One relative said, "When [relative] presses their button, they [staff] come quite

quickly'. A person told us, "I have a bell in my room if I use it, they [staff] are there in minutes."

- The registered manager kept staffing levels under review and had used a formal assessment tool to determine the numbers of staff required to meet people's needs. The registered manager told us they had flexibility with the staffing allocation so could meet individual needs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "If I have any worries or concerns, I will speak to the staff or the manager, I do not have any worries as they all look after us very well."
- Systems and processes protected people from the risk of abuse. Staff had access to whistleblowing and safeguarding policies and were trained and knowledgeable around different types of abuse, how to recognise the signs and how to report concerns.
- Staff we spoke with confidently explained types of abuse that would be reportable for example physical, emotional, verbal and financial. Staff were confident they would be listened to by the management team but also knew they could whistle blow to other organisations if needed such as the local authority or Care Quality Commission (CQC).
- People and visitors were informed about safeguarding concerns and how to report concerns by displays on the corridor walls giving clear details on how to report concerns and to whom.
- Records confirmed that all safeguarding concerns had been reported and investigated appropriately, in liaison with the local safeguarding team.

Using medicines safely

- Medicines were managed, stored and disposed of safely. Medicines were administered by trained senior members of staff who had completed medicines training and their competency was checked regularly.
- Each person who needed 'as required' (PRN) medicines, such as pain relief, had information 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.
- Medicine records were stored on an electronic system. All medicines had consistently been signed for. Medicine counts corresponded to the electronic system.
- Medicines that have legal controls, 'controlled drugs' were appropriately managed. Balance checks and internal audits of these medicines were robustly completed.

Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and free from odour. A team of housekeepers were deployed throughout the home and cleaning schedules were in place to ensure regular cleaning of all areas.
- Staff used protective clothing such as aprons and gloves to reduce the risk of spread of infection.
- Systems and processes for managing risks within the laundry and kitchen areas ensured people were protected. For example, a coloured bag system was used for separating soiled laundry from other items and guidance on wash temperatures were clear for staff to follow. The kitchen completed regular cleaning schedules and fridge temperatures were monitored. Food temperatures were taken and recorded before food was served. The service had achieved a five-star food hygiene rating with the food standards agency.
- 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.
- Infection control measures had been put in place by the registered manager for Covid 19, there were advisory notices on the main entrance for people visiting the home, hand sanitizers were available throughout the service. A health care professional told us they were impressed by the infection control measures the home had put into place and guidance for visitors to the home.

Learning lessons when things go wrong

- Staff understood the accident and incident procedure. The registered manager and nominated individual maintained good oversight of accidents and incidents and analysed records for trends and patterns. Learning was shared with staff during staff meetings.

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 has remained the same. 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

- Initial assessments prior to people moving into the home ensured people's needs could be met. The assessments took place with people and their families to include medical history and care needs, information around culture, life history and relationships.
- The service used recognised assessment tools in line with guidance such as the Waterlow scale which gives an estimated risk for the development of a pressure sore in a given person.
- We spoke with people and their relatives and they told us they were involved in completing an assessment prior to moving in to the home.
- Support plans were thorough and contained person-centred information detailing what was important to each person. Records, including care plans and risk assessments were reviewed and updated when a change in need was identified.

Staff support: induction, training, skills and experience

- People gave us positive feedback about how staff supported them. One person told us, "I've been very impressed with the staff. They get plenty of training and this comes across in how professional they are."
- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. Staff were clear on their roles and responsibilities. This was supported by senior staff who gave clear direction and set high expectations on the standards required.
- New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Staff felt supported in their roles and received one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed, to assess the performance of staff and any development needs.
- Staff received information technology training to ensure they were effective in entering information about people's care needs onto the computer-based recording systems. One staff member said, "I was worried about using the computer system, but the company gave me training on how to record things. Now it is much easier to keep records up to date and if I get stuck the registered manager and other staff help me, I feel more confident the more I use it."

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

- A person said, "The food is really lovely here, I get plenty to eat and drink, sometimes I do not fancy what is

on offer but I just speak to the staff and they tell the cook and they always come up with something else."

