

Willow Tree Lodge Limited

Willow Tree Lodge

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Willow Tree Lodge is a care home for older people, some of whom were living with a dementia related condition. They provide personal care for up to 30 people aged 65 and over. At the time of the inspection there were 27 people living in the home.

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

There were enough staff available to support people. The environment was clean and homely, and people had access to appropriate equipment where needed, which meant people were safe from harm. Quality assurance processes were robust and risks to people and the environment were managed safely. Medicines were administered safely and as prescribed. Records confirmed people received their medications as prescribed and audits were completed to ensure that systems were followed.

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. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role. The home was decorated in homely way and people's bedrooms were highly personalised. People were encouraged to bring things with them to make them more comfortable.

The registered manager and staff provided a family orientated and homely environment for people. Staff had developed very positive relationships with people and knew them well. People, their relatives and external health and social care professionals overwhelmingly told us that the staff were caring and supported them to feel included. One person said, "The staff are the best I have ever come across. They always have time for me." People were offered choices. For example, in the meals and drinks they were offered. Staff respected people's rights to privacy and dignity.

People and their families were involved in the development of personalised care plans that were reviewed regularly. People were offered and took part in a range of meaningful activities. Staff used positive communication techniques with people so that they felt listened to and valued according to their individual needs. The home supported people to receive appropriate end of life care. There was a complaints process that people could follow if they needed to. However, people, their families and external professionals were all very positive about the service provided.

The provider and registered manager had robust systems and processes to monitor quality within the home. The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way. People, their families, staff and external professionals all told us that the registered manager and provider were very supportive, and the home was well led.

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 16 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 ●

Willow Tree Lodge

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 conducted by two inspectors on the first day and one inspector and an expert by experience [ExE] on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of care for older people and those living with dementia.

Service and service type

Willow Tree Lodge 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. The nominated individual was also the provider and is responsible for supervising the management of the service.

We spoke with two external healthcare professionals who were visiting the home. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place. Staff had training about safeguarding and understood types of possible abuse and how to identify these. Staff were knowledgeable about what action they would take if abuse was suspected. One staff member said, "I would report any concerns to the [registered] manager and go to the local authority or CQC if I needed to."
- People and their relatives told us they felt the home was safe. One person said, "This is a very safe place for me to live." A relative told us, "[Relative] is in a safe place here, they are well cared for."
- External professionals who visited the home regularly, also told us they felt the home was very safe. One external healthcare professional said, "I think this is a safe place, if I saw a safeguarding issue I would report it to the [registered] manager. I haven't seen any such matter in the four years I have visited here."
- The registered manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- There was a range of risk assessments that were completed for each person admitted to the home. Examples included mobility, the use of bed rails, risk of skin damage from incontinence or pressure and choking risks.
- Equipment such as hoists, call bells and fire safety equipment were serviced and checked regularly.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained detailed information for staff to follow to keep people safe.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Throughout the inspection we observed that people were given the time they required and were not rushed by staff. Where people rang their call bells, we saw staff attended to these promptly, which people confirmed to us.
- Staffing levels were determined by the number of people using the service and the level of care they required. An allocation sheet was used to ensure that staff were available to assist people when they needed support. Short term absences were covered by existing staff members working additional hours or by the deputy manager or registered manager working directly with people.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment.

Using medicines safely

- Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of. Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- Medicine administration records (MAR) were completed as required.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.
- Clear protocols were in place for medicines that were prescribed to be administered on an 'as required' basis.
- Where people were able to, they were supported to safely administer their own medicines.

Preventing and controlling infection

- The home was clean, tidy and odour free. Domestic staff were employed within the service and staff completed regular cleaning tasks in line with set schedules. An external healthcare professional told us, "On my visits they are always cleaning and tidying up." A person said, "It is kept very nice and clean here."
- There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons were available throughout all areas of the home. Staff were seen using these when appropriate.
- The laundry room was clean, organised and measures had been taken to ensure the risk of infection was minimised, such as a having a dirty to clean flow for laundry. This helped to prevent cross contamination.
- Infection control audits were completed regularly by a member of the management team and we saw that actions had been taken where required. Staff were trained in infection control. There was an up to date infection control policy in place, which was understood by staff.

