

Hartford Care Limited

Tegfield House

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Tegfield House is a residential care home providing personal care to up to 24 in a two-storey adapted building. At the time of the inspection, there were 23 people using the service.

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

People and their relatives told us the care they received at Tegfield House was exceptionally good and we saw that people were enabled to participate in assessments and care planning and direct their care plans to ensure they could lead fulfilling lives.

People told us they felt safe. Staff had been trained and received regular updates in safeguarding and were clear about what they should do if they saw signs and symptoms of potential abuse.

People and their relatives felt that care provided was done safely and we saw that all safety monitoring was completed to a high standard to ensure this was the case.

The provider investigated all concerns thoroughly and according to relevant policies and procedures.

People were supported to remain safe through the extensive use of risk assessments.

Technology was used to minimise risks. Falls mats and movement sensors were utilised along with other equipment such as air mattresses to maintain skin integrity.

Maintenance checks and servicing of equipment was completed at set intervals. When we inspected, all checks and services were current from the daily safety 'walkaround' to tree surveys to ensure that trees in the grounds were in good condition.

Sufficient, safely recruited staff were deployed to meet the needs of people living at Tegfield House. Staff had recently identified a time during the day when additional staff would be beneficial. A twilight shift had been introduced which had reduced pressure on staff and improved care delivered to people.

Medicines were safely administered by staff who had been trained and checked for competency.

The registered manager and quality team reviewed all accidents and incidents and ensured that lessons learned were shared. Information was passed in a timely way to the care team through the electronic care record system.

Staff members were supported to complete an extensive induction before they worked with people.

Additional support to staff through training and supervision had enabled them to progress through roles in the service and develop their careers in social care.

Assessments were thorough and completed so that people moving to the home were already known by staff who would be supporting them. The registered manager ensured the assessment process was inclusive and put people at ease and the stressful move into a care home was made as comfortable for them as possible. Services were delivered in line with current legislation and best practice guidance. Consent was sought and documented, and outcomes were developed so that people were able to live an active life, taking positive risks in order to maximise their experiences.

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.

The provider had introduced an electronic care system which had improved care delivery and recording of interactions with people.

Food and drink were integral aspects of the service and the provider not only supplied appetising meals but provided them in a person centred way. Meals could be pureed, vegetarian, vegan, menus changed to accommodate likes and dislikes and if someone didn't want what was offered then a different meal would be prepared.

The building had been adapted to meet the needs of people living with dementia. Toilet doors had been painted yellow as per the latest best practice guidance and items such as a dementia clock and reminiscence objects were placed about the home.

Personalised images on each person's bedroom door offered people visual clues that this was their room and a talking point. A pilot remembered his work and a lady who had lived near to a canal could remember her previous home.

The provider had forged positive working relationships with local health and social care professionals. This enabled people to have good access to GP surgeries and social workers as needed.

The service was compliant with all aspects of the Mental Capacity Act 2005 and all Deprivation of Liberties Authorisations were applied for and updated as needed.

We heard many happy interactions between staff and people living in the home. Staff were affectionate when speaking about people they cared for and this affection was mirrored by people.

People were treated respectfully both in life and after death. Families had praised staff for the standard of care and respect shown to their relative when they had passed away.

People and their relatives were involved in the assessment and care planning process as fully as they were able or wanted to be.

People were constantly being offered choices about what they wanted to do, where they wished to sit and what they wanted to eat. Staff always asked for consent before providing care to people.

We were told about examples of exceptional care provided by staff, these were celebrated in the service however staff members did not see their exceptional practice as anything more than what should be provided.

Support was person-centred and delivered as the person wanted it to be. Staff went out of their way to make people's lives better if they could and some simple actions such as taking someone to their home to collect belongings had a far-reaching impact on the person. The impersonal environment of the room they had moved to become their home when their own belongings had arrived.

Information was supplied to people in the most suitable manner for their needs, the provider offered large print and symbols / photos and could look at other methods of presentation as needed.

There was a full programme of activities that people could choose to join in. Some people preferred to make their own entertainment by, for example, doing some gardening, others enjoyed the group activities and entertainers.

The provider had supported people with end of life care. Feedback and accounts of exceptional care provided to people highlighted the importance the provider and staff gave to end of life care and the respect shown to people before and after death.

There was a registered manager in post who lead by example. We saw them helping on the floor of the service and being available to staff, people and relatives at all times.

Feedback about the management team was very positive and the registered manager and deputy manager were known to be very supportive, approachable and keen to improve people's experiences of living at Tegfield House.

People were always at the centre of Tegfield House. If something was not positive to the people living in the home, it did not happen.

The management team were supportive and empowering to staff. Staff turnover at the service was low and there had been no use of agency staff for more than six months. This was a proud achievement as it meant that people had received consistent care from staff they knew. Staff, relatives and people living in the service were able to participate in monthly meetings or support groups. Feedback about meetings was positive, people could bring items for the agendas and a recent change to the relative's group had been positively received. Thorough auditing ensured attention to detail in recording and quality care delivery. All items identified for improvement were immediately followed up and plans made to change practice. Engagement with stakeholders such as people, relatives, health and social care professionals and the public was good. Open days and other events were held regularly along with meetings and support groups. The provider was constantly striving to improve. If anything went wrong, learning was taken and shared, and all improvements were embedded into the service.

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 8 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Tegfield 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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Tegfield 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

Before we inspected Tegfield House, we looked at the information we already held about 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 looked at notifications. Notifications are sent to us by the service to tell us about significant events. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed Healthwatch reports for Tegfield House to

support our inspection planning. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with nine staff members including, the registered manager, regional manager, deputy manager, activities officer, senior carer, care assistants, and a housekeeper. We also spoke with three relatives and five people living in the home to find out their experiences of the care provided. Three visiting healthcare professionals and a visiting care provider provided us with feedback about their views of the service.

