

Woodleigh Christian Care Home Limited

Woodleigh Christian Care 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

Woodleigh Christian Care Home is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 44 people. Woodleigh Christian Care Home is based in an old convent and has been extended to provide additional accommodation. There are multiple lounges and communal areas for people and families to sit and chat, and access to a secure garden area.

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

People and relatives felt the service was safe. Risks relating to people's assessed needs and the care environment were identified, and care plans told staff how to provide safe care. Staff were knowledgeable about risks and how to manage them. People received their prescribed medicines safely. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. There were enough staff to keep people safe. The service was kept clean, which minimised the risk of people acquiring an infection.

People and relatives spoke positively about staff skills and experience. People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People had access to community healthcare services. The provider had taken steps to ensure the environment was suitable for people's needs. 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 and relatives spoke positively about the staff team. One person said, "They are marvellous. Nothing is too much trouble for them." Staff had time to spend with people socially in addition to doing practical care tasks. Staff encouraged people to express themselves, and where possible, involved people in reviews of their personal care. People said staff always treated them with respect, and relatives confirmed this. Staff respected people's right to confidentiality.

People and relatives were offered emotional support, particularly when they first came to live at the service. Care plans were personalised and contained information about people's likes and dislikes. People and relatives were positive about the support they had to take part in activities both within the service and out in their local community. Staff were proactive in responding to people's individual needs and encouraged them to do things which were meaningful to them and made them happy. Relatives were confident concerns or complaints would be dealt with. People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives.

People and relative spoke positively about the staff team and management of the service. Staff also felt supported to do their jobs well. The staff and management had values that placed people at the centre of

the service and promoted their independence, enabling them to make choices about their lives as much as was possible. The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. The provider had a detailed action plan for improving the quality of care and this was reviewed monthly. The provider worked in partnership with others to ensure people maintained their health and social networks in the local community.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published on 12 March 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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.

Woodleigh Christian 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 Care Act 2014. The inspection visit took place on 13 and 19 August 2019.

Inspection team

The inspection visit was carried out by an inspector, a specialist advisor and an Expert by Experience. Our specialist advisor was a nurse with experience in dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of our inspection was carried out by one inspector.

Service and service type

Woodleigh Christian Care Home 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 who was in the process of registering 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

Our inspection was informed by evidence we already held about the service. We sought the views of

Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of external health and social care staff, and commissioners from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection visit we spoke with eight people who used the service. We spoke with seven relatives and five care and nursing staff. We also spoke with the activities coordinator, housekeeping staff, and the service's chaplain. We spoke with the manager, deputy manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records related to how the service was managed. These included four people's care records and how medicines were managed for people. We also looked at three staff recruitment and training files, and the provider's quality auditing system. During the inspection visit we asked the manager to send us additional evidence about how the service was managed, and they did this.

Not all the people living at the service were able to fully express their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not always assessed the risks to people's health and safety or acted to reduce the likelihood of harm from known risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety from their health condition, environment and any equipment used for their care were now effectively managed. Risks relating to people's assessed needs, and care plans told staff how to provide safe care. Staff were knowledgeable about related risks and how to manage them. These were reviewed regularly with people and relatives and updated when required. For example, staff carried out regular checks on people who were at risk of skin breakdown. This was to both check people's skin where they were at risk of soreness from prolonged pressure and to ensure their pressure relieving equipment was in good condition and used correctly. This helped ensure people were protected from risks associated with poor pressure care.
- Risks associated with the service environment were assessed and mitigated. The provider had clear systems in place to ensure regular checks on all aspects of the environment. This included fire safety system checks and checks on care equipment such as hoists and slings. This ensured they were safe to use when needed.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's mobility and support needs.
- The provider had recently implemented a personal bag system for each person. This was designed to ensure people had key items and information with them at all times. One person said, "Since having my bag (green) I feel like it is a security blanket, when I go to church, out to welcome break or around the home, this comes with me, at the back of my wheelchair."

Using medicines safely

At our last inspection the provider had not always managed medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their prescribed medicines safely. Relatives felt confident their family members received medicines as prescribed. One relative said, "My family member was not very consistent in taking tablets before they came in here so it's a relief to know it's being dealt with by the staff." Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that medicines were documented, administered and disposed of in accordance with current guidance and

legislation.

