

Ms K A Rogers

# Coldwells House

## Inspection report

Coldwell's Road  
Holmer  
Hereford  
Herefordshire  
HR1 1LH

Tel: 01432272414

Website: [www.herefordshirecarehomes.com](http://www.herefordshirecarehomes.com)

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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?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Coldwells House is a residential care home providing accommodation for persons who require nursing or personal care to up to 41 people. The service provides support to older people, some of whom may live with dementia, mental health support needs or physical disabilities. At the time of our inspection there were 38 people using the service.

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

People's lives continued to be enriched because staff ensured they understood what mattered to them and supported them as they wished.

Relatives were extremely complimentary about the way their family members care was planned and provided. Relatives consistently told us the actions taken by staff promoted their family member's physical health and mental well-being, because staff celebrated them as individuals.

People were empowered by staff to do a wide range of interesting things such as participating in choirs, gentle exercise, practice their faith and to keep in touch with others who were important to them. Peoples individual communication and support needs were sensitively supported by staff, so their opportunities to enjoy life were maximised.

People were supported at the end of their lives in ways which reflected their choices and wishes. Relatives told us the level of dedication and support from staff at this key stage in their family member's lives had had a profoundly positive impact on their family members and them.

People had built extremely trusting and caring bonds with the staff who supported them. This gave people the confidence to ask for support when they wanted it. Relatives highlighted these bonds had a very positive impact on their family member's wellbeing. Staff ensured they promoted people's rights to dignity, privacy and independence.

The culture at the home encouraged and nurtured people. Relatives told us the way the home was run meant their family members received exceptional care.

Suggestions made by people, relatives and other professionals were listened to and used to inform how the home was developed. Staff were positive about working at the home and told us they were well supported by an approachable management team. The registered manager and provider were committed to ensuring opportunities were taken for driving improvements at the home. This included acquiring quality accreditation based on best practise standards which promoted exceptional care.

People were involved in decision's about how they preferred their safety to be managed. Staff understood risks people experienced and took action to help them to stay as safe as possible. Regular checks were

made on the environment to ensure the risk of infections were reduced. This included appropriate use of PPE by visitors and staff. Recruitment checks were undertaken on the suitability of staff before they were allowed to work with people.

Peoples needs were assessed and regularly reviewed. Staff worked with other health and social care professionals so people's physical and mental health needs would be promoted. Relatives told us staff were skilled at assisting their family members and promoting their rights.

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 premises was used in ways which supported people to orientate round the home and promote their well-being.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was outstanding, (published 28/12/2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coldwells House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

# Coldwells 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of two inspectors and a specialist advisor in nursing on the first day of the inspection. The inspection team consisted of one inspector and a specialist advisor in nursing on the second day of the inspection.

#### Service and service type

Coldwells House 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

The first day of the inspection was unannounced. The second day of the inspection was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who lived at the home and four relatives. We spoke with 14 members of staff

including the registered manager, the provider, senior staff, care workers, an activities staff member, a business manager, members of the housekeeper and laundry team and a receptionist. We spent time seeing how people were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at records relating to the management of the service and the safety and quality of people's care. These included audits and checks undertaken by the registered manager and provider including in relation to accidents and incidents and infection control. We reviewed a range of policies and procedures relating to people's safety and infection control.

We saw the compliments received by the service, and how staff communicated with relatives and between teams. In addition, we looked at records showing us how people were supported to do things they enjoyed.

After the inspection

We reviewed additional information the registered manager sent to us showing how people enjoyed spending their time, including how people spent time virtually to maintain important links with local groups. We also reviewed the additional information the provider sent us showing the quality awards obtained by staff for the care of people at the end of their lives.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to recognise any signs of potential abuse and what actions to take if they had concerns for people's safety.
- Staff were confident the registered manager and senior staff would take action to support people, should this be required. One staff member said, "I have never seen anything (untoward). I would not hesitate to raise it if I did and I know I would be listened to and any concerns would be acted on."
- The provider had policies and procedures to manage any safeguarding concerns, should these occur.