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the service. Incidents and accidents were recorded and reviewed by the registered manager each month, to identify patterns and which may help to prevent a reoccurrence. Action was taken promptly such as putting in a sensor mat and reviewing the person's care plan.
- Where patterns were identified, external healthcare professionals were contacted for advice and support. For example, when people had more than one fall, a referral was made to a healthcare service who specialised in assessing falls and supporting with appropriate equipment if needed.
- Staff were given information about any incidents that had occurred when they arrived at work and logged on to the electronic system. This meant that staff could provide appropriate support to people, that recognised any impact on their wellbeing.

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

- People were assessed prior to admission to ensure their needs could be met.
- People's care plans clearly identified their individual needs. People had identified outcomes and care and support was regularly reviewed.
- People's needs were considered holistically and included health, communication, religious and cultural needs. People's choices were also recorded, such as any preferences about the gender of the staff supporting them and their preferences during the day and at night. For example, one person had requested a sign on their bedroom door, to remind people that they did not want any male visitors in their room.
- The registered manager kept up to date with the latest best practice guidance and supported staff to provide care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care from staff that were skilled, competent and suitably trained. One person told us, "I do think the staff are well trained and skilful at what they do."
- New staff completed a comprehensive and structured induction programme relevant to their role. This included essential training, working alongside senior members of staff and learning about key documents and procedures within the service.
- Staff had completed a range of training which was delivered in a variety of ways such as in-house classroom sessions, online 'e-learning' and practical training with external providers. The training was refreshed and updated regularly. One staff member said, "We get notified when we are due training, we get loads and it's really good."
- Staff received regular one-to-one sessions of supervision, which they told us they found useful. These provided an opportunity for the registered manager to meet with staff, discuss their training needs, identify any concerns, and offer support.

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

- People were complimentary of the quality and choice of food available. One person said, "The food is very nice here, there is always a choice and they will make me something special if I wanted it."
- Menus were personalised to people's needs and preferences and people received a balanced diet.
- Throughout the inspection, we observed that people were offered drinks and snacks regularly. Care records and food and fluid charts also demonstrated people had choice and access to sufficient food and drink throughout the day and night. One person confirmed this by saying, "Drinks and snacks are always available."

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- People's care plans clearly highlighted people's food preferences, such as the type of diet they required, any food allergies and the level of assistance they needed. Where people were supported to eat, this was done in a relaxed and encouraging manner.
- Mealtimes were a sociable experience for people who chose to sit in the dining room. People were supported to be independent at mealtimes. For example, they were provided with adapted cutlery and plates of contrasting colours where required, to enable independence.

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

- The home was well maintained, calm and people could move around freely. The environment had been designed and adapted to promote people's safety, independence and social inclusion.
- The home was set over three floors, with a large communal lounge and dining area. Floors could be accessed by a passenger lift and the flooring was suitable for people with mobility needs. The corridors within the home were well lit with handrails along their lengths.
- People's bedrooms were decorated to their taste and individual interests, with personal possessions, furniture and photos.
- People had access to a large, pleasant garden area. However, this was only suitable for those with limited mobility, with staff support. The registered manager told us there were plans in place to make a flat seating area outside which would increase accessibility to people with limited mobility.

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

- An external healthcare professional told us the registered manager and staff worked well with them to ensure people's needs were met. They said, "The [registered] manager and staff work well with us and ask advice. We have a good relationship."
- The home worked with a variety of agencies to provide effective care to people. The registered manager regularly contacted health and social care professionals to discuss people's needs and consider how the staff could follow best practice to meet them.

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff were attentive to their health needs. We saw in people's care records that they had access to a range of healthcare professionals including GPs, nurses, opticians, dieticians and chiropodists when they needed them.
- The home had close links with the local health clinic and a 'clinical lead' for the area visited when needed to review people's health needs, or to ensure prompt access to treatment and medicine.
- If people needed emergency healthcare staff acted quickly to arrange this. They contacted out of hours GPs and called for an ambulance if a person needed one.
- If people required hospital admission, the home used a 'red bag' system, where all essential information about the person was placed in it. This ensured that all relevant information was taken with them and passed over to hospital staff.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good knowledge of the MCA and understood the importance of seeking consent before supporting people. We saw this in practice during our inspection.
- People were involved in their own lives and staff supported them to make choices wherever possible. One staff member said, "We always involve people and give them options, we support them to make choices."
- People told us they were always asked for consent before staff helped them with their personal care. One person said, "Yes, they always ask me before they do things for me."
- We observed that consent to care was sought before support was delivered. For example, staff asked people, where they wanted to eat their lunch or permission to assist them to the bathroom. An external healthcare professional told us, "In my observation the staff seek the consent of the people they are supporting."
- The registered manager had assessed people's mental capacity and where appropriate best interest decisions had been made, involving their families and external professionals.
- We checked whether the service was working within the principles of the MCA. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care.

