Sanctuary Care (Derby) Limited

The Park Residential and Nursing Home

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:
The Park Residential & Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Park Residential & Nursing Home accommodates up to 41 people in a purpose built building. At the time of the inspection there were 36 people in residence.

People's experience of using this service:
● We found improvements had been made following the previous inspection of the service by the Care Quality Commission.
● We found The Park Residential and Nursing Home met the characteristics of a 'Good' service.
● People and family members were consistent in their praise for the service provided. A family member told us, "I would recommend it here, I have done. I feel positive about the place and have peace of mind, I have faith in their judgement and the care they give. If I have any concerns I can raise them, and I go to the appropriate people and I know they will listen."
● People's safety was promoted. We found there were sufficient staff to meet people's needs who had undergone a robust recruitment process. Staff had a clear understanding as to how people's safety was to be promoted as they had received and continued to receive training and guidance.
●Staff followed the information within people's records to reduce potential risk, promoting people's health and wellbeing. People's medicines were managed safely, and prescribed medicines were regularly reviewed by a health care professional.
● People lived within a clean and well-maintained environment which met their needs. The service was homely and welcoming and provided opportunities for people to socialise, both within the service and the garden. Equipment to promote people's independence and meet their personal care needs was provided.
● People's needs were regularly reviewed with their involvement or that of a family member and changes were acted upon, which included referrals being made to the relevant health care professional. The service had strong links with a local surgery who provided scheduled and regular visits by a health care professional, to support people's health and welfare.
● People spoke positively about the meals provided, all meals and foods were homemade and met people's dietary requirements. Food and drinks were in plentiful supply, with snacks and drinks being served throughout the day. Mealtimes were an important social event. Family members were encouraged to join their relatives for meals.
● People's rights and choices were promoted on an ongoing basis. Where people were not able to make informed decisions, then decisions were made in their best interest. Family members were consulted about their relative's health as part of best interest decisions.
● People and family members were consistent in their praise of all staff for their care, attitude and approach. People's equality, diversity and individuality was understood and respected. Staff had developed caring and

positive relationships with people and their family.
● People's needs were regularly reviewed and updated with their involvement and that of a family member. People and family members understood how information was stored and maintained and the legislation that governed the sharing of personal information.
● Effective systems were in place for staff to share information about people, so they could respond to people in a timely and coordinated manner.
● People had opportunities to take part in activities within the service and the wider community, which were provided by staff and by external companies.
● People's views and that of their family members were regularly sought and the registered manager implemented changes based on the feedback they received, which had had a positive impact on the quality of the service as commented upon by people and their family members.
● Staff, people and family members were consistent in their praise of the registered manager. They spoke of the registered managers approachability and their commitment to continually improve the quality of the service through consultation.
● The provider had a robust system in place, which continually monitored the quality of the service, which included regular auditing in key areas. Action plans to bring about improvement were in place when audits identified areas for improvement. The action plan was monitored by the registered manager and the wider hierarchical management team of the provider to ensure identified improvements were actioned.

Rating at last inspection:
Requires improvement. The last report for The Park Residential and Nursing Home was published on 23 August 2017.

Why we inspected:
This was a planned comprehensive inspection based on the rating from the previous inspection.

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

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

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

The Park Residential and Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector, a Specialist Advisor (the Specialist Advisor had experience working and caring for people who require general nursing care) and an 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:
The Park Residential and Nursing Home is a care home.

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:
Inspection site visit activity took place on 25 March 2019 and was unannounced. We returned on 26 March 2019 and the visit was announced.

What we did:
We used the information the provider sent us in the Provider Information Return. This is information we require providers 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.

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised regarding complaints and how the service responded to them. We also obtained information from local authority commissioners.

We spoke with 14 people and four family members who were visiting their relative.

We spoke with the registered manager, the regional manager, the clinical lead, a nurse, an activity co-ordinator, the chef and three members of care staff.