- People's nutritional and hydration needs and how they were to be met were recorded in their personal records. Where needed, people were supported with specific diets associated with their individual needs.
- We observed that the meal time was relaxed and saw people being supported to eat and drink by staff who effectively communicated with people and offered people support to eat. One person told us, "Some people need a lot of time to eat their meal, but the staff never hurry them. They sit and help them they [staff] are so caring and understanding."
- People had fluid and nutrition charts that were analysed by staff and the registered manager to identify any concerns relating to fluid intake or poor nutrition. The registered manager said, "If we identify any concerns about fluid intake or nutrition, we refer the person to the GP." This was evidenced in people's care plans and we saw people had been referred to the dietician, GP or a Speech and Language Therapist where required.
- We spoke to the cook who was responsible for menu planning. People were asked about their likes and dislikes in order to support the information they got from the care staff's admission forms.
- Food was cooked fresh and special dietary requirements were met including diabetic, pureed and soft diets. People told us "The food looks and smells very good" and "The food is excellent, there's choice and drinks and snacks on the go."
- All catering staff undertook training in caring for people living with dementia this meant that the catering staff adapted food presentation which enabled people to eat independently for example serving people finger foods rather than plated food and serving food on coloured crockery so people could see their food better.

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

- Staff worked well with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. Staff incorporated professional guidance into people's care plans. Healthcare professionals told us staff reported changes and requested input "promptly" and were "competent and knowledgeable about each person."
- A number of relatives told us of the progress their relative had made since being at the home. One told us, "The staff include us as part of the team with health services to get the best possible outcome for people. Nothings done without consultation." Staff quickly identified when people were unwell.
- People were supported to see healthcare professionals to ensure their healthcare needs were met. For example, people had seen GPs, dentists, opticians, district nurses, specialists, and chiropodists. A healthcare professional told us staff phoned them to discuss people's healthcare needs, to work towards a better outcome for them.

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

- The service was adapted to be safe, accessible, comfortable and homely. The provider ensured the premises were well maintained. There was a passenger lift and each floor had adapted bathrooms. The garden was accessible for people to access. People were consulted about improvements, for example, about how the home was decorated, and we saw people had been supported to personalise their bedrooms.
- Decoration in the home supported people living with dementia and poor vision. This included, coloured signage to communal areas of the home and bathroom and toilet doors. Plans were in place to continue with refurbishment plans. On the day of inspection new carpets were being fitted in the corridor, the registered manager told us this was part of ongoing refurbishment and people had been consulted about the colour of the carpets and they had researched colour schemes that would benefit people with dementia.
- The registered manger told us they had a person with sight problems who used to struggle to identify their room. The activities team made a large poster and placed it outside their room on the wall, this helped them

find their room without too much support.

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 were being supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and had consented to care. We observed care staff sought people's consent before they supported them. For example, one staff member asked a person, "Do you want to sit up, can I help you?" One person told us, "I get up when I want there's no restrictions."
- There was evidence of individualised assessments to support what decisions people could and could not make for themselves. Where decisions needed to be made in a person's best interests', meetings had been held with the person, relevant professionals and family members.
- Some people were being supported under a DoLS, the registered manager managed this appropriately and where conditions were in place these were being met.
- During the inspection the care homes team were present in the home delivering refresher training to staff on the Mental Capacity Act. Staff told us that the training was very good, and they felt they had learned a lot and understood how to put the training into practise.
- Where necessary applications had been made to the relevant authority and nobody was being unlawfully deprived of their liberty. There were systems in place to ensure that renewal applications were submitted in a timely way prior to existing DoLS becoming out of date.

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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans, for example, one person did not have English as their first language. The registered manager had ensured that a staff member could communicate with the person using picture cards.
- People told us they had developed good relationships with the staff team and staff knew them well. We observed shared smiles and laughter, staff demonstrated kindness and were patient with people. One person told us, "They [staff] talk to you as friends they always acknowledge me and use my name."
- Staff were extremely positive about their work, and they spoke about people with great empathy and kindness. Staff described looking forward to coming to work because it felt like just spending the day with family. One staff member said, "I like it here, it's like a family. It feels homely and it doesn't feel like coming to work at all."
- The registered manager told us they were currently looking into a loop system in the home for people who had hearing difficulties.

