

Mills Family Limited

The Sloane Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: The Sloane Nursing Home is located in Beckenham, Kent and provides accommodation with nursing care and support for up to 33 people living with dementia, and or physical poor health. The home also provides respite and end of life care. At the time of our inspection 33 people were living at the service.

People's experience of using this service:

People spoke positively about the service and said staff were caring and supportive. Throughout our inspection we observed staff interacted with people, had good relationships with individuals and staff were kind and empathetic in their approach.

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe. People's needs, and preferences were assessed and where risks were identified, plans were in place to manage risks safely.

There were safe arrangements in place to manage medicines and staff followed appropriate infection control practices to prevent the spread of infections.

Appropriate recruitment checks took place before staff started work and there were sufficient staff available to meet people's needs promptly. Staff had the skills, knowledge and experience to support people appropriately. Staff were appropriately supported through induction, training and regular supervision.

People were supported to maintain a healthy balanced diet that met their expressed cultural and dietary requirements. 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.

People told us staff treated them in a kind, caring and respectful manner. People were involved in and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to participate in activities of their choosing, that met their needs and interests.

Staff worked with people to promote their rights and understood the Equality Act 2010, supporting people appropriately addressing any protected characteristics.

There were systems in place to assess and monitor the quality of the service. The service worked in partnership with health and social care professionals and other organisations to plan and deliver an effective service. The service took people and staff's views into account through surveys and informal feedback to help drive service improvements.

Rating at last inspection and update: The last rating for this service was requires improvement (published 1 June 2018) and there was a breach 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: This was a planned inspection based on the rating at the last inspection. We found the service had improved and now met the characteristics of Good in all areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

The Sloane Nursing Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors and an expert-by-experience on the first day of the inspection. An expert by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector attended the service on the second day of the inspection.

Service and service type: The Sloane Nursing Home 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 site visit took place on 29 April and 3 May 2019 and was unannounced.

What we did: Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority who commissions the service to ask for their views. We used this information to help inform our inspection planning.

During the inspection we spoke with eight members of staff including the registered manager, nursing and care staff, the chef, the homes administrator, house keepers and the maintenance manager. We spoke with six people using the service and three visiting relatives. During this inspection we also 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 including five people's care plans and records and staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

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. Legal requirements were met.

Using medicines safely

At our last inspection of the service on the 14 and 15 February 2018 we recommended the provider should consider and refer to current medicine's guidance and practice on time sensitive medicines and to update their practice accordingly as medicines were not always administered as prescribed. At this inspection improvements had been made to ensure medicines were managed and administered safely.

- Medicines were managed, administered and stored safely and people and their relatives told us they received their medicine as prescribed. One person said, "The staff gave me a list of what medicines I am having, and I check it on there with what they give me which I find very reassuring." A relative commented, "I feel medicines are looked after and are well administered."
- A visiting GP told us they had no concerns about the care given at all. They felt the nursing care provided was good and diabetic care was also very good. They commented, "The manager is organised."
- We observed the medicines round at lunchtime. People were consulted appropriately about how they wished to take their medicines. People were spoken to with respect and dignity and staff administering medicines waited for people to finish taking their medicines before leaving.
- Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required to take their medicines safely.
- There was guidance in place for staff on when to offer people 'as required' medicines or pain relief and there were systems in place to ensure people received their medicines at appropriate intervals.
- Medicines including controlled drugs were stored securely. Medicines refrigerators and medicine room temperature monitoring was in place to ensure medicines were safe to use.
- Staff received training on the administration of medicines and had their competency assessed to ensure they were skilled and continued with safe best practice.
- Medicine audits were conducted on a regular basis to ensure safe practice. Findings from audits were shared with staff and any areas for improvement were identified and acted upon.