- Records relating to people's medicines were clear. Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Learning lessons when things go wrong

At our last inspection the provider had not always reported, investigated or analysed incidents. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this, and where action had been taken to minimise any risk of future incidents.

Systems and processes to safeguard people from the risk of abuse

- People said they felt the personal care they received was safe. One person said, "I feel very safe as the staff look after me really well." One relative said, "My relative is very safe here and the staff are brilliant."
- Staff received training in safeguarding and felt confident to raise concerns. The manager and deputy manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Staffing and recruitment

At our last inspection the provider had not ensured there were sufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to keep people safe. People and relatives felt there were generally enough staff to meet their needs. Staff said there were enough of them to assist people throughout the service in a timely way when needed.
- The manager reviewed staffing levels regularly, and increased staff numbers when needed to ensure people's needs were met. Our observations during the inspection showed us that people were supported by enough staff. This included when people needed support to eat, needed emotional reassurance, or wanted to participate in activities.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Preventing and controlling infection

- People were protected from the risk of an acquired health infection. The service was kept clean, which minimised the risk of people acquiring an infection. Staff understood infection control procedures, and we saw they followed these, using personal protective equipment when required.
- The manager carried out checks in relation to cleanliness, infection prevention and control to ensure this was effective. This ensured risks from an acquired health infection were minimised.

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 Requires Improvement. At this inspection this key question has now improved to 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's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers or at risk of malnutrition.
- The provider was taking part in an NHS Improvement Project designed to test new forms of technology to increase the speed of medical response and reduce NHS costs. As part of this project, staff had identified a person at increased risk of stroke and heart attacks. Without the project this increased risk would not have been identified. The person was prescribed medicine which reduced their risk of stroke and heart attacks.
- The provider had invested in new technology to improve the lives of people living at the service. Evidence from services in Europe show that the SovaCare Experience Table improves the wellbeing and mental health of elderly people and people with dementia. People at Woodleigh Christian Care Centre were using the table to increase their participation in entertainment, memory stimulation and social engagement. This technology is designed to be accessible to all people in the service, and the provider demonstrated it was having a positive effect on people using it.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. Staff also had access to current information about a range of health conditions to ensure they were providing the right care.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about staff skills and experience. One person said, "They [staff] are very good. They definitely know what they are doing." Staff had good knowledge of people's needs, and said they had enough time to read people's care plans.
- Staff told us they had an induction when they started work, and regular supervision, where they could get feedback on their performance and discuss training needs. Records we looked at supported this.
- The provider ensured there was regular communication between staff and management, so key information about people's care needs and the running of the service was routinely shared. Related meetings were recorded, so staff and the provider could see what was discussed, and what action needed to be taken.

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

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink.
- People told us the quality and variety of the food was good. Records showed there was a varied menu, with options available for people with specific dietary requirements.

- People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals.
- Staff knew in relation to people's health conditions who needed additional support to eat, or any special diets, to ensure they received adequate nutrition. For example, fortified diets, appropriately textured food or thickened drinks.
- We saw lunch was unhurried and calm, with people being given assistance or encouragement as needed by staff.
- One relative spoke positively about the improvement in their family member's eating and drinking. They commented, "They have come on in leaps and bounds since they came here. They weren't eating at all but now they're eating well."

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

- People said they had access to GP and dentist services. Relatives said staff contacted them if their family member needed external healthcare services. One relative said, "Communication is really good with us and they tell us straight away if they are off colour or anything." Care records showed staff regularly contacted health professionals for advice if they were concerned about people's well-being. Feedback from the service's GP surgery in relation to a recent meeting was positive, stating, "[Manager] was very pro-active and enthusiastic in her approach to improving the care of her residents and our initial discussions focussed on the needs of each individual."
- The service used the NHS "red bag" scheme. If a person becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the person's standardised care paperwork and their medicines, as well as clothes and other personal items. This meant key information about people's needs was shared with health professionals when people went into hospital.

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

- The provider had taken steps to ensure the environment was suitable for people's needs.
- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised.
- The service had clear signs around the building to help people orientate themselves. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms.
- Bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.

