BM Care Warwick Limited

Bromson Hill Care Home

Inspection report

Ashorne
Warwick
Warwickshire
CV35 9AD

Tel: 01926651166
Website: www.bromsonhill.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
Bromson Hill Care Home provides nursing care to a maximum of 34 older people, younger adults and people who may have a physical disability. At the time of our visit 27 people lived in the home.

People's experience of using this service:
Risks to people's health and wellbeing had been assessed and records confirmed that care staff followed care plans to minimise identified risks. Health professionals were contacted where appropriate to support people's healthcare needs. However, improvements were required to minimise risks posed within the environment. A more robust system was required for recording and monitoring accidents and incidents.

There were enough staff available with the appropriate knowledge and skills to meet people's needs. People felt safe living at the home and the staff team had received training on the safeguarding of adults.

People's needs were assessed before moving to live at Bromson Hill and care plans provided guidance to enable staff to provide effective treatment and support. People received their medicines when they needed them by trained staff. People's nutrition and hydration needs were met.

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. However, improvements were required to ensure information was presented to people in a way that supported them to be fully involved in their care.

People told us staff treated them in a kind and caring way and interactions between staff and people were mostly caring and respectful. However, we observed some interactions that did not demonstrate such a caring approach.

Care plans were comprehensive, but task focussed rather than reflecting people's individual preferences for how they wished their care and support to be delivered. Despite this, people felt that staff knew them well. People had access to some social activities to maintain their well-being but some said there was not enough social stimulation for them.

People, relatives and staff were asked to give feedback about the quality of the service. However, audit checks completed to monitor the quality and safety of the service had not been consistently effective in identifying risk and areas needing improvement.

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

The service met the characteristics for a rating of "requires improvement" in four of the key questions we inspected. Therefore, our overall rating for the service after this inspection was "requires improvement".

Rating at last inspection: At the last inspection the service was rated 'Good' overall. (Last report published 13 January 2017).

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

Follow up: We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently 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?

Requires Improvement

The service was not consistently caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Details are in our Well Led findings below.

Bromson Hill 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. 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 two inspectors and a specialist advisor. A specialist advisor is a qualified health professional.

Service and service type: Bromson Hill Care Home is a care and nursing 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 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: The inspection visit took place on 10 July 2019 and was unannounced.

What we did:
Before inspection: We reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority. We used all this information in planning for the inspection.

During inspection: To gain people's views and experiences of the service provided, we spoke with seven people who used the service and four people's relatives/friends. We also observed the care and support provided and the interaction between people and staff throughout our inspection.

We looked at three people's care records in detail, including risk assessments, care plans and records

relating to medicines administration. We also looked at specific aspects of two other people's care plans.

We spoke with the registered manager and six members of staff including two nurses, three care staff and the chef.

We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included audits, staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question is now rated as Requires Improvement. This meant people were not always safe and were at potential risk from avoidable harm.

Assessing risk, safety monitoring and management

●Risks associated with people's care and support had been assessed when they first moved into the home and were reviewed regularly. Reviews took account of professional advice.

●Records showed care staff followed care plans to minimise risks to people's health and wellbeing. For example, people who were at risk of skin damage were regularly repositioned to relieve pressure to vulnerable areas.

●Regular safety checks were carried out on the equipment used in caring and protecting people. For example, some people had special equipment, such as airflow mattresses on their beds, to reduce risks of developing sore skin. Daily checks ensured airflow pump settings were set correctly for people's body weights. This meant people always received the desired pressure relief from equipment.

●A record of people who needed assistance in the event of an evacuation of the home was maintained.

●Whilst people's individual risks were well-managed, we found improvements were needed to manage environmental risks. A variety of window restrictors were used in the home, some of which did not meet health and safety standards because they could be easily overridden by people. The restrictors in some people's bedrooms had been removed. Therefore the windows opened wider than specified within health and safety guidance to ensure falls from height were mitigated.

●Meals were cooked in the kitchen and then served from hot trollies in the dining room. The trollies were switched on during the morning and left unattended. Although there was a sign warning of hot surfaces, no consideration had been given to the risks posed to people who lacked understanding of the written word and were independently mobile.