We looked at the care plans and records related to the care of five people. We looked at three staff records, which included their recruitment, induction and on-going supervision. We looked at the staff training matrix, the minutes of staff meetings and records related to the quality monitoring of the service, which included complaint investigations carried out by the provider.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our previous inspection of 28 June 2017, we found the registered person had not ensured there were sufficient staff to meet people's needs safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made.

Staffing and recruitment:
- Staff underwent a robust recruitment process, which was managed by the providers' human resource department. Staff records included all required information, to evidence their suitability to work with people, which included a completed application form, full work histories, references and a record of their interview.
- Prior to commencing in post staff had a Disclosure and Barring Service check (DBS). The DBS assists employer to make safe recruitment decisions by ensuring the suitability of individuals to care for people. Records were in place to evidence nursing staff were registered with Nursing and Midwifery Council (NMC, which meant they were registered to provide nursing care safely.
- The registered manager had reviewed practices within the service to maximise the availability of staff to meet people's needs. Staff were allocated specific areas of the service to work within daily to support people's care.
- The registered manager had a clear oversight of staffing levels to ensure people's needs were met safely and timely. The registered manager regularly reviewed staffing levels which was directly linked to the needs of people as identified within their assessments and care plans.
- Staff we spoke with confirmed staffing numbers had improved. The staff rota showed there were sufficient staff on duty to meet people's needs. We observed that staff responded in a timely manner when people required assistance.
- The registered manager followed the providers' policies and procedures in monitoring unplanned staff absence.

Systems and processes to safeguard people from the risk of abuse:
- People told us they felt safe because of the care and approach of staff. One person said, "They hoist me safely for the shower, first in a chair, but I slipped so they changed it to a shower bed and I feel a lot safer."
- People were cared for in bed had a nurse call bell within reach should they require assistance.
- There were safeguarding and whistleblowing policies and procedures to guide staff on what action to take should they have any concerns. These are laws that protect whistle-blowers from being unfairly treated for reporting misconduct.
- Staff were clear in their discussions with us that they would have no hesitation in alerting the registered manager or a nurse should they have any concerns about a person's welfare.
- The registered manager was proactive in ensuring alerts were sent to the safeguarding authorities and

informed other relevant organisations such as the Care Quality Commission (CQC).
● Systems to track the progress and outcome of safeguarding referrals were overseen by the regional manager and registered manager, which included any action taken in response by the registered manager.
● Information about safeguarding was displayed on notice boards within the service.

Assessing risk, safety monitoring and management:
● People told us they felt safe because of the care and approach of staff.
● Equipment to meet people's needs and keep them safe were provided, this included equipment to support people to have a bath or shower, equipment to support people in walking such as a walking frame and mattresses for prevent people from developing pressure ulcers. Call bells for people to press should they need assistance were easy reach for those people who were in bed.
● Potential risks to people were assessed, which included a range of topics for example; falls, skin integrity, nutrition, mobility, eating and drinking.
●Risks were regularly reviewed when people's needs changed to ensure they continued to have their health and welfare promoted.
● People's capacity was assessed when decisions were made about potential risk. Where people were found not to have capacity to make decisions, best interest decisions were made involving family members and health care professionals.
● An individual risk assessment had been undertaken which identified the level of risk to the person should they be required to evacuate the service in an emergency. Personal emergency evacuation plans (PEEP's) were stored in a central location, so they could be easily accessed in an emergency.
● The registered manager informed relevant agencies, such as the local authority and CQC when a person sustained an injury as a result of an accident or incident. For example, from a fall.
● Robust systems were in place to ensure equipment within the service was maintained. For example, fire systems, moving and handling equipment and utilities such as electrical appliances and installation, gas and water.

