

Tanglewood (Lincolnshire) Limited

# Hunters Creek Care Home with Nursing

## 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?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Hunters Creek is a residential care home providing personal and nursing care to 80 older adults and people living with dementia at the time of our inspection. The service can support up to 91 people.

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

The provider had a clear vision. High standards were expected, this was communicated clearly to the team by exceptionally strong leadership. The registered manager was totally committed to ensuring that people received the very best care. Staff were very complimentary about the support they received from the registered manager whose excellent clinical knowledge made staff feel assured and confident. Governance systems were in place to ensure there was clear oversight and scrutiny of practice within the home. The registered manager had developed strong partner agency working, we saw evidence of how this was directly improving the lives of people living in the home.

Systems and processes were in place to ensure people were protected from abuse. Risks were well managed, and people benefited from non-restrictive risk management processes. Staffing levels met the needs of the people living in the home. Processes were in place to support the safe recruitment of staff. Infection control was maintained to a good standard and people were protected from the risk of the spread of infection. Accidents and incidents were recorded, and subsequent analysis of incidents took place to ensure that lessons were learnt. Systems and processes were in place to ensure that people received their medicines safely.

People's needs were assessed thoroughly and in good detail. Peoples desired outcomes and wishes were recorded and cross referenced into the care plans. Staff received an induction and ongoing training. People were supported to receive the nutrition and hydration they needed to stay healthy. Observations of the dining experience during the inspection was positive with examples of attentive, kind and compassionate encouragement for people who needed support to eat and drink. People were supported to access a wide range of healthcare support. The service was working within the principles of the Mental Capacity Act (MCA). 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 told us staff were kind and caring and our observations confirmed this. There was a homely feel throughout the home and there was a strong emphasis on the home being a 'home' for the people living there. Staff interactions with people were attentive and kind. People were given the opportunity to express their views regularly and were involved in their care. Privacy and dignity were maintained to a high standard.

People were receiving care that was responsive to their needs. Care planning captured peoples wishes, and care was delivered by staff who understood the needs of the people they were supporting. Care records were person centred and contained good detail about people. People knew how to complain and raise

concerns and were listened to. People and relatives were surveyed to measure their satisfaction. Results from this were shared with people and relatives to ensure that they were aware of actions taken to respond to suggestions and comments.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 05 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

## 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?

Outstanding ☆

The service was exceptionally well-led.  
Details are in our well-Led findings below.

# Hunters Creek Care Home with Nursing

## **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

This inspection was carried out by two inspectors, an assistant inspector, an Expert by Experience and a professional advisor who was a registered nurse. 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

Hunters Creek 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with 16 members of staff including the registered manager, deputy manager, senior care workers, care workers, domestic staff, catering staff, nursing staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with consistently told us they felt safe living at Hunters Creek. One relative told us "[Relative] needs lots of help, it's very good, [they're] always safe with the carers."
- People were cared for by staff who knew how to protect them from abuse. The provider had a safeguarding policy which staff were aware of. A staff member told us, "There are copies in the office and in the staff room for us to read."
- Staff received regular safeguarding training. When asked about what they had learned from the training one staff member said, "A large portion of it [training] is about recognising the signs of abuse and how to escalate concerns." Another staff member said, "We get updated about the new types of abuse such as modern slavery."
- The provider had a policy relating to whistleblowing and staff were aware of their responsibilities to report concerns.

Assessing risk, safety monitoring and management

- At the last inspection we found information in risk assessments and care plans was not always up to date. At this inspection we found this had improved, risk assessments and care plans were reviewed regularly and reflected people's current needs.
- People were supported to reduce risks to keep safe in a person-centred way. For example, one person was identified as being at risk of choking and due to a deterioration in their health condition was being fed through a percutaneous endoscopic gastrostomy tube (PEG). This is a feeding tube inserted directly into the stomach. Staff were provided with training and the risk assessment contained up to date and clear guidance from the speech and language therapist to ensure the person was safe.
- Environmental risks associated with the accommodation were managed. Records confirmed regular maintenance of the building and equipment used to assist people with their mobility was undertaken.
- The provider ensured fire safety risks were managed. Care records showed people had emergency evacuation plans in place to ensure safe evacuation in the event of a fire.

Staffing and recruitment

- Staffing levels ensured people's needs were met in the way they had chosen. Some people told us they occasionally had to wait for a response to their call bells but told us it hadn't particularly inconvenienced them. During the inspection we observed generous staffing levels in the dining areas to ensure people were supported to enjoy their lunch.