Staffing and recruitment

- People and their relatives had mixed views about staffing levels within the home. Comments included, "Not really enough staff particularly in the mornings", "There are enough staff but then I don't need a lot of help. If I ring for help I don't have to wait long", "Definitely not enough staff, carers are brilliant but no time to socialise with the residents", and, "Staff are very busy, but I think there's enough. I never have to wait long if I need anything."
- Throughout the course of our inspection we observed that call bells were answered promptly by staff and people did not have to wait long for support. We spoke with the registered manager who showed us a

staffing dependency tool that demonstrated staffing levels were reviewed regularly to ensure people's needs were appropriately met.

- Robust call bell audits and analyses were conducted on a weekly and monthly basis and showed no significant delays in meeting people's needs.
- The registered manager told us there were currently four staff posts vacant which they were in the process of recruiting for.
- Staffing rotas showed that the service used regular agency staff to maintain consistent staffing levels and continuity where required. We noted at the time of our inspection that staffing level ratios and rotas corresponded with staff on duty.
- Staff continued to be recruited safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Assessing risk, safety monitoring and management

- There were robust arrangements in place to deal with foreseeable emergencies and to maintain the safety of the premises.
- People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency. There were fire risk and evacuation plans in place and staff had received up to date fire training and knew how to respond in the event of an emergency.
- Maintenance and environmental checks were conducted to ensure the premises were safe. These included electrical and gas safety checks, water temperatures and Legionella testing, lifts, radiator and window restrictor checks and bed rails and pressure mattress audits amongst others.
- Risks to people were assessed, reviewed and managed safely by staff to avoid harm and care plans were in place to manage identified risks whilst ensuring people's independence and rights were promoted and respected.
- Risk assessments documented identified risk factors to people and guidance for staff to ensure they acted correctly to manage them safely. For example, risk assessments included areas such as manual handling and the use of equipment to promote and enable safe transfers and mobility and the safe use and storage of oxygen, including suitable appropriate signage.

Preventing and controlling infection

- Staff received training on infection control and were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and how to maintain good personal and environmental hygiene.
- People and their relatives told us the home environment was kept clean. Comments included, "It's very clean here, better than when I was at home", "They [staff] do a very good job of cleaning here", and, "Would give 9 out of 10 for cleanliness. It's a lovely room."
- Throughout our inspection we observed the home environment was clean, free from odours and there were appropriate infection control policies and procedures in place and regular infection control, cleaning schedules and health and safety audits conducted.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and were well supported by staff. Comments included, "Oh yes, staff are good, I'm safe here", "I feel quite safe here, no bad feelings about the place", and, "Yes, our

relative is safe here. We are happy with the care they get."

- People were protected from the risk of abuse or harm. There were policies and procedures in place for safeguarding adults from abuse and systems in place to report and act on concerns or allegations.
- The registered manager and staff were aware of their responsibilities to safeguard people and knew how to report abuse to the local authority and CQC.
- Training records confirmed that staff had received up to date training on safeguarding adults from abuse. Staff were aware of the provider's whistle blowing policy and told us they would not hesitate to use it to report issues of poor practice, should it be necessary.
- Information was available to people and staff about safeguarding and how to raise any concerns in formats that met their needs such as large print.
- Safeguarding records showed that any issues or concerns were appropriately managed, and referrals were made promptly to local authorities and the CQC when required.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate, accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.
- Investigations and actions taken were recorded and lessons learnt were shared with the staffing team.
- A relative told us, "The family feel that our relative is very safe here, there were lots of falls when first here, however staff were very quick to respond and informed us straight away."

Is the service effective?