Using medicines safely:
● People had confidence in the management of their medicines. One person told us, "I get my medication on time and its never run out."
● People's medicine was managed safely. People's records detailed the frequency and dosage of their medicine. There were clear protocols in place for people who were prescribed medicine to be taken as and when required, for example for the management of pain. People's records identified whether people were able to ask for pain relieving medicine or the signs, such as a change in facial expression to indicate the person maybe in pain. People's records included information as to how they liked to take their medicine.
● Nursing staff who administer medicine had attended medicine management training and have an annual assessment to ensure their competence in the administration of medicine.
● The nurse administering medicine spoke to each person, telling them what each medicine was for. Once the person had taken the medicine, they signed the appropriate record. The process of administering medicine was unhurried, this enabled people to receive the support they needed.

Preventing and controlling infection:
● People spoke positively about the cleanliness of the service. One person said, "It's cleaned to my standards." A family member said, "I was impressed when I was shown around, there were no smells and it was clean."
● Anti-bacterial gel and hand lotion dispensers were sited throughout the service for staff and visitors to use.

● Staff were seen to wear personal protective equipment (PPE) including gloves and aprons when they

supported people with personal care and when serving meals and drinks.
● Audits were undertaken to ensure infection control measures were effective, which included a visual check on equipment such as mattresses to ensure they were in good working order and free from stains.
● Policies and procedures on preventing and controlling the spread of infection were in place.
● Staff underwent training on the prevention and controlling of infection.
● The food standards agency had visited in February 2018 and awarded the kitchen a 5-star rating of very good. (The ratings go from 0-5 with the top rating being '5').

Learning lessons when things go wrong:
● Audits were undertaken in key areas for example falls. Each fall was documented and tracked to determine if there were any patterns to falls. For example, increased falls for an individual, or a time of day or location. We saw that where a person had had increased falls, the risk assessments and care plans were reviewed. Appropriate referrals were made to health care professionals to determine if there were any underlying reasons, such as an infection.

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.

Good: 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's needs were assessed by commissioners who fund people's care and by a nurse who works at the service. The assessments were carried out consistently with the Equality Act to ensure there is no discrimination when making decisions as to people's suitability to move to the service. The assessment process covered all aspects of people's health, care and well-being to ensure the service could provide the support and care required.

Staff support: induction, training, skills and experience:
● People we spoke with had confidence in staff and commented this was because staff had received training.
● A member of staff spoke of their induction when they started to work at the service. They told us they worked alongside a member of staff and were provided with information about the service, including the provider's policies and procedures. A recently recruited member of staff told us they had been supported well and were confident to raise any questions if they were unsure about any aspect of their role.
● Staff as part of their induction were required to complete an induction booklet, which required them to demonstrate in theory or in practice that they had the appropriate skills to fulfil their role. The induction process was monitored by a member of the nursing staff team who signed to say the member of staff was competent in key areas.
● Staff received regular monitoring through supervision and observed practice. Staff supervision and bi annual appraisals enabled staff to review the objectives set by the provider. And provided an opportunity for staff to develop personal performance objectives to enhance their skills in meeting the provider's visions and values of the service.
● Staff who had not previously worked in care completed the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.
● Staff worked towards attaining vocational qualifications in care. In addition, staff receive training in key topics to promote people's health, safety and welfare. Staff learn key skills to enable them to meet people's individual and specific l needs, for example training in dementia awareness and food and nutrition.

Supporting people to eat and drink enough to maintain a balanced diet:
● People and family members were complimentary about the meals. A family member told us, "The food is lovely." They went onto say they could eat with their relative if they wished and that there were other a range of choices for all meals.
● The menu for the day was displayed on dining tables and on a chalk board on the wall. Tables were set with table cloths, napkins and a flower arrangement. Condiments were available. People were offered the