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

- People and their relatives told us the staff were extremely caring. Comments from people included, "They [staff] are top of the class here, just amazing", "The staff are here for me if I need them, very caring towards me" and "The staff are very good to me, caring and supportive, they always treat me with the greatest respect." A relative told us, "10 out of 10 for the staff, I give them a gold star." We observed staff speaking to people with dignity and respect and interacting extremely positively throughout the inspection.
- External professionals and visitors to the home were also highly complementary about the caring nature of staff. A healthcare professional said, "This home is so lovely, you can see the staff genuinely care and know people really well." A visitor to the home said, "It makes me feel so warm when I come here. I feel like a friend and residents always seem really happy."
- There was a strong person-centred culture in the home. Staff knew people very well and regularly communicated with them, listening to their views and wishes. Care plans identified people's preferences and protected characteristics, including any cultural needs or religious beliefs. A church service was held in the home regularly and the registered manager arranged for people to receive visits from their specific religious ministers when they wanted.
- Each person had details of their life history recorded, which staff used to get to know people and to build relationships with them. For example, the registered manager ensured that this information was gathered as part of the initial assessment process. This meant that before people arrived at the home, staff had read information about their life history, so they were able to welcome them and start positive conversations, which enabled people to quickly feel at home.
- Interactions between staff and people were natural and showed positive relationships had been developed. For example, one person enjoyed receiving postcards from staff when they went away on holiday and the postcards they had received were pinned up around their bedroom. When people had birthdays, they received a birthday cake and a bespoke birthday card that were made for them with personalised pictures of their interests on.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records and diverse needs were recorded and responded to. For example, one person had different cultural experiences and during reminiscence about their past, staff showed great empathy and recognised that the person may have different memories than other people.
- Staff demonstrated that they knew people well. One person liked to have their cushions arranged in a certain way in their room. Staff were aware of how important this was and made sure this was done neatly each day. One staff member said, "We care what is right for each person and listen to what they want."

- Staff told us they enjoyed working at the home and had time to spend with people and could support them without being rushed. One staff member said, "I love working here, it's like one big happy family, it's such a lovely place to work." Staff demonstrated that they knew people very well and considered how they could make people feel valued and involved. For example, we observed staff talking to people about their families and past events. Conversation was friendly and relaxed, and people were respected at all times.
- We observed staff responding to people with kindness and patience. For example, when one person wanted to dance to music, staff immediately got up with them and they danced around the lounge smiling and laughing together. Another person became tearful and staff went to them and provided comfort by speaking softly to them and using gentle touch to reassure them. This demonstrated that the staff team genuinely cared about people and wanted them to have positive experiences living in the home.

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

- The registered manager sought the views of people and their families during the care planning process and through individual contact. People's care plans detailed what was important to them and how they wanted to be supported. For example, one person's care plan explained that they did not like to get washed and dressed until later in the day. Staff understood this and respected the person's wishes. Another person's care plan detailed how they enjoyed playing board games in their room with staff and this was a vital part of their wellbeing. A third person, whose needs had increased and who was cared for in bed, still wanted to have their hair done each week by the hairdresser at the home. It was identified that this was crucially important to them as it had been a lifelong routine and the person's previous profession. We observed that people's needs were met in accordance with their care plan and staff had time to spend with them, respecting their wishes and preferences at all times.
- Staff spoke to people and their families regularly, to ensure that they listened to them and worked together to meet their chosen outcomes. One person told us, "The staff do know how I like things done and they do their best to do it that way." A relative said, "I have been involved in [relative's] care planning, they keep us informed of any problems".
- We observed staff offering people choices and involving them in what was happening in the home. A member of staff told us, "We always ask people what they want, we don't rush them and support them to take their time. Everything we do is about them."
- Staff spoke to people in a way they could understand and showed a great deal of patience and kindness when supporting people living with dementia. For example, we observed staff supporting people to make choices about what to eat, what nail colour they wanted when having a manicure and if they wanted to remain in the lounge and be involved with the entertainment or go somewhere quieter. Staff were skilled in the way they communicated with people which enabled them to be involved in decisions about their lives. They spoke to people using communication that could be easily understood and gently repeated information when needed, without showing any frustration.
- We observed a staff team that were highly motivated and positive about the work they did. They demonstrated that they provided people with person-centred care and were passionate about achieving good outcomes for people. A staff member said, "We all get on really well. Everyone gets on well, we all help each other out." Another staff member said, "The thing I love about here is that the [registered] manager and provider are always available, they really care what is right for people."

