Veecare Ltd

Loughton Hall

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
People's experience of using services and what we found
People were safe. Staff knew what their responsibilities were about keeping people safe from the risk of abuse. There were enough staff and the provider followed safe recruitment practice.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Medicines were managed safely, only trained staff gave medicines and their competency to do this was checked regularly.

People continued to receive care from staff who were well supported. Staff received one to one supervision and annual appraisals together with induction and ongoing training. A member of staff told us, "The manager is always approachable," and, "The owner asks us if we have any problems and we can email them, but I have not needed to."

Staff understood the importance of promoting people's choices and provided the support people required as well as promoting and maintaining their independence. This enabled people to achieve positive outcomes and promoted a good quality of life. One person told us, "I have had some health problems and they understand and they get the GP straight away. That's reassuring, I get the support I need."

Staff were caring and knew people, their preferences, likes and dislikes well. We received good feedback from people, relatives and healthcare professionals about the quality of care provided by staff. A visiting healthcare professional commented that they had no concerns about the support people received.

People's rights, dignity and privacy were respected. People continued to be supported to maintain a balanced diet. Staff monitored nutritional needs and supported people to eat safely and at their own pace.

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. People participated in activities, pursued their interests and maintained relationships with people that mattered to them. One person told us, "I have been down to the local coffee house to have a coffee, you can go out here when you want."

The service continued to be well led. Effective quality audits remained in place and continuous improvement and learning were embedded in the day to day running of the service. Everyone we spoke with were positive about the registered manager and staff.

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

Rating at last inspection
The last rating for this service was Good (Report published on 02 September 2017).

Why we inspected
The inspection was prompted in part due to concerns received about aspects of care planning, risk assessments and staffing. A decision was made for us to inspect and examine those risks as part of a comprehensive inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Loughton Hall

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Loughton Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used information the registered persons sent us in their Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

We reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our inspection in October 2016. These are events that happened in the service that the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. We used all this information to plan our inspection.

During the inspection
During the inspection, we spoke with 10 people, three relatives, three care staff, the activity coordinator, the deputy and the registered manager. We also spoke with a visiting minister and healthcare professional.

We reviewed a range of records, these included five people's care and medicines records as well as some risk assessments for other people. We checked that all staff were appropriately trained. We reviewed records about the management of the service, quality assurance records and a variety of policies and procedures. We also looked at other records such as minutes of resident and staff meetings where they had shared their views.

After the inspection
We continued to seek clarification from the provider to validate evidence found in terms of reducing potential risk by fitting some stair gates.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from harm and the risk of abuse. People told us that they felt safe. One person commented, "The staff made me feel very welcome, I am happy." Another person told us, "I press my button and a member of staff comes, that is very reassuring." A visitor told us, "They are well looked after, I have every confidence in the staff, they are in safe hands."
- Staff were clear about their responsibility to safeguard people and knew about different types of abuse. All staff had received safeguarding training and told us what signs to look out for. Staff were confident the registered manager would listen and act on any concerns they raised. They told us they had not needed to raise any concerns about people's safety.
- The registered manager and staff were aware of local authority safeguarding protocols.

Assessing risk, safety monitoring and management

- Risk assessments continued to be detailed and guided staff what to do to minimise each identified risk and keep people safe. Individual risk assessments included risks related to health conditions, nutrition and hydration, health, activities, falls and mobility.
- The registered and deputy managers assessed risks to people individually and assessments identified the areas of risk and what action to take to keep these to a minimum. Where people had specific health care needs, for example, diabetes and catheter care, specific risk assessments were in place. Staff were aware of the risk assessments and knew the support people needed.
- Care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. One person told us, "They don't take over, but when I need a little help the staff are there to help me."
- If people's skin was at risk of becoming sore or damaged, staff used pressure reducing equipment, such as, air mattresses, air cushions and creams. They helped some people change position in bed and closely monitored the condition of people's skin.
- Environmental risks and potential hazards in the premises were assessed. Regular fire safety were undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. One person told us, "I think there is enough staff when I press my buzzer they get here in

minutes and are very attentive." Another person said, "They are always on the go, but I can't fault them."
● Recruitment practices were safe with pre-employment checks, including disclosure and barring (police) checks, carried out prior to the commencement of employment.
● Staff on duty corresponded with the planned staff rota. During the inspection, staff had time to spend with people and people told us they did not have to wait for care and support.
● Staff felt they had enough time to spend with people but commented staffing would need to be reviewed when building work was complete and the new rooms began to be occupied. The registered manager confirmed that was their intention.