We saw records concerning the safe upkeep of the premises, recruitment files for five staff members and three care records. We also reviewed policies and procedures along with newsletters and staff rotas.

After the inspection

We received all of the information we had requested from the provider both during and after our inspection.

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 has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding and those we spoke with were able to tell us the possible signs and symptoms of different types of abuse.
- Staff knew what actions they should take if they suspected abuse, "I would report to [manager and deputy managers name], if it involved them I would report it to a more senior manager. I could also get some advice from the safeguarding team".
- The deputy manager dealt with internal investigations if concerns were raised. They had a clear method of investigating and positive working relationships with local multi-agency safeguarding teams.
- Staff told us they would not hesitate to inform senior staff members if colleagues working practices caused them concern. The provider had a robust whistle blowing policy and procedure.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I feel very safe, I am well looked after". Another said, "This is my home, I know I am safe". Other people we saw appeared happy and relaxed.
- Risks associated with people, their needs and the environment were assessed, and actions put in place to minimise possible harm. Care records contained extensive, relevant risk assessments including assessments on pain, nutrition, skin integrity, falls and oral health.
- Identified risks were mitigated by thorough care planning. For example, people who had a high risk of falls were supported by regular staff checks and the use of technology such as movement sensors. Those at high risk of skin breakdown were supported to change their position frequently and had air mattresses.
- An electronic care record was maintained for people living in the home. Welfare checks were completed by staff and once completed they scanned a code displayed either inside or outside of each person's bedroom. People that preferred not to have checks through the night could choose for the code to be fixed on the outside of their door to minimise disturbances.
- Accidents and incidents were recorded and reviewed by the registered manager and the providers quality monitoring team. When necessary, incidents were notified to relevant agencies such as the Care Quality Commission and the Health and Safety Executive. Senior staff produced a quarterly report which commented on actions taken by the service regarding each incident and advised on additional actions when necessary. Risk assessments and care plans were reviewed following most incidents to ensure that peoples care reflected their current condition.
- Regular maintenance and required safety checks were completed of the environment. Checks were carried out on items such as hoists, lifts, electrical equipment, emergency lighting and bedrails as well as other areas such as paths and patios, tree surveys and checks of the staff rest area. Records of all checks were

clear and current. Servicing had taken place at required intervals and the health and safety records we saw showed exceptional attention to keeping people safe in the home environment.

- Daily checks ensured that fire exits and exit routes were clear of obstructions, a weekly fire alarm test ensured that the fire safety system was operational, and each person had a personal emergency evacuation plan, (PEEP) detailing the help and support they would need should they need to be evacuated from the home.

Staffing and recruitment

- People told us they were supported by staff when they needed them. One person told us, "Staff are always popping their head into my room to check if I am all right. I just have to press my buzzer, and someone comes to help". Another person told us, "The staff are not always available but that is a good thing as it helps to maintain my independence". One person said, "I just have to ask and a member of staff helps me", while another said, "I am never rushed, the staff always support me with a smile, the staff cannot do enough for me, always willing to help me when I need it".
- Sufficient staff were deployed to meet the needs of people living in the home. Staff were available when people needed support and call bells were answered promptly. We reviewed staff rotas which showed that the number staff on duty was in line with the required numbers to meet the dependency needs of people.
- Robust recruitment procedures ensured that only suitable people were employed to work at Tegfield House. Full employment records were obtained, appropriate identity documents were received, and two references obtained.
- All staff had a Disclosure and Barring Service, (DBS), check completed before commencing in post. The Disclosure and Barring Service 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.
- We observed a staff recruitment interview during our inspection. We saw that the applicant was put at ease, suitable questions were asked, responses recorded and scored according to an agreed scale.

Using medicines safely

- The provider supported most people with their medicines. Most medicines were kept in locked cabinets in people's rooms, controlled medicines and additional stock was retained in the treatment room. The treatment room and bedroom temperatures were monitored and maintained at safe levels for medicines storage.
- Stocks of controlled medicines were as per the controlled medicines register.
- We saw staff administer lunchtime medicines. Staff showed people their medicines in the original boxes and asked if they were ready for them. Medicines were checked against the medicines administration record sheet, (MAR), then dispensed into a pot, and presented to the person with a glass of water. Once taken, staff signed the MAR sheet. Each person was approached in the most appropriate way and the process was person centred with people at ease throughout.
- Medicines balances were checked as medicines were administered so the provider had an ongoing record of the amount of medicines in stock. The supplying pharmacy had recently changed the way in which medicines were supplied to the service. The provider had adapted their systems to accommodate this change.

Preventing and controlling infection

- The home was very clean, tidy and smelt fresh and this was confirmed by people and visiting professionals.
- We saw that bathrooms and toilets were well stocked with appropriate items including gloves and aprons and there was a supply of hand wash, antibacterial hand gel and moisturiser in each.
- Staff were trained in infection prevention and control and there were reminders about good hygiene, infection control and handwashing displayed on noticeboards.
- A monthly audit reviewed cleanliness in two rooms on each floor. The audit identified actions such as dust

or tissues under the bed, these were actioned and checked off the audit. In addition, three staff members hand washing techniques were reviewed and they were quizzed as to when handwashing should take place.

- People living in the home participated in occasional clean and tidy sessions where they were supported by the activity coordinator to complete light cleaning tasks such as dusting and polishing. They enjoy this activity and it enabled them to retain skills of independent living.