- Records showed staffing levels were consistently reflective of the amount of staff we saw during the inspection. Care and nursing staff focused on delivering care to people and were supported by a team of domestic staff, catering staff, maintenance staff and gardening staff.
- The provider followed a clear process to ensure people were recruited safely. Records showed pre-employment checks were undertaken prior to staff commencing employment. References were obtained, and staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

#### Using medicines safely

- At the last inspection delays when medicines were ordered meant people did not always receive their prescribed medicines promptly. At this inspection we found this had improved and people were receiving the medicines they were prescribed.
- Care plans and risk assessments described the support people needed to ensure medicines were administered as intended. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them. Observations confirmed administration of people's medicines was done safely.
- The provider had a policy relating to medicines which reflected current best practice guidance and was reviewed. Audits of medicines administration were carried out regularly. Records showed shortfalls identified were recorded clearly and addressed promptly.
- Records showed, and staff confirmed they received training to administer medicines safely. Observations of staff competence were carried out regularly. One staff member told us, "The floor manager watches you like a hawk, it [medicines administration] has to be perfect before you are signed off."

#### Preventing and controlling infection

- The home was clean throughout and was free of malodours. Throughout the inspection we observed housekeeping staff cleaning communal areas and people's rooms.
- Designated washing and laundry areas were available to ensure soiled clothing and bedding were washed separately and reduce the risk of the spread of infection.
- Records showed staff were provided with training relating to infection control. Regular meetings were held with staff responsible for ensuring that infection control processes were followed to ensure people benefited from a clean and hygienic environment.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. The registered manager had a system in place for analysing accidents and incidents to inform future risk planning.
- The provider had a process to ensure people were assessed immediately after a fall. The assessment was designed to establish what action would be required in the future to reduce the risk of the person falling again in the future.



# 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

- People's needs were fully assessed prior to moving into Hunters Creek. Records showed assessments were detailed and relevant to the person's needs. For example, one person's assessment identified they had degenerative health condition. The information recorded in the assessment considered their future wishes as it was likely the person would not be able to communicate as clearly when their health had declined. We also noted the assessment included important information about their interests and relationships with family and friends.
- Information recorded in people's initial needs assessments was included in care plans and risk assessments. Where appropriate people's relatives had been encouraged to provide important information. For example, one person's assessment included detailed information from a relative about how their skin condition had been maintained whilst they were living at home.

Staff support: induction, training, skills and experience

- Staff were provided with an induction when they began working at the home and completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff member told us, "I had lots of shadow shifts with senior staff and the nurses."
- Records showed staff were provided with a comprehensive package of training. Staff told us the provider had designated trainers who delivered face to face training at Hunters Creek and in the providers other homes.
- Nursing staff told us they were provided with training to meet specific health needs of people living in the home. For example, nursing staff told us they were trained to support people who had a percutaneous endoscopic gastrostomy tube. They also told us they were provided with training to meet specific health needs before the person moved into the home.
- Nursing staff told us they provided with support from the provider to maintain their professional registration.

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

- People consistently told us they enjoyed the food available to them. One person said, "The food is very good." Another person said "I get two choices for lunch. It's always [served] nice and hot."
- We observed lunch in both dining areas on the ground floor and on the first floor. Prior to lunch in the ground floor dining area staff were seen chatting to people in the lounge area about what they would like for

lunch and explaining what was on the menu. Tables in dining rooms were laid with flowers and napkins. Food was served from a heated trolley in the dining room and was well presented. People were asked for their consent before providing them with an apron to protect clothing. In the dining area on the first floor we witnessed seven staff providing assistance to approximately 20 people. Staff were attentive and considerate when providing support.

- People were provided with drinks and snacks throughout the day. Fresh fruit was readily available for people to snack on. The provider had two dessert trollies (one for each floor) which had glass display stands containing a wide range of desserts, cakes and snacks. The provider explained they purchased the trollies, so people could see what was available and encourage those with a poor appetite to eat.
- Kitchen staff were provided with clear information about people's requirements, such as blended and mashed foods for people with swallowing risks. The chef was knowledgeable about which foods were suitable for people with conditions such as diabetes and confirmed they were able to provide food according to people's preferences and cultural dietary needs.