Assessing risk, safety monitoring and management

- People and their relatives were involved in decisions to promote safe care. One relative explained they were regularly involved in decisions to promote their family member's psychological safety. The relative said this had a very positive impact and reduced their family member's anxiety.
- Staff were given guidance on how to support people to manage their risks. This included guidance to support the reduction of people experiencing falls, infection and risks related to poor hydration and nutrition.
- Suitable equipment, such as sensor mats, were in place to promote people's safety. We saw staff took time to support people at their own pace and gently remind them of the safest way to do what they chose to do.
- The registered manager undertook regular checks on the safety of the premises and people's care, so they could be assured risks to people were reduced.

Staffing and recruitment

- There was enough staff to care for people. We saw people did not have to wait long if they wanted support from staff.
- Staffing levels were adjusted according to people's level of need to ensure there were enough staff to support people safely.
- The registered manager undertook employment checks before new staff worked at the home. This helped to assure them staff were suitable to support people.

Using medicines safely

- People were supported by staff to have the medicines they needed to remain well.
- Staff were not allowed to administer people's medicines until they had been trained. Staff competency to continue to administer people's medicines was regularly checked.
- The registered manager and senior staff regularly checked people received their medicines as prescribed.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following government guidance in relation to care home visiting. This included in relation to unlimited, supported access for relatives to facilitate good end of life care and the maintenance of relationships which were important to people.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- Visiting professionals were asked to provide proof of their vaccination or exemption status prior to entry to the home.
- The provider had worked with people, their relatives and friends to ensure people continued to receive visits safely. This included checking visitor's lateral flow tests, vaccination status, and providing appropriate PPE for visitors to use.

## Learning lessons when things go wrong

- There were robust systems in place to take learning from any untoward incidents at the home, such as people experiencing falls and medicine recording errors. This helped to improve people's safety.
- The provider ensured any learning was taken from any incidents in their other homes.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives were involved in the assessment process before people moved to the home. This ensured staff had guidance on supporting people as soon as they moved in.
- Staff sought the views of other health and social care professionals and followed their advice when considering people's assessed needs.

Staff support: induction, training, skills and experience

- People and relatives praised how staff used their skills to support them. One relative told us, "[Person's name] is now less anxious."
- Staff were guided to provide good care through training to develop their skills and knowledge further. Staff explained how this helped them to keep people safe and ensure they experienced the best health and well-being possible. Additional specialist training, such as pressure care for people with different skin colours was planned.
- New staff were supported through an induction programme and had opportunities to work with more experienced staff. This included temporary workers, who regularly work at the home. One staff member told us, "I do the e-learning with my agency, but Coldwells House gave me an induction, which helped me to understand what to do."

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

- People enjoyed their mealtime experiences and were encouraged to let staff know what they wanted to eat and drink.
- Staff ensured people had access to snacks at the times they wished. One night staff member said, "We always offer a cuppa and a snack if they get up in the night." This helped to ensure people's needs and preferences were met.
- When staff had concerns about people's eating and drinking, they monitored this and sought advice from other health and social care professionals, so people would remain well.

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

- People's health was consistently checked. Relatives told us staff promptly sought advice from people's GPs if they had any concerns for their family member's physical or mental health.
- Staff routinely supported people to see other health and social care professionals, such as district nurses and opticians.
- Where other health and social care professionals had provided advice on the best way to care for people

this was actioned by staff.

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

- People's enjoyment, safety and dementia needs were considered in the way the home was used. For example, there were wide corridors with plenty of resting places for people to enjoy using. One relative said, "It is bright and airy in there with a nice physical atmosphere." People had the opportunity to use an on-site nail bar and hairdresser. A comfortable waiting area had been provided for people to enjoy relaxing and chatting in.
- Staff helped people to navigate round the home and to their rooms through signage and individualised pictorial information.
- We saw people enjoyed spending time in different areas of the home, such as quiet or more sociable lounges. People also took pleasure in using the garden areas.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People were supported by staff who understood their rights. Mental capacity assessments and best interest decisions were made in consultation with people, their relatives and other health and social care professionals. Systems were in place to ensure any DoLS were appropriately obtained and any conditions required observed., so people's rights would be promoted.