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

- People were supported to make decisions and were able to express their views. People and relatives were asked for their views in satisfaction surveys, in residents' meetings and at review meetings. The results of the survey were used to make changes. One relative told us, "Nothing is done without consultation. We feel part of the team. The manager's door is always open to us and we often pop in to discuss a variety of matters."
- People were treated very much as individuals and made their own choices about how they wanted to spend their time. Those people who chose to spend time in their own rooms were regularly checked by staff and had their wishes respected.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity by closing doors and curtains while supporting them and speaking discreetly when offering personal care support. One person told us, "They always close my curtains when they [staff] are helping me in my room. They couldn't be more respectful to me if they tried."
- People were encouraged to be as independent as possible. We observed one person was supported in a manner that fully respected their personal space and promoted independence while supporting them with a meal. One staff member told us, "I love being able to help the residents in the home, it helps them to be

independent and gives them some normality in their lives."

- Staff had a good understanding of the General Data Protection Regulations (GDPR). One staff member requested to see our ID badges before allowing us access to the home. Staff members administering medication ensured screens were locked before leaving electronic equipment in communal areas. Access to people's care records was password protected. Visitors sign in was electronically controlled, on the day of inspection the receptionist completed the sign in process due to Covid 19 infection control processes.

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

- The registered manager assessed people's needs and created care plans with them to meet their individual requirements. These were person-centred and included each person's life history and preferences. This helped reduce failed placements and to support people to quickly settle. One person said, "I settled in very well because the staff are very good, like my friends really."
- Staff were skilled and knowledgeable about people, what was important to them and what their preferred routines were. It was clear that a person-centred approach was embedded in staff's every day practice. They ensured each person had their care delivered at a time they preferred, and in a way, which supported them to have their preferences met.
- Care was person centred. Choice and preferences, culture, eating, drinking, life history, relationships communication and health were all considered and planned into care.
- There was an atmosphere of joy and comfort within the home. People were supported by staff who were responsive to their needs and offered regular engagement through board games, music therapy, flower arranging, art and pictures. These created enjoyable experiences for people and photographs were taken that demonstrated this.

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.

- The registered manager assessed people's communication needs and told us they would implement systems and purchase equipment to improve their engagement for example the management are researching a loop system for people with hearing difficulties.
- One person's first language was not English. Their family had provided translation into their preferred language on cards for staff to use with the person, this established understanding and communication between the person and staff and the registered manager told us this was effective in delivering care and supporting them to understand information.
- Information about the service was provided in alternative formats such as easy read and large print where required to make it easier for people to understand.

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

- One person told us that they were taken out shopping to get some clothes by staff the person said, I felt normal again and it feels good to go out shopping, thanks to the wonderful staff who help us."
- People accessed the community and visited local amenities. In addition, they were able to join in a range of activities at the home including; 'juke box memories', cards and dominoes, movie afternoon, beauty salon, sing-a-longs and quizzes.
- The activities staff told us about a person who had recently had a birthday and for this occasion staff had taken into account things this person liked. The person had liked horse riding in the past and staff arranged for the person to attend a local stables and help brush and look after a horse and then have half an hour horse ride. The person told staff how lucky they were and how they really enjoyed it.
- Activities staff told us that people from the home had been invited to a summer ball at a local military establishment. Staff took people to the event and planned for some people to have hairdressing, make up, manicures and support to dress for the event. One staff member told us how this event was the talking point for some time, staff told us people really enjoyed the summer ball.
- Relatives told us there was always something going on in the home when they visited. One relative said, "Staff are always finding ways to fundraise to improve the facilities of the home and to provide special events in the home. They showed us the fundraising event at the front entrance for Easter, a raffle and Easter display.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. People told us they had no complaints or concerns. However, they would feel confident talking to the registered manager, senior staff or the nominated individual if they had a concern or wished to raise a complaint.
- The nominated individual, registered manager and deputy manager held a governance meeting every week to discuss issues, for example, high-risk matters. At the most recent meeting Covid 19 was discussed, accidents and incidents, care matters, housekeeping, action plans and feedback.