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities when respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms. One person told us, "The staff always knock before they enter my room." Another person said, "They always respect my dignity, they are careful like that".
- People's independence was promoted. Staff knew people's abilities well and this was reflected in care

plans. One person said, "They encourage me to be independent."

- Families and visitors were welcome in the home. There were spaces where family and friends could sit privately with people and join them for meals if wanted. One person had family who live abroad and on Christmas day staff supported them to make a video telephone call to their family.
- The service had clear systems in place to ensure confidentiality, which staff were aware of and adhered to.

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 ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs and preferences. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.
- People told us their needs were met by staff that knew them well. One person said, "Oh the staff here are lovely, they really look after us well."
- People had person centred care plans that described their individual needs and what was important to them. People's life history was captured, and families confirmed they had been involved in developing these. One relative said, "I have been engaged in [person's] care plan, it does get updated." Another relative told us, "My brothers and I were involved in [person's] care plan, it was well sorted out and is updated."
- Care plans were in an electronic format and the provider had recently invested in a new system that enabled staff to immediately update the system by talking into a hand-held unit. For example, we saw that when people had been enjoying an activity in the lounge, staff immediately recorded what people had been doing and if they enjoyed it. This meant accurate information was recorded and staff did not have to spend time away from people, writing up notes in care plans.

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 was considered within their care plans. For example, where people had communication needs, information was detailed in their care plans about how staff should support them to understand.
- Staff described to us how they supported people to understand and make choices. For example, staff told us that they would show people meal choices and items of clothing, to assist them to understand and make choices.
- The registered manager told us that some people living at the home did not have English as their first language. Staff had been supported to learn some words in the language people used, which helped them to communicate with people.

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 provided with the opportunity to participate in a range of activities, including; quizzes, chair exercises, singing, pamper sessions, live music, exotic animals and farm animal visits and visits from a

comedian. As part of the programme of activities available, the registered manager had also made links with a school in the community, who visited the service at certain times of the year, such as Christmas. People's friends and families were invited to special events such as birthday celebrations, garden parties and Summer BBQs. One person said, "The activities are good here, lots of singing and musical stuff." Another said, "Yes, I like the activities and they [staff] encourage me to get involved."

- During the inspection we observed staff supporting people to be engaged in activities and discussions that were relevant to them. For example, on the first day of the inspection, we saw staff using an interactive social media tv channel to support people to reminisce about their past. They were watching an old television programme about events in history and this generated conversations about people's own experiences.
- On the second day of the inspection, there was a special commemoration day for the 75-year anniversary of D-day. Staff were supporting people to watch the event on televisions throughout the home and we observed that they were sensitive to people's emotions and memories. Some people who had differing nationalities, had different experiences to others. Staff recognised this and showed great care and empathy towards them, supporting one person who had become upset.
- The registered manager told us that during the warmer months, they support people to get out into the community. They hire a mini-bus from a local charity and arranged visits to the seaside and to public houses for lunch.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, and this was available to people and on display in the entrance hall of the home.
- People and their families told us they knew how to complain if they needed to. One person said, "If I had a problem I would speak to the manager." Another said, "If I was worried I would talk to staff, but I have nothing to complain about."
- Additional feedback was sought through annual questionnaires sent to relatives, external professionals, and staff.

End of life care and support

- People's end of life wishes were recorded in their care plans. Where people had specific religious preferences these were captured, with details of who to contact.
- Staff had received training in end of life care and supported people and their families, working together to meet people's needs. The registered manager told us that staff really cared about people and if a person had passed away, staff were informed about it before they arrived for work, so they could prepare and be available to support others.
- The registered manager told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.