Learning lessons when things go wrong

- Systems were in place to ensure that accidents and incidents were recorded, investigated and lessons learned from them shared to minimise reoccurrences.
- The provider had an electronic care management system that enabled messages regarding safety and changes to practice being shared quickly with all staff on duty meaning concerns were addressed instantly.

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

- There was a truly holistic approach to assessing and planning for people's needs. People were invited to an informal lunch where the registered manager completed an assessment to ensure their needs could be met and a basic plan formulated so staff knew something about people when they arrived. Use of an electronic care record ensured that information was immediately available to team members.
- The service embraced people's individuality. In care records, a section on sexuality contained information about how a person wished to be recognised. One person's file read, 'I am a lady, wife and mother'. In another person's record, we saw that they wanted to be supported to look their best however were now unable to express their sexual needs. People's care records held a section on their routines. One person's included phrases such as 'support needed in all areas, compassion should be shown, and dignity maintained'. The same person's file showed they were unaware of their diagnosis of dementia and wanted to become part of the 'Tegfield family'. Staff were directed to spend time with the person to get to know them and provide support in a calm and friendly manner.
- People's protected characteristics under the Equality Act 2010 were recognised and when necessary planned for. Recognising people as individuals and providing a person-centred assessment and subsequent care plan ensured that needs were met as the person wanted.
- All staff completed an equality and diversity training course. When recruiting staff, a diversity monitoring form was completed, and staff were asked if there were any necessary adaptations to their employment due to their protected characteristics. For example, staff members who were observing Ramadan had been offered the opportunity to work nights instead of days and time was allocated if people wished to take breaks for prayer during their shifts.
- Nationally recognised assessment tools were used to ensure that people's needs were fully identified and met. Tools such as the Abbey Pain Scale, and the Braden Scale for pressure care were completed and findings acted upon in care plans.

Staff support: induction, training, skills and experience

- Staff participated in an in-depth induction when they commenced working for the provider. The induction included allocating a mentor, learning about the provider's visions and values, learning about the importance of being courteous at all times, their role in ensuring that food is presented as it should be, and receiving information about the service's social media presence. This was presented alongside staff getting to know people they would be caring for, completing training courses such as safeguarding and moving and assisting and learning practical tasks such as how to assist someone with personal care or how to cut fingernails. Following induction, further training was undertaken for two-weeks during which they

completed additional e-learning sessions and shadowed staff members to ensure they learned both routines and how people liked to be cared for.

- Staff were supported through 1-1 supervision sessions with either the registered manager or deputy manager every three months and an annual appraisal. Staff found these sessions useful, one staff member told us, "It's your time without disturbances to talk to them. We talk about issues and worries, things I feel I need to improve on or I'm not comfortable with. We can speak to them anytime as well". Another staff member told us, "Very useful, we talk about our own progress... things we can improve in some way. They guide you and give you the training that will benefit the residents".
- We saw the manager and deputy manager working alongside staff throughout our inspection. If support was needed they would not hesitate to offer it. We saw them working and sharing good practice advice when working to constantly develop their team's skills.
- Staff were supported to develop their careers in caring by the provider. Staff that lacked confidence were encouraged to take on additional training and roles such as being a champion in a particular area. One staff member had worked hard as a hydration champion which had developed their confidence. People had benefitted as the champion had shared their learning with the team and people had been better supported to stay hydrated as a result.
- When people moved into Tegfield House with a health condition that was not well known to staff training would be arranged. The provider was proactive in ensuring that staff were trained specifically to support the people they worked with.
- People told us they thought staff were well trained. One person said, "The staff are very knowledgeable and know what they are doing and the way I like things done". We saw staff supporting people to get up and move around safely and who, when we spoke with them, had a clear understanding of their job role and responsibilities.

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

- There was a strong emphasis on the importance of eating and drinking well. People enjoyed the food that was served at Tegfield House. One person told us, "The food is very good, the choices are things I like". Another person told us, "There is good variety. I get three good meals a day and I don't have to cook them! What more could I ask for?" Staff members also told us that the food was good saying, "The food here is amazing, there is a nice pie being cooked today which the residents like. If they don't like it we will do something else, whatever they want. A couple of people can't say what they want so we've got a list of their likes and dislikes. I even go to the shop to get them something if they don't fancy what we have".
- Staff members supporting people at lunch ensured that it was an enjoyable experience for them. Staff would crouch or sit with people to make sure they were at their eye level and would engage with everyone at the table. Tabard aprons were placed on people when their meals arrived rather than doing so as soon as they were seated at the table. This was more in keeping with placing your napkin on your lap when your meal arrived in a restaurant. When people needed to have support to eat, staff sat with them and chatted with them throughout the meal.
- The environment had been prepared carefully to promote a positive experience. There were fabric napkins, table cloths, glasses or alternative cups and mugs as needed, the daily menu was available, and music was playing quietly in the background. The room was decorated with lots of photographs of people living in the service and tables were made more dementia friendly using contrasting colours in cloths, plates and napkins for example. Research has shown that playing music and having a pleasant dining environment encourages people living with dementia to eat more.
- The service provided good quality food. People were able to choose their meal from a varied menu.
- People appeared to enjoy their meals and when one person wasn't showing interest in their food, staff approached them to offer help. When assisting people with meals we saw that staff asked people what they wanted to have on their fork next, choices were offered at every opportunity.
- Family members were also welcomed at meal times, one relative arrived and was immediately seated near

their family member, so they could enjoy eating together.