Our findings

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

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

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

- People were supported to have a balanced diet to ensure their well-being. People and their relatives had mixed views on the food and menus on offer. Comments included, "The chef is very nice, but food quality is only adequate at best", "The food's not bad", "The food's not bad but not as good as my mums", and, "The two new chefs are very good and on the whole, they know what is liked and what is suitable for people."
- We spoke with the registered manager who told us people were regularly consulted about the menus on offer and the types of foods they preferred. They showed us minutes of meetings regularly held in which food and menus were discussed. They also showed us a food survey that was given to people at regular intervals after meal times providing them with the opportunity to share any comments or suggestions they had on the quality of foods and menus offered.
- The registered manager told us that after our last inspection of the service the kitchen was now managed by an external catering company. We noted that the Food Standards Agency visited the service in December 2018 and rated them 4 meaning they were Good.
- Kitchen staff had access to people's dietary information and cultural needs and preferences. Care plans documented people's nutritional needs, support required with meal preparation, known allergies and any nutritional risks such as swallowing difficulties and weight loss or gain.
- We observed meal times in the dining room, lounge and conservatory and saw that people received the diets and consistency of foods in line with health care professional's recommendations. People had access to adapted equipment where required to enable greater independence. There was a good staff presence and people were supported to eat their meals where required.

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

- People's physical and mental health care and support needs were effectively assessed, documented and reviewed by staff to ensure their needs were met.
- Records of health care appointments were documented in people's care plans detailing any treatment required or received so staff were informed of any changes.
- Staff ensured people received effective care when moving between services and when receiving treatment by sharing key information with healthcare professionals about their needs.
- People and their relatives told us they had access to healthcare services when they needed them. Comments included, "Access to the Dr, Dentist, Physio and chiropodist is straightforward", "There is a Dr here on a Monday and they can be seen. The chiropodist is very good", and, "I'm very pleased with the physio as relative has really benefiting now they are in a routine of regular physio."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- People told us staff sought their consent before they offered support and respected their decisions and rights. One person said, "Staff always ask for consent to do something, there is a lot of understanding of that here."
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.

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

- Assessments of people's needs, and preferences were completed before they moved into the home in order to ensure the service's suitability and that their needs and preferences could be met.
- Assessments covered areas such as individual's personal history, preferences, wishes and consent. Nationally recognised planning tools such as the multi universal screening tool (MUST) was being used to assess nutritional risk.

Staff support: induction, training, skills and experience

- There continued to be effective processes in place to ensure staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff were knowledgeable about the people they supported and had the necessary skills to meet their needs appropriately. Staff received training in a range of topics including safeguarding, diet and nutrition, pressure wounds, end of life care, promoting positive behaviour and equality and diversity amongst others. Nursing staff received appropriate nurse refresher training such as ear irrigation, catheterisation and diabetes management.
- Staff told us they received regular supervision and support. Comments included, "The manager and deputy are very supportive. We have supervision and nurses' meetings where we can discuss any issues", and, "We are a good team and support each other. I get regular supervisions and feel very supported by management."

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

- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met.
- One person told us, "The two physiotherapists are very good I owe my mobility to them." Another person commented, "I find the use of the hoist very uncomfortable but feel safe when it's used. Staff know what they are doing and there is always two of them." A third person said, "I am not allowed to walk without my

frame. The physiotherapist walks me up and down."

- Care plans contained detailed guidance for staff on the use of specialist equipment which was subject to regular checks and routine servicing.

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.

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

- People and their relatives told us they were consulted and provided with information about their care and support options. They were involved in making decisions about their care and support. Comments included, "The family are involved in everything, they are very good. I leave it all to them", "Yes, they [staff] always consult with me and I have been given information", and, "I know what I need help with and staff know that. I do have information about my care."
- People told us staff communicated well with them. Individual's communication needs were assessed and documented within their plan of care. For example, guidance for staff on effective communication methods such as speaking clearly with direct eye contact or using pictures to communicate. This ensured staff could effectively communicate and engage with people.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read.
- Care plans and records included people's preferences and choices about how they wished to be supported and meetings took place with people and their relatives where appropriate, to discuss their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us staff treated them well and supported them to meet their needs and wishes. Comments included, "Staff are very caring", "Staff are very friendly and supportive", "I felt very down today but one of the new staff members has been very kind", and, "The staff are 100% caring, they engage with everybody by name and are playful and loving."
- People were allocated a keyworker to support them to meet their expressed needs and wishes. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- People's diverse needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- One person told us, "There is a church service here that I always go to and people from my church where I used to go still visit."
- Staff had received training on equality and diversity to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect, maintained their dignity and privacy and supported them to promote their independence. Comments included, "When I am having a strip wash staff do my feet and back but respect the fact that I want to wash my privates", "I have said I don't want a man to do personal

