

CH (Benson) Limited

Benson House Care Home

Inspection report

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Benson
Wallingford
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Benson House is a purpose-built residential care home providing personal and nursing care to up to 70 people across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. At the time of our inspection there were 38 people living at the service and only across two floors.

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

People living at Benson House received safe care from skilled and knowledgeable staff. Staff knew and were confident on how to identify and report any concerns.

Risks to people's safety and well-being were managed through a risk management process. People's care plans provided staff with the information they needed to manage the identified risks.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults and staffing arrangements met people's needs.

We received mixed feedback in relation to staffing levels. However, on the day of the inspection we saw there were sufficient staff deployed to meet people's needs. The home was using agency staff to ensure continued safety. The provider was continuously recruiting using several staff recruitment and retention initiatives.

Medicines were managed safely, and people received their medicines as prescribed. The provider had an electronic self-auditing system which allowed safe management of all aspects of medicines. Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision and observations of their work performance.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People had access to other healthcare services, ensuring a holistic level of support was provided.

Staff demonstrated a commitment to people and displayed strong person-centred values. 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 a particularly good understanding of when the principles of the Mental Capacity Act should be applied.

People were supported to meet their nutritional needs and complimented the food at the home. We saw people had an enjoyable dining experience.

The home was led by an interim manager and a recently appointed knowledgeable deputy manager who were committed to continue improving people's quality of life. The provider had clear oversight of the

service which had enabled continuity of care despite changes in management. Staff were complimentary of the support especially from the deputy manager and the provider. The provider had effective quality assurance systems in place that they used to monitor the quality and safety of the service. Feedback from people and relatives highlighted a shortfall in relation to communication. However, the provider had recognised this and had introduced and was reinforcing some existing communication channels to improve their communication and the impact was still to be seen. Staff worked well with external social and health care professionals.

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

Rating at last inspection

This service was registered with us on 25 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Benson House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 team consisted of two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Benson House 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. Benson House is a care home with 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 not 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 they had registered with CQC. 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, what they do well, and improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We received further feedback from one relative. We looked at six people's care records and four medicine administration records (MAR). We spoke with eight members of staff including the area operations manager, the interim manager, the deputy manager, nurses, carers, the chef, domestic staff and activities coordinator. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, five staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they said they trusted staff to keep them safe. One person told us, "I feel very safe here. It's scarily expensive you know, and they are very fussy about any safety."
- Relatives were equally positive their loved ones were safe. One relative echoed, "Yes it's safe, access and exit are controlled. Mum does fall, but measures are in place such as crash mats."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said that they had undertaken mandatory adult safeguarding training and were able to tell us what they would do if they witnessed any form of abuse in the home, including informing outside agencies such as the local authority safeguarding team. Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as falls, absconding, choking, malnutrition, medicines, skin integrity and use of call bells. Where people had been assessed as requiring hourly checks, records seen indicated that these had been completed and we saw staff completing them.
- The provider was always looking at ways of improving care. They had an acoustic monitoring in place. This was a non-intrusive electronic monitoring system aimed at improving people's care and possibly support the management of falls. At the time of the inspection, the management team told us they had not yet seen the full benefits of the system.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced to augment existing procedures. One relative commented, "The recent Covid case seems to have been managed ok."
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- We received mixed feedback from people and relatives regarding staffing levels. People said, "Sometimes you have to wait a long time for a call bell to be answered. I try very hard not to call at busy times like lunch

time", "Well there are enough staff because I can always find someone if I need them. Sometimes they are very, very busy and staff don't have much time to talk" and "There are definitely not enough staff, sometimes you have to wait a long time to see someone. They have a lot of agency staff here. The staff don't have time to stop and chat, it isn't that they are not friendly they are just very busy."