# 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 our last inspection we rated this key question outstanding. The rating for this key question has remained 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 had developed extremely close bonds with the staff who supported them. This was because of the actions staff took to show them they were respected and valued as individuals. We saw people take comfort from the support staff provided when people were anxious, so they recovered quickly. We also saw how much pleasure people took from chatting with staff and sharing a joke. This was of significant benefit to people when they were not able to have full contact with their relatives during the COVID-19 pandemic and enriched people's lives.
- Relatives were consistently positive about the considerate way their family members were cared for and told us staff went the extra mile to ensure their family members knew they were loved by staff. One relative explained how much this meant to their family member and said, "The staff are so caring. The staff organised a wonderful tea for [person's name] 100th birthday."
- Another relative told us, "There's trust, they [staff] won't let you down. Staff are lovely, genuine and kind." The relative told us their family member, who had complex care needs, settled quickly into life at the home, because of the kind and compassionate way staff cared for them. The relative said their family member was now having the medicines they needed and enough to eat and drink, so they would remain well.
- Staff recognised the importance of ensuring people still had the best quality of life during COVID-19 restrictions, and showed commitment to continuing to provide outstanding care, built on kindness and compassion. Staff told us they prized the relationships they had built with the people they cared for and were interested in them. One staff member told us because of the bonds they had developed with the people living at the home, "I love the residents."
- The development of these bonds meant staff knew people well and were skilled at anticipating what support they may want, where they were not able to tell staff directly. For example, we saw staff sensitively and gently talked with people when assisting them to move round the home and offered constant reassurance when people wanted this. This comforted people, so they were less anxious. Staff also spent time sitting with people, holding their hand and chatting with them, so they did not become distressed.
- Staff recognised where people may be more independent, but still enjoyed meaningful time spent with staff. One staff member said, "You ask questions when you see the residents and have a chat with them. They like to have a chat." This approach helped people to maintain their confidence, express themselves and lead fulfilled lives.

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

- The skilled way people were supported by staff meant they were empowered and had the confidence to let staff know what care they wanted. People decided many of their own care decisions, including what

gender of staff they wished to provide their personal care and what involvement they wanted in administering their own medication. Where people made such decisions independently this was respected by staff.

- People had continued to thrive during the COVID-19 pandemic because of the exceptionally caring way they were supported by staff. This meant people had unexpected moments of pleasure and experienced joy in their daily lives. For example, we saw staff took time to include people in life at the home who may otherwise be marginalised because of their complex needs. We saw this approach inspired people living at the home to fully value the Coldwells House community.
- Staff recognised people were not able to make choices about going out as they usually did during the COVID-19 pandemic. Staff had used their extensive knowledge of what mattered to people when considering the best way to continue to promote choice within the home during this time. Some people had continued to enjoy spending time on their own. Staff had thoughtfully provided a wide range of games and activities for people to choose to use, as they wished. One person said, "I really just like a quiet game of solitaire or a jigsaw." We saw people had been supported to choose from a wide range of interesting things to enjoy doing together. This included valentine's dinner dances, "Cinema" nights, and St George's day celebrations. People choosing to attend these events thoroughly enjoyed them.
- Staff worked closely with relatives to ensure people were supported to make their own choices. One staff member gave us an example showing what a difference this had made to a person living at the home, who was supported to decide to attend a family wedding during the COVID-19 pandemic. Staff went the extra mile to ensure the person was fully supported prior to making their choice, so they and their relatives knew this could be planned in a safe way. The planning considered safety aspects for both the person and other people residing at the home. Staff had carefully considered what additional assistance the person may require on their return to Coldwells House, so the person's mental health and safety would continue to be promoted. The person's relative told us the approach taken by staff brought comfort and pleasure to the person and promoted their well-being.
- Staff used their knowledge of people's histories and sensitively offered them options when assisting them to make day to day decisions. This included what they wanted to eat and drink, what time they wished to get up or go to bed.