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.

- People and relatives said staff got permission from people before offering personal care. Staff understood the principles of the MCA, including how to support people to make their own decisions.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations

were met and reviewed regularly.

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 Requires Improvement. At this inspection this key question has now improved to 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 spoke positively about the staff team. One person said, "They are marvellous. Nothing is too much trouble for them." Relatives commented on how well staff knew their family members and supported them in the ways they preferred. One relative said, "I would recommend this home to anyone. In fact, I have done. The staff are amazing, and nothing is too much trouble for them. They make us (the family) very welcome when we come. It's a real home from home."
- Staff knew about people's interests, life experiences and important relationships. One relative commented, "The staff make this place. They are all very good, but I have to say it's the activities girls who really make this home. I don't know where they get all their energy from, but they are simply brilliant. They do things with a group of people and then they do things with just one person at a time. I never see them not smiling and kind."
- We saw evidence that one person's health had improved due to better diet. Staff had taken time to build relationships with the person and they were now eating and drinking better. Because of this caring support, the person now felt able to take part in activities. Their relative reported that the person was now happier and settled. The person and their relative could now spend better quality time together as a result of the staff's caring approach to the person.
- We saw staff engaged people in conversations and activities. Whether this was chatting or doing an activity, there was lots of laughter and good-humoured conversations between people and staff. For example, one person was humming a tune. A member of staff brought them a drink and asked if they could sing along with them. This clearly had a positive effect on the person and they spent time singing songs and laughing with the staff member.

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

- People said they able to say how they wanted to be cared for. One person said, "I don't know about a care plan, but I tell them exactly what I want or don't want." Relatives felt they were kept informed about their family member's care. They also felt involved in supporting their family members to review their care. Staff encouraged people to express themselves, and where possible, involved people in reviews of their personal care.
- Information about advocacy services was displayed in the service and we saw independent specialist advocates had been involved in supporting people to make decisions about their care and life choices. This meant people were supported to understand their rights and have their views heard.

Respecting and promoting people's privacy, dignity and independence

- People said staff always treated them with respect, and relatives confirmed this. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity. Staff had a good understanding of how to ensure people's dignity in care and had training in this.
- People were also encouraged to do domestic activities if this was still important to their daily routine. One staff member said, "If people want to get involved in sweeping the floor, laying tables, doing normal day to day activities that they would have done at home, then we encourage them to do it."
- People were supported to spend private time with their friends and family. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. Staff told us, and records confirmed people were supported to maintain the relationships that were important to them.
- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share information about people's care. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Staff understood when it was appropriate to share information about people's care. Records relating to people's care were stored securely

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan. The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. People and relatives were offered emotional support, particularly when they first came to live at the service. One staff member said, "My job is a huge privilege. Coming into care - both people and relatives need support with the process."
- Care plans were personalised and contained information about people's likes and dislikes. For example, favourite television programmes, hobbies and interests and their community networks. Staff said and records showed that people's care plans were regularly reviewed with them to ensure they reflected people's current needs.
- The service had a chaplain who offered spiritual and emotional support to people, relatives and staff. Chaplains are people of faith or philosophical beliefs who provide guidance and counselling to those in need in secular organisations. Their support was available to anyone who wished it, irrespective of their personal faith. People were supported to practice their faith where that was important to them. Staff spoke with people and relatives about their needs associated with faith or culture. This was documented in care records, and we saw evidence that people were supported with these needs.

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 and relatives were positive about the support they had to take part in activities both within the service and out in their local community. One staff member said they felt activities were about the journey, not the end product. They said, "Building a relationship is really important so you can learn how a person is when they're happy and content, so you notice the changes in behaviours or appearance. We have an ethos of being where the person is."
- We saw that people were encouraged to participate in activities to suit their mood throughout our inspection. Staff demonstrated detailed knowledge of each person's preferences and tried to ensure that everyone had daily opportunities to do meaningful activities that made them happy.
- Staff were proactive in responding to people's individual needs and encouraged them to do things which were meaningful to them and made them happy. People at the service were supported to take part in activities in the local area to ensure they maintained contact with family and friends in the community. For example, one staff member had worked with the local library to put on accessible film screenings, which people with physical health needs and dementia could access and see films they enjoyed. This helped to

reduce isolation for people and gave them access to a wider range of hobbies and activities. Another person was interested in learning about first aid, so the provider supported them to take part in the staff team's first aid training. The person gained their first aid at work qualification, and was very proud of their achievement.

