Anexas Care Limited

# Stanholm Residential Care Home for the Elderly

## Inspection report

Mill Hill
Edenbridge
Kent
TN8 5DB

Tel: 01732863748

Date of inspection visit:
27 April 2022

Date of publication:
27 May 2022

## 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
Stanholm Residential Care Home for the Elderly is a care home providing personal care for older people, some of whom were living with dementia. The service can provide support to up to 26 people and at the time of the inspection there were 21 people living at the service.

People's experience of using this service and what we found
People told us they felt safe and protected from harm. Staff had completed safeguarding training and explained the steps they would take if they had concerns. Care plans contained risk assessments that covered all aspects of people's support needs. Staff had been recruited safely and there were enough staff every shift to support people. Medicines were stored, administered and disposed of safely and guidelines relating to infection prevention and control and visiting had been followed throughout the pandemic. Accidents and incidents had been recorded, investigated and any learning shared with all staff.

Before people moved to the service the registered manager or deputy manager carried out thorough pre-assessments to ensure that the service could provide the care and support people needed. Staff had been trained to support people with different needs and were supported by managers. People told us they enjoyed the food provided at the service. Everyone's nutrition and hydration needs were met. The cook was knowledgeable about people's needs, likes and dislikes. Staff supported people with health and social care appointments. 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 treated people with kindness and respect. People's dignity was protected and privacy respected. We observed multiple interactions between people and staff during our inspection, all were positive. People were encouraged to make day to day choices and to be as independent as possible but were supported when needed with some tasks.

Care plans had recently moved to a computerised system. Care plans were person centred. People were offered a wide range of activities both in small groups and one to one, provided by a full-time activities co-ordinator. People's communication needs had been considered as part of care planning and staff know people well and how best to communicate. A complaints policy was in place and this was accessible. People and relatives told us they were confident to raise issues. End of life care training had been provided and staff knew the important aspects of people's care towards the end of their lives.

The atmosphere and culture at the service was positive. Everyone spoke well of the registered manager who provided a visible presence throughout the service. A robust auditing system was in place, made easier by the new computer system. Trends and patterns were quickly identified. People, relatives and staff had a variety of ways to provide feedback about the service and this was collated and acted on by the registered manager. The duty of candour had been complied with and the registered manager worked well with

statutory partners and had a clear vision of continuous improvement.

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

Rating at last inspection and update
The last rating for this service was good (published 12 December 2020).

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.

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?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Stanholm Residential Care Home for the Elderly

**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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Stanholm Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stanholm Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

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 the service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people who lived at the service, two relatives, two professionals and eight members of staff. This included the registered manager, the deputy manager, the cook, the activities co-ordinator, two care staff and the person responsible for maintenance. We reviewed a range of records including five care plans, accident and incident reports, complaints and documents relating to auditing and quality assurance. We looked at three staff files and multiple medicine records.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at policies and procedures that the registered manager sent electronically.

Good

# 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. 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 safe and protected from harm. Staff knew people well and understood how to support people safely. People told us they felt safe. A person said, "I'm safe here, the people (staff) are good. They look after me as I can't look after myself now." A relative told us, "I believe (relative) is in a safe environment."

● Staff had received training in safeguarding, we were shown training records that confirmed this. Staff knew the steps to take when they had concerns about a person's safety. A staff member said, "I'd make safe and report to line manager. I wouldn't turn a blind eye to anything, I wouldn't let abuse happen. I know I can call CQC or the police too."

● Safeguarding and whistleblowing policies were in place and accessible to all staff. Staff were aware of the whistleblowing policy and told us they would be confident in using the process if needed.

Assessing risk, safety monitoring and management

● Care plans were electronic and were accessible to all staff through handheld devices. Staff had immediate access to details relating to risks to people. A member of staff said, "It's a really good system, flags on the system highlight changes." Staff understood risks to people.

● Risks were documented and included potential causes and steps staff needed to take to prevent harm. For example, some people were at risk of developing pressure sores, the assessment gave details of regular re-positioning. Others needed their weight monitored and the malnutrition universal screening tool (MUST) was in place, a system to measure people's weight to ensure losses or gains were within a safe range.

● The registered manager had created a 'staff resource folder'. This was in addition to risk assessments, which contained detailed information for staff about important risk areas. For example, falls protocols, a dementia toolkit, pressure grading and oral health risks. Risk assessments were regularly reviewed by the registered manager and were also updated by staff in the daily notes within care plans in the event of any changes.