Respecting and promoting people's privacy, dignity and independence

- People's need for autonomy was recognised and celebrated by staff. Staff continued to support people to administer some of their own medicines, make their own decisions about what to wear, where they wanted to spend their time and what interesting things they wanted to do. This helped people to continue to maintain their independence. One relative told us how much this meant to their family member and said, "Mum is independent. Staff understand this."
- People's privacy was promoted. Staff ensured care records were securely stored and recognised when people wanted to spend time on their own. Staff carefully considered environmental factors which could detract from people's privacy and well-being. For example, the service had changed the standard alarm call system for pocket pagers. This was done to reduce unnecessary noise at the home and promote people's privacy.
- Staff took time to seek people's permission before they entered their rooms and listened to people's responses. Staff promptly and sensitively supported people to maintain their dignity when in the communal areas of the home.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was also a whole staff team approach to ensure people were supported to maintain meaningful relationships with those closest to them and the wider community.
- Relatives gave us examples of the carefully considered and tailored support their family members received to keep in touch with them. This included through support during virtual visits. One relative told us their family member really enjoyed poetry. The relative said, "On all the lovely skype calls we and staff did things to support [person's name]." The relative explained, "It was a hoot. [Staff member's name] also read poetry and dressed up. [Person's name] was loving it."
- Staff understood how much pleasure people experienced continuing their relationships with community groups from all age ranges. Staff had worked in imaginative and flexible ways so this could be achieved. This included ensuring people had opportunities to take part in virtual choirs, and by continuing to foster strong links with community groups for young people, through letters and virtual music sessions. This enriched people's lives.
- People were supported by staff with specific roles to provide activities and to support social gatherings, such as walking groups, Tai chi, themed social fine dining experiences and crafts. There were regular church services for residents' spiritual needs.
- One person said how much they liked telling their relative what interesting things they had done. The person explained how interested their relative was and knowing they had done things they enjoyed made their relative feel very happy. A relative told us, "[People] have drive and interest because of what goes on here. There is something for everyone."
- Staff knew some people preferred to socialise on a one-to-one basis and supported this by taking time to chat with people.
- We saw people laughing with other people living at the home and staff whilst making Christmas decorations. People also met in small social groups, chatting, and sharing the newspaper and enjoying the daily crossword and Sudoku.

End of life care and support

- Relatives told us the end of life care provided at Coldwells House was exceptional. One relative explained about the caring, committed and sensitive way their family member's needs had been met when they were approaching the end of their life. The relative told us staff had used their exceptional skills to support their family member to maintain their recognition of their family members. The relative told us this had a profound and positive impact at the time of their family member's death. The relative said because of this, "It was the best hour with my mum in my life on that night. I cannot underestimate how grateful I am to have

been able to say goodbye to mum."

- Another relative told us how supportive staff had been at the end of their family member's life. The relative told us, "[The staff] were wonderful. One of the night staff was with [person's name] all night. It was such a comfort to know they were not on their own."
- The registered manager undertook evaluations of the care provided to people after every death. They did this so they could be assured they had delivered the care and support for people wanted when nearing the end of their life, and at their death, as set out in their advanced care plans.

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

- People's care plans reflected what was important to them, for example, if people preferred a specific gender of staff member to support them with elements of their care.
- The views of relatives and other health and social care professionals were considered when people's care was planned and reviewed.
- Staff told us people's risk assessments and care plans gave them the information they needed to ensure people received the care they wanted. This included detailed guidance so people's physical needs, such as hydration and nutrition and pressure care, were provided in line with people's preferences.
- People's care plans provided staff with the information they needed to tailor people's care, so it was based on their histories, relationships and likes and dislikes. Staff used this information when caring for people, so they would know they were valued and achieve excellent well-being outcomes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and plans developed to support them, where required.
- Staff gave us examples of how they supported people with communication needs. This included using whiteboards for lip readers when staff were required to wear masks. This promoted people's understanding and provided opportunities for people to continue to be fully involved in their care.
- Picture based information was available to support people to make decisions about what interesting things they would like to do. This promoted people's choice and reduced the likelihood of people experiencing isolation.

Improving care quality in response to complaints or concerns

- Relatives told us they had been advised how to raise any concerns or complaints but had not needed to do this because the care provided was excellent.
- Systems were in place to make sure any concerns or complaints were appropriately managed, and any learning taken from these.