●Thickeners were not stored appropriately. Thickeners are added to fluids for those people who have been identified as being at high risk of choking. Thickeners were seen on bedside tables in some people's bedrooms and in the communal lounge which meant they were accessible to people. NHS England issued a safety alert in February 2015 of the need for proper storage and management of thickening powders; this was in response to an incident where a care home resident died following the accidental ingestion of thickening powder.

●The suction machine was not immediately ready to use in the event of an emergency. A suction machine is used to remove excess secretions to prevent people from choking. The registered manager addressed this immediately.

Learning lessons when things go wrong

●Incidents and accidents were recorded, however some incidents deemed as 'low level', for example if a person rolled out of bed, were only recorded within people's daily notes. This meant any 'near misses' or emerging risks might not be identified.

●Accident and incident forms did not record any investigations undertaken to identify the cause of the accident or incident or any action taken to reduce the risk of reoccurrence.
●There was no overall analysis of accidents and incidents to identify any trends or patterns. Whilst the registered manager assured us the level of accidents and incidents was very low, and explained actions taken to keep people safe, they acknowledged this was an area that needed to improve.

Staffing and recruitment
●There were enough clinical and care staff to meet people's needs and provide safe care.
●Staff told us staffing levels meant they were able to provide safe, effective care and complete their tasks without rushing. Staff told us it was 'very rare' they worked below identified staffing levels and only at times of unexpected absence.
●Overall, people felt satisfied staff were available when they needed assistance. One person said, "I think there are enough staff" and another commented, "There is enough staff. I only have to ring the bell and the staff come."
●The provider followed a recruitment process to ensure staff were suitable for their roles. This included carrying out Disclosure and Barring Service checks and obtaining references prior to staff starting work. However, in one staff member's file it was not clear what checks had been made to ensure the authenticity of their references. The registered manager assured us checks would have been done but the information had not been transferred into the file.

Using medicines safely
●Medicine systems were organised, and people received their medicines as prescribed. The provider followed safe protocols for the ordering, storage, administration and disposal of medicines. Medicines that require stricter controls because of the potential for misuse, were managed in accordance with the legislative requirements.
●There were processes in place to ensure those people on 'time specific' medicines received them in accordance with the prescriber's instructions. Guidelines for medicines to be given on an 'as required' basis ensured they were given consistently and only when needed.
●Staff members who gave medicines had received training in medicine management and their competency was regularly checked.

Systems and processes to safeguard people from the risk of abuse
●People felt safe living at the service and the staff team had received training on the safeguarding of adults. One person told us, "I do feel safe here. I don't feel threatened by anyone." Another person explained they felt safe, "Because I am looked after."
●When we asked staff members what they would do if they felt someone was being abused they told us, "I would speak to my seniors or the manager." Another explained, "I would go to [registered manager] and there is a number I could call that is on the wall, so I could contact the social worker."
●The provider's policies and procedures ensured concerns were reported to the local safeguarding authority when necessary.

Preventing and controlling infection
●The staff team had received training on the prevention and control of infection and they followed the provider's infection control policy. We saw personal protective equipment (PPE) such as gloves and aprons were readily available, and were appropriately used during our visit.
●People did not share any concerns about the cleanliness of the home. One person said, "I think it is lovely and clean. My sheets are cleaned often."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People received a pre-assessment before moving to live at Bromson Hill and were supported to make choices and decisions about their care and support whenever possible. This meant the registered manager could be assured they could meet the needs of people who were new to the service.
- One relative told us how effective the assessment was and explained, "The manager contacted the previous home and social worker and there were lots of discussions to ensure he had the right care, and they asked us too so we could add things on. When he arrived, he had a CHC assessment, it was very timely and collaborative. We worked through all of the criteria and the care plan was formulated straight away."
- Care plans provided guidance to enable staff to provide treatment and support in line with national guidance and best practice guidelines.
- Assessments and care plans were reviewed monthly and records were amended to reflect people's change in needs.

Staff support: induction, training, skills and experience

- New staff received an induction which included training and a period of 'shadowing' experienced staff depending on previous experience. Staff were positive about the induction they received.
- Staff were encouraged to keep their knowledge and skills up to date through on-going training. One staff member told us about some 'virtual dementia care' training they had recently received and how this had helped to improve their practice.
- People and relatives felt staff had the training they needed. A relative told us they had nursing experience and said, "Staff here definitely have the knowledge, I have no concerns with the clinical care."
- Staff were supported through supervision and appraisal and told us they felt supported by the registered manager. One member of staff told us, "They ask you if you want to improve in any area and what you would like to do in the future. They also ask if you have any suggestions."