- People's specialist diets were catered for. Meals could be pureed, soft or alternatives such as finger food could be provided so that the person could eat safely and as they wanted. Meals were presented in an agreed way which staff learned on induction. Pureed meals, for example, would be presented with all food types separately and not mixed together so colours were retained, and the food still looked appetising. Efforts were made when people lacked an appetite. Snacks were offered throughout the day and if people had particular favourites, these were provided.
- Drinks were always available, people were constantly offered drinks and provided with snacks as they wanted. Jugs of juice were available in the communal areas of the home and in people's own rooms.

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

- People had personalised images printed and displayed on their room doors to aid with recognising their room and to give others an idea about their life before living at Tegfield House. For example, a biochemist had a periodic table on their door, this was a great talking point as this was a part of their life they had memories of and could speak about. Another person was a pilot, flying a trans-Atlantic route, and a British Airways jet was the choice they made for their door. Another person was a research chemist and lived and worked all over the world. The registered manager told us, "When I (registered manager) asked what they would like on their door and explained that they could have any image they chose, their response was, "really? Anything? In that case I'd like the molecular structure of a diamond please!" When I asked if they would like to have Dr as their title they said, 'Oh I definitely don't want to have Dr on my door, the last thing I want at my age is a queue of old ladies with health complaints!" The images had proved to be a positive project as not only did they help people find their room, but they enabled people to reminisce about their lives, work and family each time they enter or leave their rooms.
- A large noticeboard was filled with items relevant to people living in the home including information about how to make a complaint, the chosen charity for the year and the Hartford Heroes scheme. Hartford Heroes are staff members who have 'gone the extra mile' and provided exceptional care for people. They were nominated by people living in the home, their relatives or colleagues and there were nomination forms available for people to complete.
- A second board held information for staff members which was also accessible to people living there. We saw people pause in the corridors to look at the displayed material.
- Toilet doors had all been painted in a bright yellow, so they were easily recognised. Bright and contrasting colours and colour coding have, according to research, been successful in supporting people living with dementia to orient themselves. Yellow is the colour widely used for toilet facilities. There were large, framed photos on the walls. The lounge was filled with comfortable chairs which were part fabric and part wipe clean material to facilitate good hygiene levels and we saw that some were larger, bariatric chairs discreetly blended in. A companion set by the fire place and other items that might trigger reminiscence were available throughout the home, and dementia friendly items such as a dementia clock in the lounge were also available.
- New equipment and technologies were being used to support the delivery of effective care. Wellbeing checks were effectively recorded. Staff had handheld tablets that enabled them to see revised care plans as soon as they had been updated. Handover was more effective as staff were able to discuss current concerns or other key information that had been flagged on the e-care system.
- Staff were able to use their handheld tablets to photograph wounds allowing them to more effectively track the healing process? Photographs of people enjoying activities could be shared online with relatives, if permissions had been given, via a portal. Some care records were also available to family through the portal. This meant that families unable to visit regularly could more easily access information about their family member.
- The e-care system had been useful for ensuring that time sensitive care was delivered effectively. For example, staff were alerted via their handheld tablet that key care tasks were due such as the provision of

fluids or repositioning. If these tasks were missed, alert would be raised, allowing senior staff to investigate and address this. There were different levels of alert including a reminder for staff shortly after the care task was due.

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

- The provider linked closely with a local GP surgery with all but two people registered with them. There was no set weekly round by the GP however calls to the surgery were responded to on the day and the GP attended as required.
- Feedback about the service was positive. A healthcare professional told us, "It works both ways, we respect they do the best for the clients and we honour the carers by coming and checking on people when asked". Feedback also praised the service for involving necessary professionals in a timely way.
- District nurses attended Tegfield House twice per week however if someone was receiving end of life care, nurses may attend five times each day. They were also available by phone at any time. People were also supported to attend local dental surgery's and hospital appointments, while a visiting chiropody service maintained peoples foot health
- The provider was a member of the hospital red bag scheme. The red bag scheme is an initiative to promote better communication between care homes and hospitals and a better care experience for people transferring to hospital. When a person is unwell and needs to go to hospital, the red bag is packed with the persons medicines, personal items for the stay and some basic records to support their care. Clothing for their discharge is also included.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had suitable MCA assessments, each covering specific areas, for example, one referred to decisions about care and another covered the use of movement sensors. Assessments were completed in sufficient detail and best interest decisions were linked to relevant assessments.
- DoLS had been applied for and granted or were awaiting authorisation by the local authority. The registered manager understood that any conditions of a DoLS authorisation should be communicated to staff and adhered to.
- We saw staff members seeking consent from people as they provided support. One staff member sought consent before supporting someone up from a chair. Another staff member asked a person if they wanted to go to the dining room for lunch.
- One person told us, "The staff always ask me before they help me", another said, "the staff always knock on my door and ask if they can come in".