● Personal emergency evacuation plans (PEEPs) were in place and were easily accessible in the event of an emergency. PEEPs documented the level of support people would need if they had to be moved from the building. Fire safety checks were up to date and we were shown certificates relating to gas, electricity and legionella. Safety checks had been carried out on all equipment for example, stair lifts and window restrictors.

Staffing and recruitment

● There were enough staff on duty every shift, with the appropriate skills, to support people with their daily needs and requirements. A shift rota confirmed this. Away from key responsibilities we observed staff taking time to sit and chat with people. The registered manager confirmed that they completed a monthly report which looked forward to ensure all shifts were covered.

● A person told us, "There are enough staff here." Another added, "I'm safe here, there are plenty of good staff."
● Staff files evidenced that staff had been recruited safely. Staff files contained details of past employment histories, photographic identification, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People were supported with their medicines by staff who had been trained in medicine provision. The registered manager carried out checks on staff competencies and sometimes observed medicines being provided.
● Medicines were ordered from one pharmacy every 28 days and were then stored in a locked, temperature-controlled room. Medicine administration records (MAR) had been completed correctly showing the date, time, name and signature of the staff member administering and a number count of tablets.
● Staff demonstrated what they do in the event of an error or if medicines were refused. A staff member said, "I log refusals, people do a right to refuse. If it persisted, I would speak to the manager and call GP."
● As and when required medicines (PRN) for example, occasional pain relief was subject to a separate protocol which staff were confident with and were able to explain processes to us. A staff member told us, "PRN are recorded on the MAR but we ask each time to be sure. I can usually tell when people are unwell."

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 had followed government guidelines relating to visiting arrangements throughout the recent pandemic. Visitors had to provide proof of a negative COVID-19 test and were required to wear face masks in all communal areas of the home. A relative told us, "I have been very impressed with the COVID measures throughout the pandemic."

Learning lessons when things go wrong
● The registered manager had introduced a new system of recording accidents and incidents which was thorough and emphasised the need for prevention of further incidents. For example, if a person experienced a fall, a root cause analysis would be triggered. A post falls checklist ensured that all aspects had been considered including, when appropriate, referrals to the falls clinic or GP.
● The registered manager did a monthly analysis of accidents and looked for any trends or patterns. Copies of accident reports were attached to care plans so all staff had immediate access and could provide additional support for people if needed. Risk assessments were updated. Relatives and loved ones were always immediately contacted and regular observations were recorded for people following a fall or incident.

Good

# 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

- The registered manager or deputy manager carried out pre-assessments for people wishing to move to the home. The registered manager told us they were training other senior staff to be able to carry out pre-assessments.
- Pre-assessments were carried out face to face with the person and their relatives or loved ones. Where input was needed from other professionals for example, GP or physiotherapists, this was sought too. All care and support needs were discussed to ensure that the home had the right staff with the right training to manage people's needs.
- People's health, care and social needs and support were provided in line with current legislation and guidance and all aspects of people's support were regularly reviewed. Care plans were person centred and reflected needs. A professional told us, "Staff always discuss preferences with (person) regarding all matters involving care and support."

Staff support: induction, training, skills and experience

- The training matrix evidenced that all staff had completed relevant training modules and refreshers. Subjects included, safeguarding, dementia, moving and handling and equality training. Staff told us the training provided was of a good standard. A member of staff told us, "Covers all of my needs. Not back to face to face yet but nothing missed."
- Staff also told us about the induction process for new starters. This involved two weeks of training followed by opportunities to shadow more experienced staff members. A staff member said, "It can be challenging at times but the staff are brilliant. Lots of chances to shadow and I still do sometimes still."
- The registered manager had arranged some in depth training to be delivered face to face by a district nurse, about insulin and diabetes. Staff had requested this enhanced training and the registered manager had made the arrangements. This would further support people living with diabetes.
- Ongoing support was given to staff through regular supervision meetings. Staff told us the support was helpful, comments included, "I have regular meetings with the manager" and "Supervisions are regular, can talk about anything." Another staff member said, "(Registered manager and deputy) walk around and do spot checks and support us."