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

- People's nutritional and hydration needs were met.
- The chef knew about people's needs and their likes and dislikes and menus offered people a choice of meals.
- People spoke positively about the food. One person told us, "I am well fed. There is a choice. They ask in the morning and there are always two or three things. Food is fresh and is normally pretty good. Somethings are better than others but I can always ask for something not on the menu. I enjoy the food." Another person confirmed, "There is plenty to eat and drink. There is always a choice and always something I like, but I

could ask for something else." However, at lunchtime we did not see staff check whether people where happy with the meal choice they had picked earlier so they did not appear to have the opportunity to change their mind.

●Staff knew which people had special dietary requirements, and a record was maintained in the kitchen.

●Where people's nutrition and hydration intake was identified as being at risk, their food and fluid intake was monitored and their weight recorded weekly. A relative told us, "[Person] was having a problem eating before, but here the food is very well presented and a lot better. His appetite has increased, and they encourage him to eat. They have charts in rooms and log his food and drinks, so we can come in and we can check."

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

●People were supported to access healthcare professionals such as dieticians, dentists and chiropodists.

●Changes in people's health were recognised by staff and referrals were made to other healthcare professionals.

●A GP visited the home every week as well as visiting people as and when needed. The registered manager explained they had developed a good relationship with the GP who was always available to provide advice. The GP also contacted the home every Friday to ensure people who were unwell had the appropriate medication and support in place to prevent a 'crisis' over the weekend.

●People felt their medical needs were met. One person told us, "I can see a GP when I like as a doctor comes every Monday. They will always get help for me if I need it." A relative confirmed, "They respond quickly to health."

●The registered manager told us if anybody needed to be admitted to hospital a member of staff would accompany them. The staff member could provide information so the person's needs continued to be met.

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

●People had their own rooms, which they could personalise to their tastes.

●People had appropriate space to socialise with others, receive visitors, eat in comfort, participate in activities or spend time alone if they wished to. Windows in communal areas were large so people could enjoy the views of the surrounding countryside and there were pleasant garden areas for people to spend outside.

●Some aspects of the décor looked worn. The registered manager told us there was a planned programme of refurbishment and some areas had already been redecorated.

●There was limited signage to support people living with dementia to orientate around the home. The registered manager explained due to their mobility, most people were supported by staff to move around. They said they would explore additional signage to encourage the independence of people who mobilised independently.

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.

●Care records contained information about people's capacity to make decisions. However, it was not always clear how the decision a person lacked capacity had been reached.
●Overall, staff followed the principles of the MCA and sought consent, for example, asking a person if they would like to be supported into the dining room.
●The registered manager had submitted applications to the local authority (supervisory body) when people had restrictions placed on their liberty to ensure their safety.

Requires Improvement

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 is now rated as requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

●People told us staff treated them in a kind and caring way. Comments included, "The staff are friendly. They are very good people", "The staff help me with anything I ask" and, "Staff are lovely, polite and caring."

●Overall, relatives also told us staff treated people well. One relative told us, "The staff do a very good job of caring for him."

●During our visit we observed some caring interactions and the atmosphere was warm and friendly. When one person became upset, staff acted quickly to identify the cause and offered the person reassurance by rubbing their hand. Staff used people's preferred names and crouched down so they were the same level as people they were talking to

●From speaking with staff, it was clear they cared about the people who lived at the home and were trying their best to provide individualised care. However, we observed some interactions did not promote a caring approach. For example, one person made several attempts during lunchtime to leave the dining room in a wheelchair, but staff continually pulled them back to the table and told them to wait until another person had finished their meal. Another person expressed to a member of staff they did not like the lunch they had been served. The staff member did not offer the person an alternative option but picked up the spoon to feed the person stating, "Come on your food is getting cold."

●People and relatives told us staff had the right skills to ensure people received compassionate care. However, staff did not always have enough time to get to know people. One person told us, "Staff don't really have time to come and sit and chat with me. I would like that to be honest, a bit of a conversation."

●Staff and managers promoted people's equality and diversity through their work. The chef ensured one person had food available that met their faith and cultural needs.