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 improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they felt cared for. One person told us, "The staff are lovely. They are very caring and polite, I could not ask for more". Another person told us, "The staff are great, they always go the extra mile". A relative told us, "I rate Tegfield very highly as the atmosphere is that of a family home, it isn't like an institution". Another relative said, "The care staff treat people well. It's very homely and caring and staff always seem to have time for people". One person told us, "[Staff] treat us with much honour and kindness". Finally, a relative told us, "This is the best thing I could have done for my loved one. They are so happy. I could cry with joy when I think of how well they are cared for".
- A relative has recently spoken to the registered manager of Tegfield to express their immense gratitude as she felt that the support 'given them their relative back'. Their relative has dementia which had caused them to seem lost while still living at home alone. Moving to Tegfield and becoming part of the 'Tegfield Family' and receiving appropriate care and support had enabled the person to seem better than they had some years. The relative and the registered manager have been in discussions to consider whether the person might even be able to manage in a less supported setting as the care that was needed when they first moved to Tegfield was more than they now needed. When telling us about this the registered manager said they felt that the positive impact on this person had been so great it felt like a gift.
- We saw staff supporting people in an exceptionally caring manner, they knew the people they were supporting well, both in terms of the care they needed and other things such as details about their families and interests. We heard staff chatting to people about their own families, people were interested and enjoyed spending time with staff.
- The provider arranges an annual family day for people and their relatives which is a huge event, the whole home and grounds are decorated and there is entertainment such as live music and face painting for children attending. The event is an example of the exceptional care provided by Tegfield House staff. On the evening before the event, three staff members, in their own time, were at the service until after midnight to decorate. They decided to do this for two reasons, one to minimise any disruption to the people living at Tegfield as putting up the decorations was a significant undertaking. Secondly, staff realised that the impact of having the dining room transformed into a circus big top overnight could be a magical experience for people.
- Staff, knowing the people they supported well, were aware that though the family day was always a great success, some people found the day somewhat overwhelming. Eight staff members came in to support the event on their days off. In particular this helped one person who was then able to have one to one support

throughout the day, enabling them to participate then take regular breaks from the events to avoid them becoming distressed. Staff supporting the person in this way, in their own time enabled them to experience the fun of the day whilst remaining protected by them from the more distressing aspects of her condition. Staff told us, "All we wanted to do was to make [name] feel a part of the family and with all the staff that gifted time I am more than certain that we achieved this. [Name] had a great day".

- The family day also provided one person with an opportunity to host a gathering of 15 members of their family. Having a reluctance to spend time outside due to only wearing night clothes, a decision the person had made, the family had a reserved area of the dining room and staff visited the person and their family giving updates about what was happening outside. A relative emailed thanks to the service saying, "Thank you for all your hard work which made it a really special afternoon for our family, you are all truly wonderful. It was lovely to be able to get so many of the family together in one place".
- We asked staff if they would be happy for a member of their family to be cared for at Tegfield House. One staff member told us, "You couldn't ask for a better place to live, I would 100% have them cared for here. As soon as you come through the door this is a home, one big, big, big family. Everyone is so friendly and patient and really welcoming".
- The registered manager was also proud of the care shown by their staff members. They told us, "All of my staff care, not the care that you can teach, the caring by numbers. They have genuine empathy and respect, these are the things you can't teach".
- The minibus was an important part of the activity schedule enabling people to access the community. The impact on people as a result of the outings, that were a success due to the staff members hard work, was that people enjoyed the views, the picnics and one person who had served in the Navy was able to reminisce about this during a visit to a local Navy fort. The minibus was seen when one a visit and people were laughing and singing as they travelled. The registered manager reflected that, "Staff care enough [about people] to make every minute count and to bring fun and laughter to the people they cared for". One of the staff supporting people on outings said, "The trips bring so much happiness to the residents, you can see the joy in their faces. Their whole personas change, they're more chatty and enjoy watching other people, especially the children. It brings back the normality of life. I do things like this because it helps fulfil our residents' lives".
- Throughout our inspection we saw staff seated with people, spending quiet time, we heard lots of laughter with staff and people joking and we saw respectful interactions, people were offered choices and were listened to. Staff faced people when they spoke with them and made sure people had the time they needed to communicate. This meant people felt valued and important to staff.
- Some staff have particularly good relationships with people and they, when working with them were able to provide them with particularly sensitive support and care. On admission, staff are encouraged to get to know people well, so they can forge positive relationships with them and welcome them into the 'Tegfield Family'. This was referred to by people, relatives and staff throughout our inspection and the service had the feel and atmosphere of a large family home.
- The provider was extremely supportive of people and their families. One person, when towards the end of their life was extremely unwell. A family member was understandably very distressed by this and staff spent time supporting the relative to talk about the person, share feelings and to make them feel that they were not alone. They were able to support them with information about what might happen next in the end of life process as the relative had no idea what may happen. The relative was touched to hear that staff had sat with their family member for some time following a night shift. They became very distressed about their family member and the deputy manager committed to providing reassurance by phone whenever the relative needed it, even speaking with them for over an hour after midnight on one occasion. The exceptional care given to the person and the support given to the family member had an impact of the relative knowing that the person had been an important member of the 'Tegfield Family' and was loved and cared for even when they weren't able to be there. This was a comfort to the family following their persons passing.