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

- Care records included important information about people's health needs and the involvement of relevant health professionals. Records showed people were supported to access a range of healthcare services such as GP's, district nurses, speech and language therapists and the physiotherapist. People consistently told us that if a GP was needed there was never a delay in arranging a visit.
- The registered manager was piloting an electronic palliative care coordination system in the home. The electronic system enabled healthcare professionals to consider the wishes and preferences of people and work with them and their families and friends to help plan their healthcare. The system enabled good communication and coordination between several services to ensure quality healthcare would be provided to people.

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

- The accommodation enabled people to move around independently whilst providing safety and security. The home had a complete refurbishment which included the decoration of people's rooms. The provider told us this had been achieved without a single person being displaced overnight.
- The home was decorated in a dementia friendly way. Corridors were signposted and named after local landmarks to enable local people to feel at home and familiar with the environment. On the first floor two bedrooms had been removed and replaced with a 'forget me not café' for people to sit and relax. People recognised a panoramic mural on the wall showing the local marketplace in Boston, with the famous Boston Stump [local parish church] in the background.
- Throughout the home were points of reference for people such as seating areas alongside wall art depicting a sweet shop and a wool shop. On the ground floor there was a traditional pub area with alcoholic beverages for people to enjoy and traditional pub games such as table skittles and bar billiards. A hairdressing salon was available for people to use. On the first floor there was a 'tiki bar' which was decorated with palm leaves and had a tropical theme.
- People's rooms were personalised according to their tastes and were adorned with personal items and memorabilia. People told us they felt Hunters Creek was a home from home.
- The garden and patio areas were well maintained and provided wheelchair access for people to enjoy activity areas for games, gardening and vegetable growing as well as quieter areas for people to enjoy peace and quiet.

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. We found they were working in line with the principals of the MCA.

- People had provided consent for their care to be carried out in the way that they had agreed. Where people lacked capacity to consent there was clear information about who was agreeing the plan on the persons behalf.
- We saw several examples of people being cared for in a dignified way that did not restrict them from making personal choices. For example, one person's ability to swallow had deteriorated, but the person wished to continue to eat their favourite food of ice cream. Meeting records showed the risks had been clearly explained to the person but ultimately the person chose to accept the risks and continue to eat ice cream. Staff worked with the person to reduce the risk as far as possible but enabled them to have the dignity of making personal choices which were important to them.
- Staff received training in relation to the MCA and demonstrated that they understood the principals clearly. One staff member said, "It's about determining if someone is able to make a decision, people are allowed to make bad decisions that we might not agree with."
- Records showed that mental capacity assessments had been undertaken to establish what support people required with decision making. We saw best interest meetings held when people were deemed to lack capacity to make particular decisions involved appropriate health professionals and family to ensure any decisions made with the least restrictive options and in the person's best interests.

# 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 has 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 and relatives consistently told us they were well cared for and treated by staff. One person told us, "The care is very good." Another person said, "The staff stop and chat." A relative stated, "[Relative] is always in the lounge, she's never just left in her room."
- People were cared for by staff who knew them well. People's care plans included a section called 'All About Me' which provided an insight into the person's life with photographs of key moments in their lives. The document enabled the staff to see the person as an individual. Throughout the inspection we noticed staff addressing people by their preferred names.
- We asked the staff if they would recommend the home to a close relative they were fond of. Staff consistently stated they would have no concerns recommending the home. One staff member said, "I would, definitely, everyone works as if it is a family member they are looking after."

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

- Care plans reflected the wishes and views of people accurately. Records showed that people were involved in developing their care plans and where appropriate they had provided written consent for the care and treatment they received.
- Reviews of care plans were undertaken regularly with the person and/or a relevant person, therefore information held in care plans was relevant and up to date.
- Meetings for people living in the home and their relatives took place regularly. Records showed people contributed ideas and suggestions about issues in the home and these were acted upon. One member of staff we spoke with said, "We hold three monthly meetings with residents and another one for family members to get feedback on activities. Families will always come and tell me if there's a particular activity their relative wants to do and we always try to accommodate it."

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's rights to privacy and knocking on bedroom doors before entering. We also observed staff speaking with people in communal areas discreetly about personal matters.
- Staff were provided with training in relation to privacy, dignity and independence. Staff described in detail how they would ensure people's dignity is maintained when delivering intimate personal care.
- Staff told us the registered manager's expectations about people's privacy and dignity were of a high standard. One staff member said, "It's drummed into us, we even knock on the staff room door before

entering".

- We noticed one person had walked into the communal area in their underwear. The staff member in the vicinity called another staff member for assistance and the person was discreetly and gently escorted to the nearest bathroom and supported to dress appropriately.