choice as to where they wished to eat their meals. Meals were taken to people who remained in bed and staff provided assistance where required.
● The chef was provided with information as to people's dietary requirements and preferences. The chef told us that all meals and foods, such as cakes were homemade. The provider had developed menus, which had been designed to promote people's health and well-being and a vegetarian option was always available.
● Food and drink was accessible to people and visitors. Staff were seen to regularly serve refreshments throughout the day, which included hot and cold drinks, biscuits, cake and fruit.
● Assessments identified people's needs with regards to food and drink. Specialist diets to meet people's needs were provided. For example, diets to support medical conditions such as diabetes. Where people received their nutritional needs via an alternative method, for example a percutaneous endoscopic gastrostomy (PEG) feed, this is where nutrition is given directly into the stomach via tube a tube.) We found clear guidance to be in place.
● Risk assessments identified people at risk in relation to eating and drinking so that measures could be put into place to ensure people had sufficient to eat and drink. For example, those at risk of poor food intake and who were noted to have lost weight were provided with a high calorie diet. People at risk of choking were given a soft diet and thickened fluids as recommended by a Speech and Language Therapist to minimise the risk of choking.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
● People had regular contact with a range of healthcare professionals to promote their health and welfare. An advanced nurse practitioner from a local GP surgery visited the service weekly, providing health care support and advice. They told us that referrals were made in a timely manner and that staff sought advice from the relevant health care professional when required. The advanced nurse practitioner told us their advice was always followed and records supporting people's care were accessible and complete.

Adapting service, design, decoration to meet people's needs:
● People and family members spoke positively about the décor of the service and the gardens. One person said, "I love the flowers outside the window." A second person told us, "There's a beautiful garden, we're out there all the time in the summer. The doors are always open." People and family members spoke of the positive changes to the environment, following the decoration of the service and the purchasing of new furnishings.
● The Park Residential and Nursing Home was purpose built. The dining room was located on the first floor. Lounges, bedrooms, bathing and toilet facilities were located on the ground and first floor. Communal rooms and bedrooms to the rear of the property provided direct access into the garden. The garden provided a safe place for people to sit and relax and enjoy the garden.
● Signage was in place throughout the service to help people in finding their way around. Signage was in a pictorial and word format, and included signs advising people as to the route to communal rooms, toilet and bathing facilities. People's bedrooms had a photograph of them to assist them in identifying their room.
● The service provided equipment to support people's independence and the meeting of people's personal care needs. Family members were aware of equipment used to support their relative, which included shower beds and bespoke chairs to meet individual's needs.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People's capacity to make informed decisions about their health, care and welfare were assessed and regularly reviewed. Where assessments had identified people did not have the capacity to make an informed decision, then a best interest decision was made on their behalf. Best interest decision meetings involved health care professionals and family members.
● A number of people at the service, who did not have the capacity to make an informed decision had an authorised DoLS in place, which placed restrictions on them, for example leaving the service without being accompanied, as this would place the person at risk.
● Staff had received training on the MCA and our observations showed that staff always sought people's consent before providing care and support.
● We found staff to be knowledgeable about people's individual capacity to make day to day decisions. We saw staff offered people a choice for example as to what they wished to eat or drink, where they wanted to sit or whether they wished to take part in an activity.

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.

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

- People were treated with kindness and staff recognised when people needed individual emotional support. For example, a person had been supported to bring their dog to the service, the dog was a key part of the person's life. The person told us, "I love having him here, I love him, I've always had dogs, its nice to have a dog with me, I'm used to dogs." Staff supported the person to look after their dog with the involvement of family members. A care plan was in place for the dog, which showed the caring approach of staff in supporting a person with an important part of their life.
- People and family members spoke positively of the care they received from the staff. A family member said, "Staff are good, we're very confident, we've no concerns about her wellbeing. It doesn't matter when we come it's always the same." A person told us, "The staff are lovely, they're laughing and joking and very helpful. I feel safe the way they do their job, they do it well, they're caring." A second person told us, "We [staff and I] communicate well, I like to have a laugh and joke with them, staff chat to me."
- There were opportunities to share and support people in relation to care decisions. A family member told us how staff had supported their relative. They told us, "When she broke her glasses they helped us get a new pair." A person spoke of their involvement in decisions about their care. They told us, "We signed a care plan when we came here. They [staff] always ask permission before they do anything, they treat me with respect." A family member told us, "Staff know how to move him, they do it with such dignity, such care."
- Staff had completed training in equality and diversity and we observed staff supported people in a non-discriminatory way.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to maintain relationships; family members and friends were encouraged to visit. People were encouraged to personalise their rooms, for example with photographs and other items from home. The service had separate areas, which could be used for people if they wanted someone private to talk other than their bedroom. A person told us, "There's lots of little lounges so when my relatives come we go in there in the little room." A family member told us, "They're [staff] friendly, you're made to feel welcome."
- Family members were involved with the care of their relative. Family members were invited to attend meetings to discuss their relatives care. Family members and friends were made welcome when they visited the service and were offered refreshments. Visitors could join their family member or friend for a meal if they wished.
- Respect and dignity towards people extended to include their death. When a person had died, communal doors along with corridor were closed and staff provided a 'guard of honour' to show their respect, as the person left the service and were transferred into the hearse.