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

- Peoples care files contained extensive information about their life histories, likes, dislikes, life events, things that may trigger different emotions and their response to their diagnosis of dementia. This information was invaluable for staff in supporting peoples according to their needs and preferences.
- People and their relatives were actively involved in the assessment and care planning process. Initial assessments were completed with people and their families to gain as much insight as possible to ensure the service could meet the persons needs and so that staff could provide care as the person wanted it.
- Pre-admission assessments usually took place in people's homes or in hospital wards. On one occasion, a family visiting to look around the service became upset and disclosed that the person had nowhere to go as their spouse was seriously ill in hospital. The registered manager immediately began an assessment and once it was clear they could support the person's needs, staff prepared them a room and settled them in while the management team developed care plans for them. The family were able to stay with the person throughout and support was provided to them all as they were clearly experiencing significant distress. The person felt wanted and a part of the 'family' from the first night. They had previously suffered with anxiety which, with the support of staff reduced and they became a permanent resident in the home. The impact on the whole family was one of support, reassurance and providing care at a moment of crisis.
- Throughout our inspection we saw people being offered choices, for example, where people had their meals, where they wanted to sit, what they wanted to eat and what activities they wanted to participate in.
- Relatives felt involved and informed about people's care. One relative told us, "I'm the main contact, communication is pretty good. I'm impressed as, if anything happens, whether insignificant or major they inform you straight away". Another relative had supported their family member in their reviews and had regular three-monthly phone contact with their key worker for updates.
- Other relatives told us they were grateful for the welcome they received and for the care that was shown to their family members. One relative of a person living with dementia said, "Dementia is so difficult for families and Tegfield cope with the residents in such a caring way, but not only the residents but the whole family. I love their holistic approach to care". They also said, "My two teenage daughters visit her often on their own. They comment on what a lovely welcome they receive from staff and how they are always offered tea and cake. I feel this is a huge part of why they like visiting, they feel comfortable and welcomed by the lovely staff who work there". People benefitted from the caring approach taken towards both them and their families. Feeling welcome meant that people felt comfortable and willing to visit and people subsequently saw people more often.
- The providers electronic care record enabled photos to be loaded onto a platform that people and their relatives could, with permission, access. This meant that family members who were unable to visit often could access information and photos of their family member to see how they were.
- Staff members have supported people with shopping when they were unable to access shops by assisting them with internet shopping or showing them online choices and sourcing items from local shops for them. One person who wanted to shop was supported by a staff member who knew them very well and who spent their own time helping the person find exactly what they wanted and sharing in their excitement when the right items were found.
- We saw one person become concerned that they had stayed over their allotted respite days. The person had in fact moved into the care home permanently but had been unable to retain that information and had found it somewhat distressing. The registered manager very kindly spoke with them when they asked what time they were leaving and advised them that another week had been agreed for them to stay in the home. The person was then able to relax and enjoy being at Tegfield House again.
- The provider responded well to changes in circumstances which could cause problems for people living in their home. A relative thanked the service for their fast response in collecting the person from A&E following a fall. The person had been taken to hospital by ambulance and once they had been treated and were fit to return home had a short wait until their transport arrived. The person was often quite emotional and could become upset and distressed easily, especially in unfamiliar situations. On receiving a call from the hospital,

the provider managed to release staff so they were at the hospital to collect the person and provide much needed emotional reassurance by people they knew. The hospital had advised that there had been an incident at a local prison and 19 prisoners and accompanying police and prison officers would shortly be arriving. The relative was grateful as the person was only exposed to the confusion of the situation for a few minutes and was provided with 'loving reassurance' causing them to feel 'safe and loved'.

Respecting and promoting people's privacy, dignity and independence

- We were told about examples, of staff caring for people in a way that exceeds expectations. People were supported to maintain their appearances. One gentleman was dapper and well-dressed wearing formal trousers every day as he had a keen sense of style. His physical health deteriorated, and his formal clothing was no longer comfortable to wear. He opted to wear softer jogging bottoms and his formal clothing over the top. The provider researched and found that formally styled jogging trousers were available. These were purchased, and he is now able to maintain the appearance that he is so proud of while being comfortable.
- People were supported to be as independent as they were able to be. For example, the home provided a laundry service however some people wanted to do their own. Staff supported them in this activity to ensure they were safe, and people were able to use the washing machine and hang their laundry on the washing line. Other people were supported to host family meals or picnics in the garden.
- Staff told us they provided the support people needed but at times would stand back and observe, encouraging people to do as much as they could and then offering specific support if and when needed. This prevented them 'doing for' people. Staff told us that time was not an issue when providing personal care, if someone needed more time to complete it independently then staff would support them for as long as was needed.
- Staff told us people were treated respectfully and with dignity when being fully supported with personal care. Staff would close curtains and doors and cover people with towels throughout the task. They had considered how they might feel in the same situation and behaved in a way they felt would be comforting.
- A person at Tegfield House experienced a deterioration in their health and required suction to maintain their well-being. Though this was not care that was usually provided at Tegfield House, training was arranged for staff to learn how to provide the care, so the person was able to return to Tegfield House where they were happy. Staff attended a local hospital to be trained, some of them attending in their own time. The person was touched by their commitment to providing them with the care they needed and felt wanted and valued.
- At times, the service has supported people who do not subsequently become resident in the home. On one occasion, a couple visited the service and on spending time with them, a care staff member felt there was something wrong that the couple had not mentioned. They asked senior staff to assist so they were able to continue to monitor and be with the couple. They were invited to stay for lunch and during the rest of the day, issues emerged, and the provider signposted them to Adult Social Services for support. The couple left the service after a positive day with contacts and support being arranged. This gave them relief and reassurance and they were hopeful of support in the future. Relatives telephoned the registered manager to thank them for their support of their family.
- Staff discussed what they wanted people to feel as a result of their care at a team meeting. Some responses from staff were, 'Give them company, take away the loneliness, I know how it feels to be lonely and it's horrible. Sit, chat and create a bond'. 'Give them time... When I'm in the rooms I make time for a little chat and I take the woollens home to wash to keep them looking nice'. 'Giving happiness and choice and making sure they have a real life'. 'Giving time, the extra bits like going through a photo album and showing that it's interesting'. Without exception, staff were keen to ensure that people felt valued and were living a real and happy life within the family created by the staff in the service.

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 now improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received exceptionally person-centred care and support. Staff knew people very well, they knew who the person had been before they came to the home and about their interests and families, the kind of information that made people individuals. Staff could start and hold a conversation with people because they knew them so well.
- One person was admitted to the home from hospital and had very few personal belongings. A staff member asked to come in on their day off and took the person, in a taxi, back to their own home. They returned later that day with lots of their personal items, both smiling and happy.
- Another person returned from a hospital stay having deteriorated significantly. They had a particularly good relationship with one staff member who could always make them smile. The staff member tried to make sure that the person knew they were in control, told them honestly about their progress. The person knew they were still in control, were being treated with respect and cared for. The staff team made sure they hid their upset at the person's deterioration focussing on their needs and not their own emotional needs.