Using medicines safely
● People received their medicines when they needed them and as prescribed by their doctors. One person told us, "I haven't had any problems with my medicines, I always get the tablets I'm expecting at the right time."
● Staff who gave medicines were trained and their competence in administering and managing medicine was regularly checked.
● Medicines required 'as and when' (PRN) were administered safely, staff followed guidance given by GPs and the provider's procedures. Staff recorded how much medicine they gave people, the time they received it and the reason why it was given.
● Where people needed creams for their skin, there was guidance to show how and where the cream needed to be applied and staff recorded when they had applied it.
● Where some people received homely remedies, such as cough linctus, staff had checked with GPs to ensure they would not adversely react with other prescribed medicines.
● Medicines were stored safely in a secured medicine room.

Preventing and controlling infection
● All areas of the service were clean and odour free. People and their relatives told us that the service was always clean and odour free. One person said, "The place is spotless."
● Staff followed hygiene procedures, there were sufficient stocks of personal protective equipment, such as disposable gloves and aprons, which staff used. Food Safety training was provided for catering staff.
● Bins were covered, and clinical waste was separated and disposed of safely. Cleaning staff followed a cleaning programme that included emergency and routine deep cleaning of higher risks areas.
● An infection control audit was carried out regularly to ensure safe practices were in place.

Learning lessons when things go wrong
● Accidents and incidents were recorded and monitored by the registered and deputy manager to prevent similar incidents happening again. Proactive measures were discussed with staff, such as, ensuring people had walking aids to hand when they needed them and closely observing people where mobility concerns were identified.
● One person had recently fallen when using the stairs and a stair gate had been installed to limit unsupervised access.; people who were able to use the stairs safely were still able to do so. The registered manager and provider had reviewed access to other stairs and confirmed following the inspection that additional gates had been fitted. People were able to move safely between floors using a passenger lift.
● The registered manager used opportunities to learn when things went wrong. Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans, providing any useful equipment and reviewing room layouts and beds heights for some people to minimise risks of injury.
● When concerns had been identified, these were discussed at shift handovers and at staff meetings to inform learning and improve the service.

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 the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider continued to undertake a thorough initial assessment with people before they moved into the service. This included asking people about their religion, specialised diets and other life choices. Records showed initial assessments considered any provisions that may be needed to ensure people's protected characteristics under the Equality Act 2010 were respected.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. People and relatives were involved in regular reviews of their support.
- One person said, "I definitely feel included in decisions about my care, I have talked it through with them every step of the way."
- People received care and support in line with their care plans and other national guidance, for example, in relation to monitoring their skin condition, nutrition and hydration. The service used nationally recognised assessment tools to monitor people's health, these were reviewed and updated monthly or sooner if a concern was identified.
- People's medical conditions were detailed in care plans. This included how it affected people's ability to carry out certain tasks. There was information for staff about what signs to look for and what to do if they observed any deterioration in people's physical or mental health.

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

- People continued to be supported to maintain good health. Care plans gave clear guidance for staff about people's specific healthcare needs that may need attention from healthcare professionals such as a GP, occupational therapists or the mental health team.
- People's care plans set out for staff how specific healthcare needs should be met.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, a medicine review had taken place after staff noticed a difference in one person. Another person had received support from the speech and language therapist team about some difficulties in swallowing.
- Staff kept accurate records about people's healthcare appointments, the outcomes and any action that was needed to support people effectively.
- Staff continued to contact other services that might be able to support them with meeting people's health needs. For example, where some people had diabetes, staff engaged the support of specialist nurses when needed.