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

- People's nutrition and hydration needs were met. The cook had a good knowledge of people and understanding of their dietary needs. Three cooks were employed covering seven days a week.
- A rolling seasonal menu was offered to people and there were choices for each meal. People were positive about the food, comments included, "I'm vegetarian, the food is nice,"; "Food is good, always get what you

want" and "There is a choice every day."
● Most people came together at mealtimes to eat together however some preferred to eat alone or in their bedrooms. People chose where they wanted to sit and lunch was a social occasion, we saw people enjoying talking with each other and the staff.
● Care plans reflected people's nutritional needs, preferences, likes and dislikes. Some people had been referred to and assessed by the speech and language therapist (SALT). This was done when there were any concerns for example, about ability to swallow some foods. The SALT had made recommendations, which was documented in care plans, relating to some people having softer foods. This information was shared with all staff including kitchen staff. We saw staff supporting some people with their food.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● People were supported with health and social care appointments and records were kept in care plans. Relatives told us about the support provided, "If (person) needs the doctor, dentist or toenail cutting or optician, all these are organised as quickly as possible." Another relative said, "When they needed new spectacles, they chased up a home visit."
● Each care plan contained a 'hospital pack.' This was key information summarised on one page that other professionals could refer to if, for example, a person was admitted to hospital. Information included a medical history, allergies and key contact information.
● The registered manager had a positive relationship with the local GP surgery and weekly ward rounds were completed ensuring people had regular contact with their doctor.

Adapting service, design, decoration to meet people's needs
● The home was split over three levels with a large communal area on the ground floor with an adjacent dining area. Some bedrooms were on the ground floor, most were on the second floor. The home had been recently decorated and care had been taken to make the home friendly and accessible. Corridors that linked different parts of the building had clear signs pointing to and indicating where different rooms were. The corridors themselves had been given 'street' names for example, Fleur Gardens and Jazz Boulevard.
● Each part of the building was accessible to people. Floors were smooth to enable easy wheelchair access and stair lifts and a lift, linked the two floors. A garden area was accessible for people and was used during warmer weather.
● The communal areas were spacious and well lit. We observed people enjoying these spaces and talking with each other and staff. People were able to personalise their bedrooms with small furnishings and photographs. A person said, "I brought some of my things, the important ones." Outside of people's bedrooms were personalised, handmade, pictures with people's names, photos and pictures of things of interest to them for example, flowers.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Everyone living at the home were encouraged to make their own decisions. People were able to decide what food and drinks they wanted each day, what clothes to wear and where they wanted to spend their day. Some people required support in making more complex decisions.
● Care plans contained decision specific mental capacity assessments for people. These related to, for example, use of bedrails, COVID-19 testing and vaccinations, and for support with medicines. Decisions were taken following best interest meetings which had involved the person, their relatives or loved ones and professionals involved in their care and support.
● Where a best interest decision had been made to put a restriction in place, DoLS applications had been made and approved. Paperwork was cross referenced with care plans and regularly reviewed ensuring staff had the latest information and updates.
● Staff understood the importance of gaining consent from people and in explaining what task or activity they wanted to support people achieve. A staff member said, "I explain what I'm about to do. One person I oversee medicines with, I sit and explain, sometimes it can take 20 minutes." Another staff member told us, "Sometimes if I'm cutting nails and the person is not happy, I'll leave it and come back when they are ready."

Good

# 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 good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness, compassion and respect. We observed several interactions between people and staff which were positive, with people smiling and laughing and engaging in conversations. In one conversation we heard staff talking with people about their loved ones. In another, a conversation about what life was like when they were a teenager.
- People and relatives all told us that they felt respect was important and was practiced by staff at the home. A person said, "I get on with all the staff, respectful." A relative told us, "I wholeheartedly trust that the team show (relative) kindness. I definitely see this when I visit." Another relative added, "I believe they are compassionate and care for (relative) in a respectful and kind way."
- Staff had completed equality and diversity training and they knew people well. Staff took an interest in people and knew their likes, dislikes and preferred routines. A member of staff said, "There are no issues with respect here." We heard another staff member talking with a person and asking them how they were enjoying their new bedroom. At lunchtime people were spoken with one to one by staff and asked where they would like to eat and what they would like. The atmosphere was friendly and supportive.

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

- People were supported with decision making but were able to make their own choices about day to day tasks and activities. Care plans gave detail of people's preferences and reviews were carried out regularly with people and their loved ones. Each aspect of people's care was documented and agreed decisions signed by people and / or, their relatives or advocates.
- Daily notes were entered by staff on hand-held devices that linked to people's care plans and were shared with all staff. People's daily choices were entered, for staff on later shifts to see, for example, people's choices about food, including amounts eaten or of a person had decided not to eat. This could be closely monitored to quickly identify trends.
- People's confidentiality was respected with personal documentation being stored in locked cabinets and handheld devices and computers being password protected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was maintained. People were given daily choice of where they would prefer to spend their day with some choosing to stay in their bedrooms. Staff told us about how they maintained people's privacy, a staff member said, "I always knock on people's doors and wait for an answer. We recently had a person change their mind about wanting a female carer, we respected their wishes."
- Handover meetings were held in areas where people could not overhear.