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 provider was compliant with the requirements of the Accessible Information Standard.
- The provider told us that information could be presented according to people's needs and wishes. Currently no one living in the home needed information presented in a different format, however large print could be organised as could the use of images. One person had severe hearing loss and poor eyesight as well as living with dementia. The provider sourced A4 sized signs for them to use for the most common questions however as their dementia progressed these were not enough. To support them in times of distress, the provider used a large whiteboard. One message used on the whiteboard was, "It's OK, we are here, we will look after you". This offered the person reassurance and helped to settle them.

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

- An activities officer designed and ran a programme of events and activities to provide entertainment and to occupy the interests of people living in the home. A wide range of activities was on offer. When we inspected

a singer was entertaining and staff supported people to interact with the songs. We saw everyone got involved and appeared to be having a great time.

- Other planned activities included a photography club, flower arranging, choir practice, a book group, animal encounters, exercises and a pampering group. There were also opportunities for people to participate in activities of daily living such as a spring-cleaning session where everyone would be involved in dusting and sweeping, and we saw people working together painting the outdoor furniture and enjoying the task immensely.
- A local nursery group visit monthly and sang, danced to vintage music and played with people living in the home. Both the children and people living in the home appeared to enjoy this very much. One person who did not engage often lit up when the children attended, he would laugh and smile and join in the fun.
- The registered manager told us that she had needed to access the kitchen and had found a person there peeling vegetables with kitchen staff. They had dementia and failing eyesight however the benefits of the sense of well-being the person gained outweighed the risks of them using a knife. The person had felt they were at home and peeling vegetables was something they did there.
- One member of our inspection team was taken for a tour of the garden by a person living in the home. They told us they enjoyed "Pottering in the garden and digging up the weeds". They were very familiar with the garden and they had their own gardening tools stored outside so they could enjoy the garden whenever they wanted without having to ask staff for help.
- Two visiting ministers administered communion to people. A non-denominational service was also offered to meet the needs of those people who wished to participate. Pastoral care was provided by the ministers.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints procedure which covered formal and informal complaints. In 2018 there had been two complaints, one concerning a cleaning matter and staff having different roles in the home and another, made to the Care Quality Commission commented on staffing levels. Both had been dealt with by the registered manager promptly and there had been no further concerns.
- The registered manager and deputy manager were frequently seen about the home and were always available to people and their relatives as well as visiting professionals. One relative told us, "[Registered manager] is always in a good mood, very practical, knows our names and is interested, they don't just sit in the office and are very approachable". The registered manager told us that people tended not to need to make many complaints as, due to the availability of senior staff, any concerns were dealt with before becoming complaints.
- The provider had developed a scheme called Hartford Heroes. This encouraged people, relatives and colleagues to nominate staff when they had gone 'above and beyond the call of duty'. This enabled people and their relatives to make compliments to staff who would then receive an award for their hard work.

End of life care and support

- No one was receiving end of life care during our inspection however this was provided when necessary.
- Care records held end of life care plans for people. These were bespoke to each person and a questionnaire helped people and their relatives plan and record their preferences around areas such as temperature in the room, how the lights should be, whether they wanted to have music playing and if so, what music. The provider also ensured that people had the last rites if they had requested.
- The registered manager told us some examples where staff had supported people to have a comfortable and dignified death. For example, staff had recognised that one person was showing signs of nearing the end of their life. They made sure they stayed with them through the night, so they did not die alone. They also read from the bible as the person was a Christian and the Bible was very important to them. As the end of life approached, the staff member found the prayer for the dying in the bible and read it to the person. They thoughtfully marked the page so that the family could read what had been read to their relative as they died. Two staff had been involved in providing care to this person, both were new to caring and this was the

first time they had supported someone at the end of life.

- People were treated respectfully in life and after death. The registered manager told us of a staff member that had supported someone at the end of their life. The person had passed away and family were present while the staff member prepared the person to leave the home for the funeral directors. Throughout the process, the staff member chatted to the person, telling them what was happening as they would have in life. The family were comforted and pleased with how the staff member had been respectful and treated their relative with such dignity.
- When someone was at the end of their life, relatives frequently stayed in vacant rooms if available or in an additional bed added to their relative's bedroom.
- The provider told us about an 'above and beyond' book which contained examples of excellent care practice. There were positive examples of staff providing exemplary end of life care to people and to their families. This evidenced the respect that staff showed to people and their families in life and death.
- The provider was supportive of staff involved in end of life care. Staff told us that the management team would provide them with support if they found the experience upsetting.

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 has remained the same.