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

●People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People we observed during the lunch period enjoyed their meals and were positive about the food. One person told us, "I enjoy all the food and I can pick what I want, they come around and ask us." Another person said, "For breakfast they give me anything I want."
● Where needed, staff kept records about what people ate and drank. This was used as a basis for referrals to healthcare professionals if there were concerns about a person's food or fluid intake. Staff ensured any special health or dietary requirements were met, such as providing softened foods or thickened drinks as recommended by healthcare professionals.
● People and their relatives had been invited to join staff in some recent training aimed at ensuring people drank enough and were not at risk of dehydration. People received a certificate of attendance and commented it helped them to understand the importance of drinking enough.
● A daily menu included pictures of the food offered. Staff asked people what they wanted to eat and explained what the choices were. Where people needed support to eat or used adapted plates and cutlery, this was provided. People were happy with the times their meals were provided and told us they could have drinks and snacks throughout the day if they wanted them.
● People's religious and cultural preferences about their food were known, understood by staff and readily accommodated by the cook.
● Some people enjoyed cooking and preparing food and were supported to do this. Some people were making cupcakes on the day of our inspection.

Staff support: induction, training, skills and experience
● People were supported by suitably skilled staff. One person told us, "Staff seem very well trained, staff who do the medicines are trained and very good at it." A relative said, "Staff do know what they are doing."
● Staff spoke positively about the training they received to equip them to deliver good care. One staff member told us, "We recently had training for hydration which made us more aware of how much people should be drinking including the staff. We now put jugs in the lounge for people."
● New staff completed a comprehensive induction and all staff received regular support, supervision and appraisals. A staff member said, "We have supervisions and feel supported, they sort everything. I bring up anything with [registered manager] and they will resolve it."
● Information was displayed in the service about staff members who had been identified as the 'Champion' for subjects such as falls, pressure care and equality and diversity. These champions took a special interest in their subjects and provided support for other staff members if required.

Staff working with other agencies to provide consistent, effective, timely care
● Staff liaised with professionals when assessing people's needs, their needs were reviewed regularly, so staff could provide information to health and social care professionals when needed.
● There was a close working relationship with the local GPs, occupational therapists, specialist nurses and the mental health team. People confirmed they had access to healthcare professionals when they needed to.
● Effective systems were in place to support communication between the service and other healthcare professionals. One healthcare professional said, "If they have concerns they ask and they always follow my advice."

Adapting service, design, decoration to meet people's needs
● The service was well decorated and furnished. Some pleasant communal areas were available for people to spend time in. These were created to encourage smaller sociable areas for people to use.
● There was appropriate signage of toilets and bathrooms and signs to help people navigate their way around the service and we observed people moving around the service independently.

● People's bedrooms had been personalised and reflected their individual interests, likes and hobbies.
● Good use was made of the pleasant gardens and outdoor space. People had access to the local Church through the gardens and staff told us people were able to attend Church for services.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff had received training and demonstrated a good understanding of the MCA and DoLS. They were aware any restrictions for people should be the least restrictive option. Staff were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. We saw examples of where this had happened, for example about medical treatments.
● The registered manager was able to explain clearly when a restriction had been placed on a person to make sure they remained safe. At the time of the inspection, 15 DoLS applications had been sent to the local authority and six decisions had been authorised. There were no specific conditions attached to the authorisation.
● Staff supported people to make decisions about their care and how to spend their time. We observed that staff respected the decisions that people made. One member of staff told us, "We presume capacity as people can make decisions, it is on different levels and some people may need help with bigger decisions."