# 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 Good. At this inspection this key question has 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

- People's care plans were comprehensively detailed and reflected the needs and wishes of the person it related to. Where appropriate people's relatives had been involved in developing the plan to ensure that important information was included.
- Staff were observed delivering care to people that was relevant to them and reflected their choices. For example, a person's care plan stated their favourite drink was hot chocolate. Staff were observed asking the person if they would like their favourite drink of hot chocolate. This person's care plan stated, 'When you assist me with my meals, talk to me so that I can try and engage with you.' Staff were seen chatting to the person and encouraging them while supporting them to eat their lunch.
- Reviews of care plans took place regularly. We saw evidence of regular updates to care plans when people's needs changed, for example, when someone had recently been discharged from hospital.

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 carers.

- The registered manager told us people were supported to receive information about them in the way they preferred. If required, information was available in large print or could be provided in braille.
- Where people were unable to communicate verbally, care plans contained clear information about non-verbal communication staff should be aware of. For example, one person's care plan described how the person would make a continuous musical sound when they were happy. The communication plan described how this was the best time to interact with the person and encouraged staff to sing along to the radio with them.
- Wi-Fi was freely available throughout the home. People were able to use this to communicate with friends and relatives by using Skype if they needed to. Skype is a software application which enables people to communicate with each other over the internet using a webcam.
- One person's care plan described how they used an iPad and a notepad to communicate, due to their speech deteriorating in recent months.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People told us they were supported to take part in activities they enjoyed. "There's a good selection of activities" said one person. Another person told us, "I do some activities, singing mainly."
- The provider employed an activities coordinator, whose role it was to provide a range of activities for people to engage in. The provider also employed four activities assistants whose role it was to support people to engage in the activities provided. An activity rota was displayed on the notice board which included a comprehensive range of events ranging from flower arranging to horse racing. Church services were provided to meet people's cultural needs.
- People were encouraged to make suggestions about what activities should be provided. One person told us "I like some activities. But I wanted some quizzes and exercises for a change. I asked at a residents' meeting and now we get a quiz when someone can write one and we have exercises every Thursday morning."
- We saw a group of children from a local nursery engaging with people and singing songs. The atmosphere was lively, and people looked happy.
- "I think about people and what they would like. I look for simple and effective things. I always visit new residents to find out their interests and to work out what activities would work for them" said the activities coordinator. We were told about one person who lived at Hunters Creek and their passion for vintage cars. It was arranged for a vintage car from the 1940's to be brought to the home so they could enjoy spending time engaging in a lifelong hobby which was important to them.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was issued to people living at the home and was on display at the reception desk. People and relatives, we spoke with told us they had not reason to make a formal complaint.
- The registered manager kept records of complaints. All complaints made were fully responded to within the timescales stipulated in the providers policy. Where complaints had highlighted shortfalls, changes were made to improve the service.

#### End of life care and support

- The registered manager was passionate about ensuring people had advance plans in place regarding their end of life wishes. For example, one person had expressed the wish to be treated for illness at Hunters Creek and not to be taken into hospital, this had been recorded as part of their advanced care planning. Without written evidence of the person's wishes, there was a risk the person could be taken into hospital against their will. We were given several examples where the registered manager was able to ensure people's wishes were respected because of comprehensive care planning.
- Staff were provided with training relating to end of life care and were respectful when speaking about end of life care. One staff member said, "You make sure people are as comfortable as possible."
- One relative told us, "My [relative] was confined to bed and receiving palliative care on the dementia floor, [registered manager] suggested that they be moved to a room on the ground floor where it is quieter. That has really made things a lot better."

## 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 now improved to Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider had developed an exceptionally inclusive culture. We consistently observed staff to be motivated, enthusiastic and strongly committed to delivering the best outcomes for people. Staff told us they were listened to and felt valued. Throughout the inspection we observed the registered manager communicating with people whom she clearly knew very well and was interacting differently with each person to elicit a smile. "[The registered manager] is a lovely lady" said one person, another person said "[The registered manager] is very good, very caring."
- Engagement between staff teams, the registered manager and provider was consistently constructive and supportive. Regular team meetings were facilitated for all staff to ensure they were kept informed of changes and developments. Records of meetings showed staff were able to make suggestions for improving the service. The provider had listened to staff suggestions and had recently begun to roll out an electronic care management system to reduce administrative burden, so staff could have more time to focus on care and interacting with people.
- Staff were recognised for their work through an internal 'employee of the month' scheme. Where compliments had been received from people and their relatives, the staff member received a written statement which included the compliment as a reward for good practice. Staff told us they felt supported, "[The registered manager] is just wonderful, she really listens." Team meeting minutes contained many examples of where staff had been praised for their work.
- People and their relatives were provided with opportunities to be involved in the running of the home. Regular meetings took place and records showed suggestions and ideas were welcomed and acted upon. Regular opportunities were given to people, their relatives and community stakeholders to complete satisfaction surveys. We noted satisfaction was consistently high. The provider had a structured approach to communicating the results of the survey in a 'you said...we did' format. For example, some people said they had not attended the resident's meetings because they were not aware. Because of this feedback notices were displayed in the home to inform them when meetings were taking place.