● Family members were aware that information held about their relatives was confidential and as such was stored to comply with current data protection legislation. A family member said, "We used to be able to look in the book in her room to find out if she had had a good night or what she ate, but that's kept in the office now because of the new law so we don't see it unless we ask."

●The provider had a Certificate of Assurance confirming the safety and security measures for the storage and retention of information consistent with legislation.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● Assessments of people's needs were used to develop care plans, which included family members where appropriate. A schedule was in place, known as 'resident of the day' to ensure people's assessments and care plans were reviewed monthly, or sooner as people's needs changed. For example, due to a fall or a period of ill health.
● People's records in some instances had not been fully completed to record aspects of their daily care. The clinical lead and registered manager were receptive to our comments and began to bring about improvements with immediate effect.
● People's care plans were person centred, focusing on their preferences and choices for how they spend their day and participate in their activities of daily living. This promoted people's independence, by recognising where people wished for example, to wash or dress independently without staff support.
● People were supported to take part in activities both in the service and within the wider community, both individually and within a group. People's interests were recorded in their care plan and their personal care and support was planned around these. The service had its own transport, which meant people had the opportunity to go out into the wider community, which included day trips to areas of interest.
● People, encouraged by staff were seen engaging in activities, which included a game of bingo with large cards, creative painting and walks to the local park. A person told us, "I don't get bored, I read, watch TV, do word searches and puzzles." External performers were invited into the service to provide entertainment, which included singers and musicians.
● Staff's knowledge of people played a key part in them being able to identify subtle changes in a person, which may indicate they were unwell. A member of staff told us, "You have to know the residents' really well as some can't tell you what is wrong but you can tell by little changes in their behaviour that somethings is not right."
● Systems for staff to share information ensured they were able to respond to meet people's needs. A 'ward round' took place for all staff shift changes. The nurse and a carer who had been on duty and who were coming on duty, walked around the service and undertook a visual check of each person and provided a verbal account of the person's wellbeing. A handover sheet was also in place, which contained a daily account about each person's care. All staff signed the sheet when it had been read.
●The providers understanding of communication and its importance to those who used the service demonstrated that they understood and met their obligations to support people in line with the requirements of the Accessible Information Standard (AIS). Signage and information, for example was provided in word and pictorial format and information as to how people communicated was recorded within their care plan.

End of life care and support:
● Opportunities for people and family members to talk about their wishes should they became unwell were

provided. People's wishes were recorded and any actions as a result of their comments were actioned. For example, some people had in place a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). People's capacity to make informed decisions about DNACPR's were documented. Care plans were in place for people receiving end of life care. End of life care plans included information about any medicines prescribed to help support people any pain or symptoms them may experience.
● Staff received training appropriate to their role in End of life care.