things and they respect that", "Staff are very good and know what they are doing, they are also very patient with me as I am very slow", and, "I am encouraged to be independent, staff know who can do things."

- Throughout our inspection we observed staff providing support to people in a caring and respectful manner. Staff responded to people politely, allowing them time to respond and to make choices.
- Staff told us, and we observed they ensured people's privacy and dignity was respected by knocking on doors and seeking permission before entering their rooms.
- People and their relatives told us they were supported to maintain relationships that were important to them. Comments included, "My family visit often which I love", "As a relative I am definitely made to feel welcome", "Relatives and friends are made very welcome. My [relative] comes every Sunday for lunch and doesn't have to pay", and, "The family come all the time and are made very welcome."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care and support needs were assessed and reviewed to meet their individual needs and wishes appropriately. One person commented, "Yes I have a care plan and staff do ask how I am and if everything is ok."
- Care plans contained detailed information on how people's needs should be met in view of their wishes and guidance for staff on how best to support people to meet their identified needs. For example, guidelines on how to support people with their mobility and transfer needs and how to support people at meal times ensuring any known risk such as choking are minimised.
- People were supported by staff who knew them well, were knowledgeable about their individual interests and how best to meet their needs. One person commented, "The staff know my health needs, they are very caring. I have known some of them for a long time."

Meeting people's communication needs

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

- People's communication needs were identified, assessed and recorded in their care plans. Staff understood and acted in accordance with the Accessible Information Standard [AIS].

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

- People were supported to participate in activities that met their need for social interaction and stimulation. There was a variety of internal and external activities planned including visits from local community groups and schools and trips out for coffee or lunch, shopping, visits to museums and regular visits to a local cinema which people were members of the Silver Screen Club.
- One person told us, "I like to get involved with what is going on. There is always something every day. We have people come in to play music and sing, I enjoy that. We also go out on trips."
- The registered manager told us that they had recently implemented a 'lunch date' event after feedback received from people about activities and menus. The event is held for those who like to chat at the dining table, but not in large groups. The registered manager commented, "This was discussed at our residents' meetings and the response was quite encouraging. Two couples have been having lunch together and the feedback has been positive."

End of life care and support

- People received responsive care and support at the end of their lives. Care plans documented discussions had with individuals and their relatives where appropriate, about any advanced directives and end of life care wishes including choice of funeral arrangements.
- The home was recognised at a national level for delivering good end of life care and support and has been awarded with the Gold Standard Framework (GSF) Quality Hallmark Platinum status which is, the highest level of award achieved. The GSF is a systematic, evidence-based approach to optimising care for people approaching the end of their life, delivered by generalist frontline care providers.
- The registered manager told us, "We believe that our people deserve the best and should die in the place of their choice and through collaborative work with other professionals. We avoid unnecessary hospital admissions, therefore enabling our people to die with dignity in the place of their choice and where they see as their home. The GSF has allowed all our staff to meet the needs of our people and their relatives with confidence. Our aim is to continue to ensure that people coming to the end of their life and their families feel supported and get the right care that they need."

Improving care quality in response to complaints or concerns

- There continued to be appropriate arrangements in place to respond to people's concerns and complaints. The complaints procedure was available in different formats to meet people's needs and was made accessible to people, relatives and visitors.
- People were aware of the complaints procedure and knew how to make a complaint. Comments included, "I do make complaints from time to time, because I am an articulate person I am often regarded as representative of people less able to speak", "I go to resident's meetings and that's where complaints are aired", and, "I haven't had to make a complaint but if I did I would speak to the first person who passes the door."
- Complaints records we looked at showed that when complaints were received these were responded to appropriately in line with the provider's policy to ensure best outcomes for people. There were systems in place that ensured complaints and suggestions were managed appropriately including a complaints tracker and audit tools which monitored their progress.