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 the last inspection this key question was rated as Good. At this inspection, this key question remained the same. 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 relaxed in the presence of staff and registered manager. Staff knew people well including their preferences for care and their personal histories. One person said, "Staff are lovely, nothing is too much trouble, they do my hair when I am not well." Another person said, "Staff are fantastic, they cannot do enough for me."
- Staff were kind, caring, friendly and attentive. For example, one person was very vocal and staff responded to this person frequently using distraction, sitting and talking to them or trying to get the person involved in something to do. All staff responded with patience and kindness.
- Staff told us they enjoyed working at the service. One staff member said, "The best thing about working here is I am attached to people here they are lovely." Another staff member told us, "I think the residents are getting a good service and I would be happy for a family member to be here."
- People, visitors and staff told us they would not hesitate to recommend the home.
- The deputy manager and staff were aware of the need to ensure people's diversity was respected and catered for. Staff told us how they would ensure this was considered when they assessed people for the service, and how they considered a person's individual needs and protected characteristics, for example disability, race or gender.
- Staff helped people to keep in touch with their family and friends and organised social events in the home. There were many visitors throughout the day.

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

- People told us they were offered choice in how they received their care. One person told us, "There are activities, but I would much rather do what I want. They don't make us join in if we don't want to, they are not for me." People decided how they wanted to be supported. The registered or deputy manager assessed each person's ability to do things for themselves or the levels of support they needed
- Information was provided to people in various formats, such as pictures or objects, to help them understand what was being asked of them or offered to them. This helped people to make informed decisions and choices for themselves. A staff member told us, "We use pictures of food to offer choice and for one person we write the choices down. I can use sign language if it was ever needed. I show [named person] two choices so they can pick out an outfit."
- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported with their daily personal care, preferred name and whether they preferred male or female staff.
- Information about advocacy services was available, which some people told us they had used. Advocates

help people to access information or services and be involved in decisions about their lives and promote people's rights. Staff were able to give examples of occasions when people had used advocacy services.

Respecting and promoting people's privacy, dignity and independence

● People were encouraged to maintain their independence and staff involved them with day to day activities. One staff member told us, "[Named person] will offer drinks to people and pour them out. [Person] also does the snacks and comes with us to check the call bells, they really enjoy this."

● People's privacy was protected, we saw staff knocking on doors before entering and talking with people in a respectful manner.

● People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet.

● Staff were attentive and observant of people's needs, they ensured people's walking aids were to hand when people mobilised. When one person was walking around the home, a member of staff asked if they were alright or needed anything. The person was content just having a walk around.

● People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with. People told us they received the support they wanted.

Good

Is the service responsive?

Our findings

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

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

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

- Care plans were individual. They contained personal information about people, such as important people in their lives, where they had lived and worked, as well as their interests and hobbies. There was guidance for staff about what made people happy as well as things that might make them sad or anxious and how staff might recognise this and how to support them.
- People and family members or friends were involved in developing and reviewing care plans. This provided an opportunity to gain information about people, particularly if a person had difficulty remembering or expressing their wishes.
- Daily care records kept by staff were clear and included personal care given, well-being and any activities people may have joined in. Religious and cultural needs were documented. Some people identified with a specific religion and went to church or place of worship. A local priest visited the home.
- Activities were led by an activity coordinator. People could join group or have one to one activity. During our inspection some people, had been singing, attended a church service and supported to make cakes.
- A service newsletter let people know what activities were planned, these had included butlers to serve food, singers and performers as well as word search games, quizzes, gentle exercise and relaxation therapy. One person enjoyed playing the piano and singing; the service had also recently started a choir. Where people were unable to or preferred not to join in group activities, staff sat with them and chatted, gave hand massages and read to people. Other people enjoyed the company of the house cat.
- The service worked with local schools, pupils had visited the home to socialise with people and had performed plays and singing. Some people visited and enjoyed spending time in the local community, going out for meals and coffee.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had spoken with some people and their relatives about end of life plans and, where people had agreed, written plans were in place.
- Staff had received training about end of life care and were able to give examples of other healthcare professionals they may need to consult with, such as specialist nurses, hospice services and GPs for anticipatory medicines. These are medicines people may need towards the end of their lives, for example to help to control pain. They are prescribed and held in stock at the home before they are needed so there is no delay in getting them when they are needed.