Working in partnership with others

- The registered manager had been exceptionally proactive in nurturing several partnership working initiatives which benefited the people living in the home. A new electronic palliative care coordination system was being piloted to improve communication between health and social care professionals to



improve end of life care for people.

- Neighbourhood network meetings were being facilitated at Hunters Creek. This involved local community services such as the hospital, district nurses, the fire service and the police to share ideas about how care in the community can be improved to reduce hospital admissions and increase people's wellbeing. One agenda topic at the network meetings was frailty and the importance of recognising frailty in older people. As a direct result of the discussions, the registered manager was offered free training for members of the team. This enabled staff to recognise frailty in people living at Hunters Creek and work with health and social care professionals to avoid unnecessary harm to people and improve outcomes.
- The registered manager was involved in a local project which focussed on community healthcare outcomes. This involved working together with other care homes and health professionals in the county to share experiences of common themes and barriers. For example, where people living at Hunters Creek are prescribed multiple medicines (polypharmacy), the registered manager would discuss this with other health professionals to ensure that medicines reviews are carried out to ensure good treatment effectiveness.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was passionate about high quality person centred care and used their extensive clinical expertise and comprehensive knowledge of care to role model the standards and expectations within the team. A strong culture of openness and transparency had been developed since our last inspection. The registered manager had been in post for 20 months and during this time had strived to provide the team with clear direction and ensured all staff took personal accountability for themselves. Staff consistently affirmed that strong leadership had motivated them to work more closely as a team and with an ethos of continual improvement. This has enabled the team to deliver better standards of care to people.
- The providers support to the registered manager and the team was apparent. Recent investment in the refurbishment of the home had enabled people to live in an environment which provided them with stimulation, opportunities to reminisce and interact with each other to reduce loneliness and boredom. The providers vision to make mealtimes a more sociable and interactive experience had resulted in people eating and drinking more and living a healthier life.
- The provider, the registered manager and other managers within the organisation displayed cohesiveness and worked together to continually improve the service being provided at Hunters Creek. Improvements and initiatives to benefit people were borne out of reflective practice and learning from past experiences. The registered manager gave us an example of when a person's end of life wishes had not been carried out due to shortfalls in communication, this experience had driven the registered manager to introduce new ways of working including the use of technology and partnership working to ensure people did not experience the same issues.
- Staff told us they had seen measurable improvements during the previous 12 months. "It seems to be a company who genuinely wants to do better, that says a lot about the company's attitude." Said one staff member.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor care and drive improvements. Regular checks took place to provide scrutiny of a variety of aspects such as the safety of the building and the environment fire safety and accidents and incidents. Visual checks on the cleanliness of the premises were completed regularly. Regular auditing of infection control records was carried out. The format used for the audits were based on current best practice guidance. Audits were carried out by a competent person and then signed off by the registered

manager. Improvement plans were developed to address shortfalls. The provider had a process for sharing learning between their other locations to develop and improve services.

- There was a system to analyse accidents and incidents. This assisted with making changes to improve the quality and safety of care. For example, the format used for reporting falls contained a section for reporting on what immediate actions should be taken to reduce the risk of the fall occurring in the future. The process included a section for the registered manager to complete so that they were aware of the circumstances and what measures had been implemented. Where trends were identified by the registered manager, action was taken to reduce risks for all people at risk of falls.
- Personal accountability had been developed within the team by giving staff the opportunity to strengthen their knowledge and skills in key areas such as medicines, dignity, safeguarding and pressure care to improve systems. These staff were called champions. They shared their knowledge and expertise with other staff in the team to improve standards of care.
- The provider placed a strong emphasis on developing a positive culture and learning new things. They were in the process of rolling out a new framework and strategy for supporting people living with dementia. Managers within the providers locations were given training and tools to support teams to develop new approaches toward person centred care and create an emotion-centred culture to improve outcomes for people.