Improving care quality in response to complaints or concerns:
● People and family members were confident in raising concerns. Where people had raised a concern or complaint they told us it had been dealt with to their satisfaction.
● The provider had a complaints procedure, which was displayed on a notice board. The complaints procedure included information about external agencies which could support people with complaints.
● Complaints were investigated, and action was taken to address the issues and prevent reoccurrence in the future where possible. Information gathered from complaints was analysed within the service and across the provider's other services. This enabled any lessons learnt to be shared.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our previous inspection of 13 and 29 November 2017 we found the provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made.

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

- The Park Residential and Nursing Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The day to day running of the service was well organised, staff were clear about their collective and individual duties and worked together as a team to provide good quality care.
- A robust system of scheduled quality auditing was in place. Staff within the service and the organisation had key areas of responsibility, covering key areas. For example, people's care, complaints and safeguarding, the environment and staffing. Any areas for improvement were identified within an action plan. The action plan was monitored and a hierarchical managerial system was in place to 'sign off' any actions as being satisfactorily completed.
- The provider had a business continuity plan in place, which detailed how the people's needs were to be met in the event of an emergency, for example if the service experienced a utility failure or a flood.
- We found the provider had displayed the rating from inspections awarded by the Care Quality Commission (CQC), both within the service and on their website, which is a legal requirement.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People using the service, family members, staff and visiting health care professionals all spoke very highly of the registered manager. All spoke of the registered managers commitment to continually improve the quality of the care. Everyone felt the open and inclusive approach of the registered manager had helped to create a friendly and welcoming environment for people to live, work and visit.
- The registered manager, along with others within the provider's organisation supported staff through ongoing training, supervision and meetings to ensure staff were motivated and caring.
- The registered manager had identified changes were required to the staff duty rota to maximise the quality of care and time staff spent with people, which had been discussed with staff. Staff had developed the rota, which had been implemented to good effect.

● Meetings were held at all levels within the organisation to review the quality of the service. The registered manager held regular meetings with staff from the service, providing an update as to the outcome of any quality monitoring visits undertaken. This included a constructive discussion on areas for improvement and positive feedback as to what was working well.
● The provider and registered manager responded to complaints and concerns in line with the Duty of Candour. We found letters of apology had been written to complainants. The Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that require registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● People using the service and family members had opportunities through regular meetings held at the service and annual questionnaires to comment upon and influence the service. Minutes of meetings showed consultation was a key factor in introducing changes. For example, improvements to the décor of the service and the installation of a new kitchen. People had been consulted about moving from having two to one dining room. People and family member told us the introduction of one dining room had had a positive impact as the dining experience was now a more sociable experience.
● Information was available in the entrance foyer on the notice board. Information included minutes of meetings, dates for future meetings, the outcome of people's views sought through the annual completion of questionnaires and dates of planned activities taking place within the service. A 'have your say' suggestion box placed by the notice board for visitors to make any comments or suggestions. The registered manager told us, they had recently received a comment about parking bay lines not being visible. As a result, plans were in place to paint the ground to clearly identify parking bay spaces.
● We found an open and inclusive environment for all staff to contribute to the day to day running of the service. Opportunities an annual survey and regular meetings. Supervisions and appraisals were seen by all as an opportunity to identify what was working well and to share ideas as to how to further improve the service for all.
● The provider operated a 'staff council', which enabled nominated representatives from each service, who are not in a managerial position, to take part in the quarterly regional meetings. At which, each representative present feedback from the staff group they represent. Each region then nominates one person to represent the region at national level. The purpose is to provide an opportunity for staff to share their views and influence the service provided.

Continuous learning and improving care; Working in partnership with others:
● We found the clinical nurse lead to be receptive to areas for improvement we identified when looking at people's records. Action to bring about improvement were introduced during the inspection, which included changes to how information was recorded.
● There was a commitment by the provider to support staff with their professional development. Two staff who worked at the service were being sponsored to study for their degree in nursing at university. There were links with the local clinical commissioning group which enabled nursing staff to access training. The registered manager and nursing staff accessed information from external organisations to keep up to date with good practice.
● The registered manager supported local colleges by offering placements for students who were studying health and social care and by offering work experience for pupils at local schools.