- Relatives told us, "Usually they have enough staff. Reception might be short-staffed sometimes", "They definitely have difficulty with staffing and have to use agency staff" and "The carers are very busy and very stressed. They are run off their feet, but they are recruiting for new staff."
- Staff told us staffing levels had not always been enough, but they had now improved. Comments included, "We have enough at the moment. Using the same agency staff block booked. Staffing has improved" and "Home tries to have enough. We have new starters, using a few agency staff to cover unplanned absences."
- On the day of the inspection we saw there were enough staff on duty to meet people's needs. People were attended to in a timely manner and staff were not rushed. The interim manager told us they were using regular agency staff when needed and that recruitment was on-going. The provider had introduced recruitment strategies including international recruitment which had a positive impact.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff used an electronic system to manage medicines which allowed real time auditing, therefore reducing the possibility of errors.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

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 supported people with safe visitation and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that staff at Benson House had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The interim manager ensured they reflected on where things could have been improved and used this as

an opportunity to improve the service for people and staff. For example, an audit in relation to health and safety had identified inconsistencies in deep cleaning records. The home had struggled to recruit domestic staff and as such they had contracted and blocked agency staff to ensure these shortfalls were addressed whilst continuously recruiting permanent staff.

- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 received care and support that was centred around their assessed needs, choices and decisions. This was planned and delivered in line with current best practice and legislation. Records showed people's needs were assessed before they came to live at Benson House.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to ensure people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process. One relative said, "Before [person] came in we had a sit down meeting and they did a care plan and an assessment."

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. New staff also shadowed experienced members of staff during and after induction. One member of staff told us, "Induction was ok. Training was mainly online as it was during the pandemic but was structured. We did face to face training around dementia-introduction to dementia and Living in my world."
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was well-presented.
- Mealtimes were set to suit people's individual needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and that they were always offered choices. They said, "The food is good most of the time and there is a good selection. You can invite people for a meal too" and "Sometimes the food is very spicy and that would upset me. They make me something else if I can't eat it though."
- Relatives were equally complimentary of the food. One relative commented, "Mum seems happy with the food. Is much better than what my Dad would be able to provide at home."

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. One healthcare professional told us, "I have always found the staff to be extremely friendly and caring and feel they try really hard to provide high standards of care to their residents. They make appropriate referrals to our service, seek advice and act upon it."
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Benson House was a purpose-built home which had been decorated to a high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. People had memory boxes outside their rooms which had their personal effects.
- There were several highly decorated sitting areas around the home where people could spend their time. These included a cinema room, quiet room and a hairdressing saloon which were constantly used. There were several quiet sitting areas around the home where people could spend their time.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful landscaped gardens with a gazebo and several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

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.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out, or decisions were made in people's best interest in line with the principles of the Act.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We assume capacity in the first instance. Support their choices. Complete assessments and DoLs if necessary."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives were consistently positive about the caring attitude of the staff. People said, "The carers are good, they are kind but very busy", "The carers are very friendly, but they don't have much time. They are kind but there are lots of different carers" and "I talk to the girls, they come from all over. The Filipino girls are wonderful, and the staff here are always kind."
- Relatives told us staff were caring and provided compassionate care. They commented, "The staff are very approachable and caring" and "Staff are caring, and they look after my mum well."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "We had an assessment and they did a care plan and information about her likes and dislikes."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the information and support they needed to provide care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. Relatives told us staff treated people respectfully and maintained their privacy. People's care plans highlighted the importance of respecting privacy and dignity.
- Staff knew how to support people to be independent. During the inspection we saw many good examples of people being supported to be independent. One person told us, "I can't have a shower, I have dressings on my legs. The carers encourage me to do as much as I can, they help me with a wash."
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in the main office as well as on electronic systems and only accessible to authorised persons. Staff were

aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals and abilities. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- It was clear staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to allow people enough time to respond to any questions.
- Information was accessible to people in different formats such as audio, pictorial, large print as well as in different languages. Staff were advised of any significant communication barriers via a pictorial handover where significant risks are highlighted.

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 told us they had access to limited activities at Benson House. People said, "We are very short on activities at the moment. We lost our leader, she found somewhere else to go. We did have a party for the Jubilee, a very good one with a very posh tea", "It's very boring. There isn't much going on. I'm not wild about organised activities like the sing-alongs they have but I do like the therapy dogs that someone brings in, I really enjoy that. It would be nice to have more people from outside" and "I'm a bit of a loner but the activities are mostly for people with dementia and not very stimulating. We did have a lovely time recently

and a man came with three owls and he talked about them and then we could handle them, it was really good. A man comes with his dogs too, they are old but lovely. The new activities person is much younger and seems to be a bit more on the ball and on the 12th there is a family BBQ."