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 now 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

- The provider communicated their philosophy of care with people, through a resident's rights policy. This was to promote people's privacy, dignity, independence, choice, rights and fulfilment. We found the culture of the staff and service met the philosophy set out by the provider. A staff member told us, "I love working here, the [registered] manager and provider really care about the people and want to make it as good as possible for them."
- The registered manager demonstrated skill and passion, and this was shared with the staff team.
- People and their relatives told us that the home was well run. One person said, "The manager is lovely towards me." A relative told us, "The manager is very good here, the home is well run." A second relative said, "The manager is very approachable. Visitors like me are always made to feel very welcome here."
- The registered manager told us the service followed all current and relevant legislation along with best practice guidelines. There were systems in place that ensured people received person-centred care which met their needs and reflected their preferences.
- External professionals told us that the service was well run. One said, "I do think this home is well managed, it always works so well and makes my job much easier."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. We observed records where this policy had been actioned.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. This information was also included on the home's website with a link to the full report.

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

- The staff team were motivated and as a result, people were cared for by competent staff who knew them well. The registered manager told us, "I have a good staff team who really care about the people who live here."
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- Effective communication between the registered manager and staff team supported a well organised service for people. Staff were confident about raising any concerns with the registered manager. One told us,

"I can talk to the [registered] manager whenever I need to, they are really helpful and will listen to us."

- The provider regularly visited the service and had oversight of the quality of care being delivered. The registered manager told us they had a positive relationship with the provider and prompt action was taken when equipment or repairs were needed. They said, "[Provider] is very hands on and involved. If we have a problem, they will come straight over and help to sort it out." In addition, the provider employed a maintenance person who had responsibility for the health and safety out the home. They carried out regular checks on the environment, including health and safety and fire safety.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on medicines management, safeguarding, whistleblowing, complaints and infection control.

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

- People told us they felt involved in the home and what they did. One person said, "Everyone gets on well together here, the atmosphere is very good, we get asked what we want".
- People's individual life choices and preferences were consistently met. The registered manager and staff team were clear about how they met people's human rights. People and families were involved in planning care and support and the registered manager regularly spoke to people and involved them in decisions about the service.
- Staff told us they felt supported in their role by the registered manager and provider. One staff member said, "The [registered] manager is great, there is nothing they don't know or can't help with." Another said, "The [registered] manager and provider are so supportive. They go above and beyond for us, they are so brilliant."
- Staff told us about the training they had received and how it had helped them to provide support to the people using the service. One staff member said, "We get loads of training and it's really good." Another staff member told us, "We are doing some training on Autism soon, which is great. We don't have anyone here with a diagnosis, but there could be someone who is not diagnosed, or we may have someone move in, who has Autism, so it's great to get that knowledge and understanding."
- Staff meetings were held regularly. Meetings were used to provide information, such as planned improvements to the environment, training and introducing activity ideas. One staff member told us, "They [meetings] are really good, it's a good chance to catch up with what's going on in the home." Staff wellbeing was recognised and promoted. The provider had an assistance programme which provided advice and guidance to staff as well as counselling and support if required.

Continuous learning and improving care

- The registered manager and provider analysed feedback from people, staff and audits. They used the findings to inform their service improvement plan.
- The electronic care records system used, enabled the registered manager to be alerted when any accidents or incidents had occurred. This meant they could review what had happened and take action where needed. In addition, the registered manager completed daily safety and security checks which included observations of people's welfare, the call bell system, lighting in the home, infection control, fire doors, the laundry room and moving and handling equipment.
- The registered manager kept up to date by monitoring information from organisations such as the National Institute of Care Excellence (NICE), CQC, the Food Standards Agency and Public Health. In addition, the registered manager attended a local care forum and an annual care event, where new ideas and best practice were shared and discussed. This enabled them to consider ways to improve people's care experiences.
- The provider and registered managers sought feedback from people, their relatives, external professionals and staff about the service in a range of ways, including quality assurance surveys and informal conversations.

Working in partnership with others

- The management team worked effectively with social care professionals, health care professionals and the local authority to develop the service and improve the quality of care provided.
- The registered manager told us they have a positive working relationship with the local nursing team who regularly came into the home to review people's changing needs. For example, during our visit we saw two nurses who came in and reviewed people whose health needs had changed. In addition, the provider offered home for the community nursing team to provide training for staff on specific areas such as treatment of skin tears. The training opportunity was also open for other care homes in the area to attend, so they could share best practice.