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

●People were involved in making decisions about how they liked their care to be delivered. One person told us, "I have been asked to give my views about my care." Where necessary, family members were also involved with people's plan of care. A relative told us, "I am involved as much as I can be. They ring me up if there are any problems."

●Staff encouraged people to make some day to day decisions. One staff member told us, "I might ask someone what they would like to wear. If they can't tell me I will hold up a small selection of clothes and they will point."

●However, we saw this did not always happen. For example, one person was sat at a dining room table in their wheelchair and a member of staff entered the dining room and wheeled them to another table without speaking to the person. They said to another staff member, "Where is [person] sitting" before pushing them

back to their original table.
●Some people needed extra help to make decisions and had the support of an advocate to ensure their voice was heard.

Respecting and promoting people's privacy, dignity and independence
●People told us they were treated with dignity and respect without discrimination. One person told us, "They treat me with dignity and respect and that's very important." Another person told us, "When they help me with my washing they do it in a compassionate way." We observed staff knocked on people's doors before they entered and staff discreetly supported people to change if their clothing was soiled.
●However, one person told us about occasions when they felt staff had not treated them in a dignified way. This person explained they had been left cold in bed without a blanket when managing their continence needs as staff had not returned to assist them in a timely way.
●People told us staff respected their privacy. One staff member told us, "We always shut the door and the curtains and cover people up to try and make people feel comfortable."
●However, people's personal information was not always dealt with confidentially. For example, we heard a staff member discussing a person's intimate care needs in the entrance of another person's bedroom.
●People told us staff promoted their independence. One person said, "They let me do the bits I can and are there for the bits I can't."

Requires Improvement

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 is now rated as Requires Improvement. This meant people's needs were not consistently met due to lack of organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●People's needs were assessed, and they had individual plans of care. Care plans were comprehensive, but task focussed rather than reflecting people's individual preferences for how they wished their care and support to be delivered. For example, one person's care plan informed staff to offer the person a weekly bath or shower. There was no information about the person's preferred routines or how they would like to be supported with bathing or showering.

●Plans seen had been reviewed monthly or sooner if changes to the person's health and welfare had been identified. A relative told us, "We have seen the care plan and we were involved when she first came. I think we had a mini review to make sure care was still okay."

●Despite the lack of personalisation in care plans, people generally felt staff knew them well. One person said, "I think they know me well. They know how to look after me. I was ill at the weekend and they couldn't have been better." Another person told us, "They treat me as a person" and a relative confirmed, "Some of the staff know him really well."

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

●The service did not have a dedicated staff member who was responsible for planning and supporting people with activities, but rather it was the responsibility of all staff. Staff told us they mainly had time to play games or cards and chat with people during the afternoon.

●During our visit some people enjoyed a ball game, but other people showed frustration at the lack of stimulation being offered. Comments included: "There isn't as many activities as I would like. A few weeks ago, we were in the lounge and there was a big rubber circle and there were holes and we had to hold it and there was a ball and we had to keep the ball up. I enjoyed that as it gave you exercise", "It (the home) is lovely, just no stimulation" and, "It is my choice to stay in bed. I may as well sit here than go downstairs. There isn't much to do." Some relatives shared this viewpoint. One told us, "They don't seem to do as much as they used to. I think it gets quite monotonous. He likes his music and puzzles and drawing but there isn't much of that going on." Another said, "Mum's needs are being met but she doesn't get much stimulation."

●The service had a mini-bus, but the registered manager acknowledged it was rarely used to facilitate trips out. Due to the location of Bromson Hill, this meant opportunities for people to go outside the home and visit local communities was very limited. One person told us, "One of the carers said they would take us on a trip and I can't wait to get out and about."

●People were supported to maintain relationships with those people who were important to them. One person told us the registered manager had helped them with their mobile phone, so they could stay in touch with their family.

●Many of the compliments the home had received were from relatives who felt welcomed into the home. A typical compliment was, "All his visitors have commented on the staff making them feel welcome, looked after during their visit and how well they looked after [Name]."