# 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 our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and provider promoted an extremely positive culture, which focused on people's individual needs and aspirations. This inspired staff to respond to people as individuals and achieve excellent outcomes for them. Relatives consistently told us the home was exceptionally well managed, the care provided exceeded their expectations and they too felt supported from the instant they met the staff team and registered manager.
- The way the home was managed meant there was a focus on including people who might otherwise be marginalised. One relative told us their family member had complex physical and mental health needs. The relative said, "[Registered manager's name] is fantastic, they understood [person's name] was worried and anxious, I couldn't thank her enough."
- Another relative explained how much their family member loved their life at the home. The relative said, "The manager spent a lot of time with us and is always supportive. [Registered manger's name] has a brilliant team and we are very glad we chose this home."
- Two relatives told us the culture and quality of care provided at the home had inspired them to volunteer to support people at Coldwells House in the future. One relative said, "I want to support the home. It does not have to be all one way. They support all the residents. It means residents want to be here."
- The registered manager and provider were committed to creating an inclusive home. They ensured there was a diverse staff team and people's care experience was underpinned by the involvement of a wide range of community groups. This kept people connected with communities which were important to them and empowered people to express themselves.
- Staff told us Coldwells House was a very good place to work because of the support they received to provide outstanding care. One staff member said, "It is the best care home I have worked at. They are very focused on the needs of the residents, this comes first. We are here to help them and to work around what they need. It is really good here."

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 registered manager regularly checked the quality of the care provided to people, to ensure it was meeting their needs and to assure themselves this was provided safely. This included checks on people's medicines, the environment, infection control, incidents and accidents and the quality of people's end of life care. this was done so the registered manager and provider could identify any patterns or trends and

address them.

- Where any actions had been identified these were promptly addressed.
- The registered manager understood which key events needed to be notified to Care Quality Commission (CQC) and knew they were required to be open and honest in the event of any untoward incidents affecting people.

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

- People were encouraged to provide their views on the care provided and life at the home during residents' meetings. When people made suggestions, these were acted on. This included views on how they wanted the grounds of the home maintained, dining experiences and safety arrangements for visiting. People gave very positive feedback about actions taken by staff, thanked them and gave a round of applause for their dedication and care.
- Relatives consistently told us the registered manager, provider and staff involved them in their family member's care and developments at the home. Relatives emphasised how flexibly staff worked to ensure they were updated on their family member's welfare and developments at the home. One relative said, "Communication is really good. They contacted us yesterday to let us know that they were concerned about Dad being in pain and had called the GP who had prescribed stronger pain killers." Another relative said, "The [name of provider] does zoom meetings with friends and family which has been really useful. There's a Facebook page for the Coldwells community."
- A member of staff emphasised how good communication was and told us, "[Registered manager and provider names] have given us an [information technology application]. If there are any changes staff are told even before their shift, so you are prepared and can focus on what help people need. You are supported, [registered manager and provider names] will come and help if you need them."
- Staff ensured they included other health and social care professionals in ways which were easy for people to access during lockdown. This included large screen virtual physiotherapy sessions, to support people with sensory needs to continue to enjoy the best health outcomes possible.
- The registered manager worked with other health and social care professionals on preventing hospital admissions which resulted from upper respiratory tract infections, falls, and urinary tract infections. This helped to ensure people's health needs were met at the home and they could continue to live as they wished at Coldwells House.

Continuous learning and improving care

- The registered manager reflected on the care provided to people, to see if their care could be further developed. For example, the registered manager had expanded the on-site café, as they recognised this important hub for people and visitors would be enhanced further if people had more space to enjoy it.
- Staff were encouraged to consider if care could be improved through discussions at meetings focusing on specific areas of support and full staff meetings.
- Relatives told us the registered manager and provider were keen to understand their family member's care experience and to learn from these. One relative gave us an example of how their suggestion for improving visitor experience further was listened to.
- Learning was also taken from the provider's other homes, so people would continue to receive care where improvements were driven through.
- The provider recognised the learning opportunities arising from obtaining external quality awards. The home was accredited for Gold Standards Framework for end of life care in 2020. The provider also supported other care providers and shared learning with them.