- Relatives told us activities could be improved. They commented, "They struggle with entertainment staff, that could improve. They have small outside areas and they let me take in my little dog, the people like that" and "[Person] goes to the day centre she went to previously three times a week. They had a Jubilee Party but there's not much going on I don't think. [Person] spends a lot of time in the lounge with other residents."
- We saw evidence people had access to some activities which included individual and group activities some of which were linked with public holidays such as Christmas, Easter and Jubilee celebrations. Activities also included arts and crafts, gardening and reminiscence.
- One activities coordinator had recently left and another one recently appointed. They told us they were planning to support people with partaking in hobbies and activities that were meaningful to them. They had started engaging with people and their relatives to find out what would be of interest to each person.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since registration, the provider had received three formal complaints which had been investigated and addressed in line with their policy.
- The provider saw complaints as a way to improve care. For example, a complaint regarding poor medicines management had resulted in identification of more training for senior staff.
- People and their relatives told us they knew how to make a complaint. One person told us, "I haven't complained but if it was something very, very serious, I would speak to the nurse in charge." There were many compliments received regarding good care.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The interim manager informed us no one was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people had a dignified and pain free death.
- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There had been a recent change in managers since the home opened. The registered manager had recently left, and an interim manager had been brought in to support the home. They were supported by a relatively newly appointed knowledgeable deputy manager and had visible oversight from the provider. Staff told us the management team were available and visible in the home to support them. Despite these recent changes, we saw there was a general sense of calm and pleasantness in the home. Staff looked happy.
- Staff were complimentary of the support they received from the management team. Staff said, "Management team are available to support 24/7. There is always an on call regional manager and can call them any time", "Managers are approachable and supportive" and "Management team are visible, supportive and approachable."
- People were aware of the recent management changes. One person told us, "There's been a change of managers but if I had a problem I would have to go to the receptionists."
- Relatives told us they knew about the changes in management and said, "The manager has just left but I didn't have much contact before that. If I had a problem I think I would talk to the Deputy Manager and then to the customer care person", "The manager has left and there are a lot of staff changes and that confuses" and "There is no manager so I speak to the receptionist."
- Healthcare professionals equally acknowledged the changes in management team and said, "Benson House has had a number of management changes and long periods of time with no deputy and now no manager. The team has dealt well with this and kept good standards of care despite being a developing team themselves".

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 interim manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The interim manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

regulatory requirements; Continuous learning and improving care

- The interim manager had only come into post the week of the inspection. They were a knowledgeable and established manager with lots of experience. They worked closely with a hands-on deputy manager. Staff were complimentary of the support they had received from the deputy manager and said, "I would give her ten out of ten. I feel fully involved now. She's not frightened to get out and help on the floor if needed and not hide away in the office" and "Things are very good now. [Deputy manager] is very good, always helping."
- Staff understood their roles and responsibilities, were motivated, and had confidence in the management team and the provider. They praised the level of communication from the managers and felt that Caring Homes were a good company to work for.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through audits. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. However, relatives commented about the inconsistency in communication with the home. Comments included, "Communication about visiting arrangements during Covid was poor and always very vague around changes in the rules and guidance", "We live so far away, I need one point of contact, a person I can rely on to sort out issues, a named person" and "I normally contact via email. Sometimes a bit slow to respond."
- Following the inspection, we brought these concerns to the attention of the interim manager. They told us, the management team had already identified these shortfalls and were working through some changes as well as reinforcing existing communication channels such as the key worker system and regular meetings. They were in the process of improving staffing structure by identifying a lead contact on each unit to allow better communication. They had also recruited more reception staff to ensure continuity of access.
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through meetings and surveys. The information gathered was used to improve the service. For example, a recent survey had identified a few areas of improvement around care planning and involvement of families. As such, the provider was working through an action plan to address this.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