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.
●Communication plans described the way people communicated and how staff should engage with people to ensure they provided responsive care.
●However, improvements were required to ensure people understood information they were given. For example, one person's English was extremely limited. A member of staff spoke the person's first language and was able to communicate well with them. However, no thought had been given to writing down a few regularly used phrases to enable other staff to communicate with this person when the staff member was off duty. There were no pictures or photographs used to help people who lacked understanding of words to make choices, for example, what they wanted to eat. The registered manager said they would address this.

End of life care and support
●The service provided end of life care for those people who chose to spend their final days at Bromson Hill.
●End of life care plans ensured people had a pain free and dignified death and all anticipatory medicines were in place. However, there was limited information about who or what people would like around them in their final days.
●Some compliments were specifically about the end of life care provided at the home. One relative had written: "My father sadly passed away in Bromson Hill and I was kept informed at all stages, everyone was very caring towards myself and family and it was very dignified."
●Some people's care records contained ReSPECT forms. The ReSPECT process enables people's decisions about treatments they would or would not want in a clinical emergency to be recorded. This ensures people's wishes are known if they unable to express them at the time of the emergency.

Complaints or concerns
●The provider had a formal complaints procedure with a copy displayed in reception. The registered manager told us they had received one formal complaint in the last 12 months. The complaint had been recently received and the registered manager was responding to it at the time of our inspection visit.
●People told us the registered manager was responsive if they raised any concerns. A relative told us, "Any concerns I can speak to [registered manager] and she sorts it." A person confirmed, "If I wanted to complain I would speak to one of the managers and they would listen."
●However, during our visit two people shared concerns they had raised informally with staff which the registered manager was unaware of. The registered manager committed to implementing a system to capture informal concerns, so they could monitor for any trends or patterns and share learning with the wider staff team.
●The home had received numerous cards thanking the management team and staff for the care and support provided. One relative had written, "The individualised care she has received from staff has improved her quality of life."

Requires Improvement

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 is now rated as Requires Improvement. The service was not consistently well managed and or well-led. Leaders and the culture they created did not promote high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Overall people and relatives were complimentary about the way the home was managed and the service they received. Comments included: "I like it here ", "I have been here a few months. I am quite happy" and, "It's not home but it's not too bad at all. The staff are first class." A relative had recently commented, "Your staff are always friendly, helpful and courteous and the home has a warm and inviting atmosphere of which you should feel proud. I would not hesitate in recommending Bromson to anyone looking/wanting care."
- Staff spoke very highly of the registered manager and the support they provided in all areas of the home. One staff member described the registered manager as, "Very approachable and very helpful to residents and staff." Another told us, "[Name] is brilliant, really good and massively approachable. There have been a few issues at the home and she has been brilliant and flexible."
- However, during our inspection we observed how the registered manager had a 'hands on' approach and spent a considerable amount of time supporting and advising staff. Whilst the impact of this was evidenced in the positive feedback on clinical care by our specialist nurse advisor, this level of oversight impacted on the time available to carry out their other managerial responsibilities. For example, accidents and incidents were not analysed for trends and patterns and a failure to maintain a central record of approved Deprivation of Liberty Safeguards (DoLS) meant the registered manager could not confirm whether one person's DoLS had expired and a new application submitted.
- The provider had systems and processes to check on the safety and quality of the service. However, these checks had not always ensured areas for improvement were identified or implemented in a timely way. For example, environmental checks had not identified that some window restrictors did not meet health and safety standards and checks of the suction machine had not identified it was not ready for use.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. However, they had not notified us of all the DoLS applications that had been approved in the last 12 months. The registered manager assured us this would be addressed immediately.
- The provider was aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

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

characteristics

●The views of people and relatives were gathered through meetings which were organised every three months. Relatives were also invited to give their feedback by writing reviews on a care home review site and by placing comments on a feedback tree in the entrance to the home. However, minutes of meetings held were not detailed enough to demonstrate what actions had been taken in response to any suggestions made.

●Staff told us they had staff meetings, and these were used as an opportunity to share their thoughts and views whilst receiving feedback and updates about the service.

Working in partnership with others

●Staff and the management team worked with social workers, commissioners and other professionals to support people's care.

Continuous learning and improving care

●The registered manager had recently attended a dementia care management course. They told us the course had given them many ideas which they would use to improve the environment, people's dining experience and the provision of meaningful activities within the home.

●The registered manager attended a local registered manager's network to keep up to date with changes in practice. They were receptive to our feedback which they said would be used to drive further improvements within the home.