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 quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to monitor the safety of the premises and equipment effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager recognised the importance of regularly monitoring the quality and safety of the service to help drive improvements.
- There were effective processes in place to monitor the quality and safety of the service and to make improvements when required.
- Audits and checks were carried out on a regular basis in areas such as health and safety of equipment and the premises, general maintenance and repairs, infection control, staff training and records, fire safety, cleaning schedules, care records and medicines management amongst others. Where required, action plans were developed to address any issues or concerns raised. For example, we saw that actions had been taken to address and maintain areas such as fire safety, water and legionella risks, electrical installations, asbestos surveys, staff spot checks and lift maintenance which were identified at our last inspection.
- Daily staff handover meetings were held and provided staff with the opportunity to discuss people's individual daily needs and any issues or concerns so they could be promptly remedied.
- Staff meetings were held on a regular basis for different disciplines within the home. For example, nursing staff, care staff, general staff including maintenance and domestic staff. These provided staff with the opportunity to discuss issues relating to the management and safety of the service and home environment. For example, the carers meeting discussed, and actioned hoist and sling checks and a recent night staff spot check visit actioned staff with cleaning chores and safety checks.

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

- The service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and

contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

- Minutes of meetings held with people and staff showed people were consulted about how the service was run.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were established processes and procedures in place to ensure people received the care and support they wanted.
- The registered manager told us they had an open-door policy that enabled people, relatives and staff to raise any issues or concerns or to make suggestions to help drive service improvements. The registered manager understood their duty of candour requirements.
- People were positive about the care and support they received and the way in which the service was managed. Comments included, "Manager looks like a typical woman who runs a place, but she isn't officious", "The manager is a lovely person and communicates well in meetings", "The qualified staff know what they are doing", "Staff are lovely, they are all kind", and, "Yes, it's [service] run well. Staff are all very good and the manager knows what she is doing."
- Staff told us management support was available to them and the service was well managed. Comments included, "The manager is very supportive", "We work well as a team and improvements have been made", "We all do our best to make sure people get good care. The home is run well", and, "I like my job very much. The manager is good, and people are cared for well."

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

- People told us the manager and staff regularly sought their views on the care and support provided. One person said, "We have meetings for various things, they [staff] always check to make sure we are happy." However, a relative told us, "Yes, the home is well run, but communication with families could be improved and there are no relatives' meetings."
- We discussed the absence of relative's meetings with the registered manager. They told us this was a provider decision; however, they were discussing this with the provider as they felt there were positives to holding regular relatives' meetings.
- There were formal systems in place to ensure the service sought the views of people and staff through regular review of care meetings, resident's meetings and six-monthly surveys.
- We saw that the results for last completed residents survey conducted in December 2018 was largely positive. 76 percent of people said they were happy with the management's response to any concerns or complaints made about their care and treatment, 96 percent said they were happy with the social activities provided or arranged, 84 percent said they were satisfied with their overall care and 92 percent said they were happy with the home's decorations and furnishings. 92 percent of visitors said staff made them feel welcomed to the home and they were able to visit relatives and friends in private. We saw that following surveys and feedback received action plans were implemented where required to address any issues, concerns or service improvements.
- People and staff told us they knew about the rating and findings from previous CQC inspections. The rating and a full copy of the report was on display within the home.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, working closely with service commissioners, mental health professionals, GPs, physiotherapists, occupational

therapists, palliative care teams and speech and language therapists.

- The registered manager told us they regularly attended a care home manager forum run by the local authority. They told us this helped to share good practice and they were proactive in making any changes required for the better.