- People, relatives, friends and staff were encouraged to join the Woodleigh Warblers. This group met regularly to sing together, record music, and sing at events in the local community. One staff member said it was good to see people able to remember songs from their past. They described the group as fun and therapeutic for everyone. This all helped to reduce isolation for people and gave them access to a wider range of hobbies and activities.

Meeting people's communication needs

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 carer.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were recorded in care plans, and this information was shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. The registered manager said they asked people and relatives about their communication needs and could provide information about the service in various formats.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints and concerns. Relatives were confident concerns or complaints would be dealt with. Staff we spoke with knew how to respond to concerns raised and their need to record and escalate them. Any lessons learnt from complaints or concerns were shared with staff to improve the quality of care.
- People were involved in developing the recruitment process, to ensure new staff have the training, skills attitudes and values that reflect the provider's ethos for quality care.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of people's lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances.
- People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

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 Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not ensured there were effective systems or processes to ensure compliance with the regulations and had not ensured people received safe, effective and responsive care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- People and relative spoke positively about the staff team and management of the service. Staff also felt supported to do their jobs well. One staff member said, "It's a real team effort." Staff we spoke with were motivated to provide good quality care and spoke with us about appreciating the consistent and robust management.
- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible. One staff member said, "It's really important to spend time with people and value them and show this through your actions." For example, the manager started a weekly well-being clinic. Staff are free to attend whilst on or off shift to have a chat with the manager, discuss any personal or work-related issues and be referred to services if required. Some staff have had assistance with this service which has helped their family members and themselves. The well-being clinic is also open to relatives and residents, or other visitors to the home. This demonstrated a positive culture where staff felt supported to carry out their jobs well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider now undertook audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in. We saw evidence where action was taken to improve. For example, staff had worked to reduce the number of falls people had, and to reduce the risk of people developing pressure sores.
- The provider shared their monthly audits and action plans with CQC. Reviewing these, we could see where there had been continuous improvements made since the last inspection.
- The provider notified CQC of significant events as they are legally required to do. This meant the provider was informing us about events that occurred in the service which assist us to monitor the quality of care.

- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The service did not have a registered manager in post at the time of our inspection. However, the manager had applied to become registered with CQC.
- Staff said, and records confirmed they had regular training and meetings to discuss how to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life.

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

- Staff said they felt well supported by the provider, the manager and their colleagues. Staff we spoke with had clear views about their role in supporting people they cared for. Staff felt able to make suggestions for improving the service and were positive about trying new activities with people to improve their quality of life. The provider encouraged people, relatives and staff to celebrate good care by having a monthly internal awards system. This helped to improve staff morale and boost pride in the care they delivered.

Continuous learning and improving care; Working in partnership with others

- The provider had a detailed action plan for improving the quality of care and this was reviewed monthly. This included ensuring all staff were up to date with training the provider specified as mandatory, and ensuring staff had assessments of their competency in a range of personal care and nursing skills.
- The manager and provider worked in partnership with outside agencies to improve people's care. People's funding authorities, as well as other health and social care professionals were in regular contact with the service about ensuring people's needs were met.
- Staff and the manager recognised when people's needs changed. They made appropriate referrals and met with health and social care professionals promptly to address this. This ensured people received the care they needed.
- People were supported to maintain contact with their local communities. For example, people and staff had worked with the local library outreach team on Voices, a poetry project. People involved in the project told us they really enjoyed it, and felt it gave them the opportunity to express themselves. Voices presents a thought-provoking collection of poetry created by people whose voices, for health, social or age-related reasons, are rarely heard, combined with photography of those involved. The poetry produced by people living at the service is touring libraries in 2019 and 2020. This showed the provider was confident to work with organisations to provide people with opportunities to improve not just people's health but their social needs.