Meeting people's communication needs; improving care quality in response to complaints or concerns

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

● People's care plans were in clear print and some forms contained easy read or pictorial prompts.

● Staff were aware of people's communication needs and spoke with them patiently and using short sentence structures that people would best understand.

● The complaints process was displayed and included information about how to make a complaint and what people could expect to happen if they raised a concern.

● The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service, such as, social services and the local government ombudsman.

● People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person said, "I have no complaints what so ever, if I needed to I would go to the top person."

● The service had not received any formal complaints since we last inspected. However, the registered manager maintained a written record of comments and concerns which were resolved to people's satisfaction.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There continued to be an effective and visible management team at the service. The registered manager was supported by a deputy manager, key staff were given other delegated responsibilities. The service provider visited regularly and provided support to the registered manager. The culture of the service was open and honest; staff knew what was expected of them. One member of staff commented, "We are working here to provide good quality care and work professionally and learn from eachother."
- Each person knew the registered manager and members of staff by name. One person told us, "The staff have been fantastic, so kind and helpful to me."
- Staff found the registered, deputy manager and provider supportive and approachable. One member of staff told us, "The owner is here at least once a week, often more. They have told us we can contact them if we need to, but I have never needed to."
- A visitor told us, "The home is good. [Relative's name] knows the maintenance man, the cleaners and staff. They have become their friends, it means the world to them when they say hello and ask how they are."
- Staff told us they felt valued by the provider and appreciated a Christmas party and another evening out that the provider had paid for.

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

- Communication was good, staff and people told us there were regular meetings. These included, staff and resident meetings. People told us they were asked if they wanted to be included in meetings but were not pressurised to be.
- The service provided a plan of upcoming events and news to keep people and relatives informed of what was happening. People commented they found this reassuring and informative.
- There were systems in place to gain feedback about the service including an annual questionnaire, and a suggestion box. Responses were positive; people were satisfied with the service provided. Suggestions included making a sensory room and people were involved in ideas about its layout and what it should contain. Staff suggestions included the provision of walkie talkies for fire drills to aide communication, these had been provided.
- Visitors told us communication was good and gave examples of receiving telephone calls if their relative was not well. The service was arranging a presentation about dementia for people and their relatives.
- People took part in staff recruitment interviews. The registered manager told us eight staff appointments were service user led. People told us they felt included in decisions about the service; they felt listened to

and treated as individuals. For example, any cultural or religious beliefs were known and supported and respected by staff.

● The provider visited often and took an active interest in the running and development of the service. The registered manager told us if equipment needed to be bought or replaced, the provider supported their opinion. For example, new chairs had been provided in colours which people had chosen and many floor coverings had recently been replaced.

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

● The provider understood the responsibilities of their registration.

● Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.

● It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

●There continued to be effective systems in place to monitor the quality of the service. The registered and deputy manager completed regular audits on all areas of the service. When shortfalls were identified, they were actioned and signed off when complete.

Continuous learning and improving care; working in partnership with others

● The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.

● The service was involved with PROSPER (Promoting safer provision of care for elderly residents) which was a collaboration between care homes, Essex County Council, the health sector, UCL Partners and Anglia Ruskin Health Partnership. It is run in residential and nursing care homes in Essex. Its aim was to improve safety and reduce harm for vulnerable care home residents, who are at particular risk of admission to hospital or significant deterioration in their health and quality of life.

● The scheme used quality improvement methods to reduce preventable harm from falls, urinary tract infections (UTIs) and pressure ulcers. It collects data from homes in relation to pressure ulcers, falls and UTI's.

● Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.

● The management team worked with funding authorities and other health and social care professionals such as the district nurses to ensure people received joined up care.

● The registered manager understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. For example, if people experienced more than three falls, the registered manager informed the safeguarding team to establish if they could have done anything further to reduce the occurrence of falls.