● People and relatives told us that people living at the home were treated with dignity and respect. A person said, "On one or two occasions I've needed help quickly. They got there and they protected me." A relative added, "I have no reason to believe that they don't respect her dignity and privacy."

● Independence was supported and promoted. People were encouraged daily to carry out tasks for themselves, without compromising their safety. A person said, "They do let me do things, try and make me a bit independent." A relative told us, "They encourage independence." Care plans showed areas where people were encouraged to be independent. This ranged from encouragement and support with brushing teeth to taking daily walks.

Good

# 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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were detailed, accessible and person centred. Opening sections of care plans had a section called, 'important to me.' This covered preferred routines, and steps to take if people are feeling anxious. Another section was called, 'how best to support me.' This gave details of the support people needed with different tasks for example, dressing and washing.
- Care plans could be accessed by handheld devices and staff told us they found this a really helpful system. A member of staff said, "I can quickly track back when I've been off for a few days to see what has been happening." Staff knew people well, understood routines and what was important to them. A relative told us, "I feel the team know (person) well and if there's anything important about their care they will talk to me."
- People's life histories formed part of care plans but had not yet been transferred fully to the electronic system. They were however available for staff in written form.
- The registered manager had introduced a 'you said, we did' board where wishes and aspirations of people were shared and displayed for everyone to see. As a result of asking people what they wanted the 'we did' section showed what had happened. Examples included a person who wanted their bedroom redecorated in a colour of their choosing and a person asking for an opportunity to play a musical instrument. In both cases this was achieved.

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.

- Some people living at the home lived with dementia or other medical diagnosis which meant they needed support with some aspects of communication. Each care plan contained an accessible information standard (AIS) section giving details of what people could achieve and what they might need support with.
- The information provided was detailed and included how some people communicated, for example, using facial expressions. They included how they preferred to receive information for example, eye to eye contact, clear facial expressions or in a written format.
- During the inspection we observed staff communicating with people, taking their time to pass information and sometimes touching an arm or shoulder to help the person focus on what was being said to them. Staff were aware of people's different communication needs. Staff told us that if needed they would move to a

safe distance and lower their facemask to support people relying on lip reading or facial expressions, replacing the mask when they moved closer.
● Some documents and posters around the home had pictorial representations next to the written words to support some people to understand, for example the activities schedule had pictures of puzzles and games for one morning and a picture of people exercising in another.

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
● The home employed a full-time activities co-ordinator who provided a variety of activities every day that people could join in with if they chose to. A schedule of activities was displayed in communal areas around the home. Activities included, cooking, singing, games and regular trips out. A minibus was used for visits to cafes, shops, pubs and gardens.
● Birthdays and special events were celebrated. Recently for example, Easter and St. Georges day had been celebrated. In warmer weather garden parties were held. Animals including cats, dogs and chickens lived at or visited the home and arrangements were in place for a local child-minder to bring in a small group of pre-school age children to meet and talk with people.
● Everyone was given choice and some preferred one to one activities for example, baking and cooking. People did not have to take part in all activities and some chose to spend time in their bedrooms. A staff member told us, "Some prefer to just sit and talk, some like one person with them, we recently made peppermint creams with (person)."
● Everyone spoke highly of the activities provided at the home. People told us, "We go out sometimes, I've made new friends here" and "We get a chance to join in with things, most of us do." A relative said, "The activities that have been introduced has really shown how engaged (person) is, something I really struggled with when they lived in their own home." Another relative added, "(Person) has taken part in daily activities which has been beneficial to them as they were very active in the community." The activities co-ordinator produced a monthly newsletter for relatives with photographs and stories about recent trips and activities.

Improving care quality in response to complaints or concerns
● A complaints policy was in place and was accessible in different formats throughout the home. In addition, there was a 'resident involvement form', which people were encouraged to complete with suggestions about improving the service. These forms were dated, and a written response given by the registered manager within a short time frame.
● People and relatives told us they were confident in raising issues and complaints, knowing they would be resolved by managers quickly. A person told us, "I've never had to complain but I know all the staff well, things get sorted out." A relative said, "I have always had my questions answered in a timely manner."
● A few complaints had been made and although still audited by the registered manager there were no trends or themes with issues raised.

End of life care and support
● Staff had recently received end of life training and were able to tell us about the important aspects of care and support for people towards the end of their lives. A staff member said, "Make sure they are comfortable and clean. Mouth care is important, not too dry. Family involvement and visits are really important."
● Care plans had a section that covered end of life wishes and choices. These issues were discussed at pre-assessment and reviewed by the registered manager regularly. These plans covered whether a person wished to remain at the home or move to a nearby hospice and what medicines to continue with, for example, pain relief.