End of life care and support

- Staff had a good understanding of supporting and monitoring people following bereavement and ensured that steps were in place to include time and space for grieving along with supported activity and support to attend funerals. A relative told us they had been consulted on the support being offered for their relative with a bereavement.
- The home was working towards being accredited with the Gold standard framework in end of life care, the Gold Standards Framework (GSF) is a framework used by many care homes and hospitals to enable earlier recognition of patients with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end of life which they aimed to complete by May 2020.

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.

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

At our last inspection in January 2019 we found the systems in place to assess and monitor the quality and safety of the service for people was not always effective in driving improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We issued the provider with a warning notice requiring them to act to meet the regulation within a set period of time. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The registered manager audited service delivery as part of their quality assurance oversight. They evidenced they addressed identified issues to maintain everyone's welfare.
- Detailed and robust audits were carried out by the registered manager and the nominated individual. They were up to date and demonstrated that prompt action was taken where needed, with an action plan for any on-going work identified.
- The registered manager was supported by team leaders and care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability. One staff member said, "We work really well together."
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. The nominated individual visited every day to carry out checks, observations, and speak with people in the home several times a day. Actions were taken to make improvements where required, for example ongoing refurbishment work to improve facilities and the environment.
- There was a clear management structure in place which included the trustees, the chief executive (nominated individual), registered manager, deputy manager and assistant managers, all had clear roles and objectives. The registered manager felt well supported by the nominated individual and described them as fully involved, supportive and responsive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had an open and positive culture, due to the registered manager and nominated individual's attitude and contribution. Staff said the registered manager operated an open-door policy. People said they were listened to and their wishes acted upon. One person said, "A brilliant place, he [registered manager] runs it really well." A relative told us, "I'm impressed I have seen improvements in staffing and the environment. We looked at other homes and this one is much better, especially the staff." A staff member

said, "I have worked in other homes for a long time and the nominated individual and registered manager are the best I have come across and support us to deliver good quality care."

- The registered manager, management team and staff were friendly, approachable and focused on providing good quality person centred care with positive outcomes for people.
- The registered manager not only led by example, they had created an inclusive and empowered staff team. It was clear throughout the inspection the registered manager ensured they were connected to people living at the home and their relatives. We observed many positive interactions that demonstrated they genuinely cared about what people thought and wanted. The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Annual surveys were used to gather the views of people, relatives and professionals. The surveys showed positive responses. Comments from surveys included; "A happy environment, attentive staff and genuine care manifests itself at this home at all times" and "Residents always happy, like home from home."

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 registered manager had a good understanding of their responsibility to be open and honest with people when things went wrong and had reported appropriately to the local authority and the Care Quality Commission (CQC) when required.
- Relatives told us the service was transparent and they were always kept informed. This showed the provider and registered manager understood their role in ensuring they were open and transparent in line with their duty of candour.
- The home and organisation's quality assurance systems were robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. For example, improvements had been made to people's environment, electronic systems had been put into place to monitor people's experiences of care, care records were electronically stored.
- Staff understood the whistleblowing procedure and how to raise safeguarding concerns with the local authority and CQC.

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

- The registered manager sought feedback from people and relatives to check their experiences as part of their ongoing development. Recent satisfaction questionnaires were positive about the home. Comments included, 'Staff are friendly and, on the ball,' and, 'You are a home with a big heart. Just the right size to give each person the individual care they need.'
- People were involved in the running of the service through 'residents' meetings. For example, people had been involved in making decisions about food, activities, and improvements to the environment.
- People were encouraged to share their views. Questionnaires were used to gain feedback from people about the quality of care. Recent questionnaires showed a positive response.
- Staff felt able to contribute their thoughts and experiences informally and through handovers, supervisions, and staff meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. We heard the registered manager speaking on the phone with healthcare

professionals to ensure people got what they needed.

- Health care professionals were complimentary about the management and said, "I have been impressed how willing the management and staff have been in making changes suggested by us and how quickly they respond to our suggestions, thing have changed over the past year."