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 at the heart of the service and staff cared and supported them in a way that was clearly in line with the provider's values of 'care, comfort and companionship'. For example, we heard people laughing and joking with staff as they were supported to mobilise about the home and staff spoke of people's achievements with pride and fondness.
- We asked the registered manager about key achievements of the service. They replied they were confident that people living at Tegfield House knew that it was their home and treated it as such.
- We received positive feedback from people, relatives, staff and health and social care professionals about the leadership of the service and the person-centred and positive culture they promoted. A recent quality assurance questionnaire also showed positive feedback about the management team. For example, a relative had said, "I am hugely impressed by the wisdom and respect that I have received from Tegfield House's Manager. They are always warm and friendly and show a genuine enjoyment of their job and desire to do their best by all at Tegfield House. The Deputy Manager has also been hugely supportive and thoughtful. Both have been very understanding and have never made me feel bad for either [relatives] challenging behaviour or my own awkward requests".
- A person living in the home reflected in the survey, "I found the home is well led by a manager and deputy manager and they will take time to listen to you if you have a problem".
- Feedback received in the staff survey was also positive. One staff member said, "The home as a whole always puts the residents and their needs first. And I feel I can go to my management team about anything". Another staff member said, "My Managers are really good managers and have supported me in coming into the home. In particular helping me to get all my relevant basic training and any additional training that I have wanted to pursue". Another staff comment read, "I feel very appreciated and supported by my management, I feel they have improved Tegfield house. Their door is always open for us to voice anything we wish too. I'm glad I work at Tegfield house".
- Staff were encouraged to develop skills and to progress within the service. Training specific to roles was provided and staff could complete qualification training to enable progression into more senior roles. Staff had achieved promotion within the service with senior care roles and management roles being held by staff who had been empowered to do so by the enabling culture of the service.
- The registered manager told us that one staff member was "Growing their own self-worth". This had been achieved by supporting a staff member lacking in confidence to become a champion This had afforded

them a chance to take on responsibilities and develop skills in a safe environment which had in turn boosted their self-esteem.

- The provider had developed a scheme called Hartford Heroes. This encouraged people, relatives and colleagues to nominate staff when they had gone 'above and beyond the call of duty'. We also saw an 'Above and Beyond' book that the registered manager had set up within the service to celebrate staff who had worked exceptionally well. When the team had been asked for examples to add to the book there had been no response as they considered their practice, even when clearly exceptional to be what was needed and a part of their day to day duties. We saw the above and beyond book and saw examples of excellent practice with people at the end of their life, people who were experiencing confusion due to health conditions and staff supporting individuals in their own time. All the examples showed the teams commitment to providing the best and most fulfilling life to each person they cared for. The impact on people was that they were valued and received outstanding care as a matter of routine, not just in exceptional circumstances.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 staffing structure was clear., The registered manager and deputy manager were supported by a regional manager. Staff received regular supervisions from either the registered manager or deputy manager and all staff told us that the management team were approachable. In addition, when something went wrong, reflective supervisions were arranged so that staff and the management team could review the incident, staff practice and see how the situation could be managed better in future. These were learning opportunities rather than a negative reflection.
- Staff turnover was low and there had been no use of agency staff since October 2018. There was a strong commitment to providing the best care for people. The registered manager told us, "If new staff do not provide the support my people deserve, they do not last long". The deputy manager was also committed to achieving the best outcomes for people using the service. They told us, "I don't want staff who don't respect the residents, this is their home".
- The registered manager notified CQC about significant events as required. Notifications were sent promptly and contained relevant information.
- The quality assurance questionnaire had been sent to all staff, relatives and people living in the home. The response rate was good, and responses were overall very positive. Areas that raised concerns were immediately addressed including topics such as laundry which had been criticised by relatives. An action plan showed that plans were made and implemented on receipt of the survey results and additional training and support was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Residents meetings were held quarterly. People were given an opportunity in a friendly setting to feedback about their care, the activities provided, food and anything else they wished to comment on.
- Relatives meetings were held every quarter, and for the past two meetings these had become a relative's support group rather than a formal meeting about the service. Relatives were invited to attend an informal evening with refreshments where they could share their worries, memories and listen to presentations by relevant people who either had experience in similar situations or were from national charities for example. Feedback from the initial two groups had been positive and though emotional, the shared experience had been beneficial for those attending.
- Regular staff meetings updated staff about practice, policies and procedures and used group exercises and examples to minimise poor practice. A whispers game was played during one meeting to illustrate how information passed by word of mouth could be lost or changed. The meetings had been used for staff to

reflect on how they wanted people to feel as a result of them providing care to them. Responses to this included, "Making memories with people and seeing them smile", and "I would like to see people supported to live, not just exist, to have experiences and hopes for their futures". These games had improved practice, important information was recorded and passed on and staff having the opportunity to reflect on their practice ensured that they continually assessed how well they were performing and whether they could improve or do things differently in future.

- Relatives also felt included in the service at the many events held. Frequent events such as afternoon teas, open days and celebrations were held, and family members were welcomed at any time to share a meal with their relative. Tegfield House also entered competitions run by the provider including a recent flower show which had been very competitive.

- The provider had an annual charity that all its services supported. Events were planned, and people, relatives and staff were involved with fundraising.

- The service was an important part of its local community? The registered manager had invited paramedics into the building. Recognising that the local ambulance service was busy, and that staff may not always be able to return to base for breaks, the service had opened its doors to offer hot drinks, snacks and comfort stops for members of the emergency services that needed them.

- The provider had positive working relationships with local health and social care professionals. Local GP surgeries and district nurses had recommended the service to patients and there was good 'word of mouth' locally as the remainder of referrals came from people's recommendations or a national website where the service currently scores 9.7/10.

Continuous learning and improving care

- The service was audited quarterly by the Quality Support Manager who could take a 'fresh eyes' approach to looking at all areas of provision. The audits provided a thorough review of provision and identified omissions, errors and missed checks if there were any, rewarding a rating to each area covered.

- Not all areas were rated as good in the April audit. There were concerns from staff about staffing levels at busy times, missed double signatures on hand written MAR sheets, rooms were not as clean as they could be due to food debris under a cushion and some chairs in communal areas needed cleaning. All areas identified had been addressed, there had been an adjustment to the rota to create a twilight shift, additional cleaning had taken place and staff had been reminded about the requirements when completing MAR sheets. All actions were recorded and signed off by the registered manager once completed. Our inspection found that these improvements continued to be embedded and sustained.