Good

# 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 good. The rating for this key question has remained good. 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

- Everyone told us that the registered manager and deputy manager were supportive, approachable and provided a visible presence at the home. This was confirmed when we were shown around the home and people spoke with the registered manager using first names and talked in a relaxed and friendly way. A relative said, "I do believe the residents come first. Since (registered managers) arrival, she is actively engaged."
- Similarly staff told us that there was a positive culture at the home, created since the registered manager's arrival. Comments form staff included, "Open door policy, very approachable and always listens"; "The manager is 100% for the residents" and "Very supportive."
- The registered manager described the new computer records containing care plans, risk assessments and daily notes as 'person centred software.' Key information was available to staff each day about how people were feeling, what they had eaten, what activities they had enjoyed and any other issues or concerns. This resulted in positive support being provided to people. A professional said, "I feel Stanholm have gone above and beyond the necessary criteria to make all aspects enjoyable and efficient."

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 and deputy manager were aware of their responsibilities under the duty of candour. Service are legally bound to inform the CQC and the local authority about significant events that affect their service. This obligation had been met and the registered manager was able to describe the process they went through when certain events happened.
- The last CQC inspection report was displayed in a communal area of the home and a copy was attached to the home website.

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

- The registered manager had only been working at the home for a few months but was an experienced manager and had the knowledge and skills to understand and support people and the staffing team. The registered manager, in addition to essential training, had arranged for additional, in-depth training, provided by specialist nurses, in stoma care and diabetes.
- The registered manager explained that their auditing was mainly done using the new computer system. We were shown the system, which was clear and easy to understand. There were flags and alerts on the

system which highlighted when tasks had been completed, when they were due and then whether completed or not. We were shown an entry where medicines for a person had been slightly delayed which was immediately investigated by the registered manager.

● To assist auditing processes and to detect any patterns or trends across a period of time, the registered manager had introduced a 'safety cross.' This was a grid of squares, each square representing a day and each colour coded. Accidents and incidents for example, were shown in a different colour which immediately drew out date and time trends. Auditing had resulted in people being referred to their GP for blood tests and to the falls clinic.

● Auditing trends and learning from incidents were cross referenced to care plans so that information was shared with all staff.

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

● Robust systems were in place to ensure people, relatives and staff had opportunities to provide feedback about the service. There were residents' meetings which were arranged and chaired by people with staff as invited guests. A person told us, "People do stand up and can raise issues. Without these meetings things can get bottled up." A request from one of these meetings was for a local entertainer from a local club to come to the home. This was then arranged by staff.

● Although there had been no relatives' meetings, relatives told us they were kept informed through newsletter about important events. Relatives also told us they were confident in asking questions and making suggestions to managers and staff at the home and that they were approached for verbal feedback. A relative told us, "Yes, I'm always asked for feedback." There was a suggestion box located in a communal area of the home for people and relatives to post their thoughts about the service.

● Staff had different ways to provide feedback. This was done through one to one supervision meetings, staff team meetings or through written suggestions. Staff told us that the registered manager always listened to their suggestions and acted where appropriate. Meetings were minuted with actions recorded and then updated.

● People's equality characteristics and differences were promoted and celebrated. A staff member told us, "Everyone is treated with respect and fairly, we are here for one thing, the residents." Another added, "Everyone is treated equally. Some people have visits from the local vicar."

Continuous learning and improving care

● The registered manager read the regular bulletins and updates circulated by the local authority, CQC and other statutory bodies. They acted where necessary, for example, updating local policies relating to the recent pandemic, and cascading key messages to staff.

● Business continuity and contingency plans for the home were in place which enabled the home to run smoothly throughout the pandemic. The registered manager in a short space of time had introduced some new systems and processes to the home and demonstrated a clear vision of continuous improvement.

Working in partnership with others

● The registered manager had developed positive working relationships with statutory partners and professionals. These relationships had improved the care and support that people received at the home. A professional said, "I have been dealing a lot with the manager who has always been very responsive to my queries and followed up in a timely manner on issues." Another told us, "The manager has always responded to me efficiently and immediately during all contacts."

● The registered manager had established contacts within the local community. As well as preschool children visiting the home, they also received visits from the local scouts. Local faith leaders visited people individually and in small groups and a local group, the Dandelion Club had been visited by small groups of

people from the home where people can meet and talk with local residents.