The Hamptons Retirement Home Limited

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
The Hamptons is a residential care home providing personal care for up to 30 older people, some of whom are living with dementia. At the time of inspection 30 people were living in the home.

The Hamptons accommodates people in one purpose-built building. The home has an annex building which is used for dining. The annex is accessed by a covered walkway. People have en-suite bedrooms. There are usually five or six staff on day shifts including a senior care worker, care workers, and the registered manager. Nights are covered by two staff with management on-call as required.

People's experience of using this service and what we found
Staff used handover notes to record the contact and support given to people. This meant that staff coming onto shift had access to up to date information about the care and support provided. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

Medication audits were regularly completed, however we found inconsistencies in how the computer system used, calculated and logged medication doses in stock.

The provider was using a Closed Circuit Television (CCTV), to record communal areas, and staff were concerned about privacy within the home. The issue had not been previously raised by staff with provider, but complaints had been made to the CQC.

Feedback about the service, from people who lived at the home and those close to them, as well as professionals was mostly consistent and positive.

Infection Control procedures were in accordance with good hygiene practices.

Leadership decisions about encouraging independence meant that people were encouraged to do as much as possible for themselves to promote independence.

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 were treated with kindness and compassion. People felt well-supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People, relatives and staff expressed confidence in the registered manager, and were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

People, staff and relatives knew how to complain. The registered manager and nominated individual understood their responsibilities under the duty of candour.

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

This service was registered with us on 29 July 2020 and this is its first inspection.

Why we Inspected
The inspection was prompted in part due to follow up on concerns about how medication is managed, identified at the last inspection in November 2021.
We have found evidence that the provider has made improvements and is no longer in breach of regulation 12. Please see the Safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

The Hamptons Retirement Home Ltd

Detailed findings

Background to this inspection

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

Inspection team
The inspection was undertaken by two inspectors.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who regularly visit the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with five people who used the service and five relatives about their experience of the care provided. We also reviewed complaints, compliments and surveys, which gave us further insight into the quality of people's care and what it was like to live or work at The Hamptons. We also spoke with seven members of staff including the registered manager, the deputy manager, and five care workers. We also spoke with an inspector from West Midlands Fire service who was completing a routine inspection of the premises.

We also spoke with the Provider.

We reviewed a range of records. This included five 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 looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us additional information including people's individual stories and activities which were specifically designed to support people to manage concerns around COVID-19 and the sense of isolation. We spoke with one healthcare professional who regularly visits the service and one person's social worker.

Good

Is the service safe?

Our findings

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

At our last inspection this key question was not given a rating. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Using medicines safely;
● A previous inspection was prompted by concerns around medicines management and we had identified failures and the provider was placed in breach of Safe care and treatment, Regulation 12. During this inspection we found significant improvements had been made and the provider is no longer in breach of regulation 12.
● Staff accurately completed electronic Medicines Administration Records (e-MAR). However, we found that the e-MAR system used had consistently reduced the number of stock medicines for all e-MAR charts we viewed by two doses. The registered manager explained that this was a systemic error in the e-MAR due to updates within the system the previous day. Hand counts of medicines showed that the number of medicines in stock were consistent with what the stock should be. The registered manager agreed that audits had not identified the risks of system errors. They assured us that hand counts would now form part of random sample audits to ensure system errors were mitigated against. People received the right doses of medication and were not placed at risk.
●Staff were aware that time-critical medicines should be administered within a specified timeframe, and we saw evidence of staff prioritising medicines such as Diabetes medicines.
● Unused medicines had been returned to the pharmacy and safely disposed of.
● Medicines were stored between safe temperature range. The temperature of the medicines refrigerator and medicines room were appropriately monitored and maintained.
● Staff received 'spot checks' on medicines competency and this was recorded in supervision notes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● The registered manager had undertaken risk management related to the environment to ensure people were safe by having Personal Emergency Evacuation Plans (PEEPS) in place. However, the PEEPS did not cover evacuation from the annex building. This has been rectified since inspection and the fire service have not identified the annex as a high risk of harm area.
● People and their relatives told us they felt safe in the home. One person told us "I like to walk about but I'm not so steady on my feet. The (registered) manager wrote an assessment and said staff should stayaway from me when I try to walk, but also be there in case I fall. This helps me with my independence but also makes sure I am safe".
● Risk assessments identified people's individual support needs and ways to help people stay safe. People had been involved in risk management. For example, one person's smoking risk assessment identified that they smoke. Appropriate support was provided to enable them to smoke, but also keep safe such as ensuring staff are with them and able to help them if required.

● Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives or professionals were involved in this process. One healthcare professional said, "Staff will always ask about how certain issues will impact upon the person, and how to minimise that risk".
● Although no one in the home was at risk of choking, the registered manager told us how they would ensure appropriate assessments would be made if required. They were familiar with speech and language therapy (SALT) assessments, and staff had been trained in supporting people presenting a choking risk.
● Systems were in place for all accidents and incidents to be reviewed. The registered manager and deputy managers identified any patterns and trends to ensure people were safe and any future risk was reduced. The registered manager analysed incidents by tracking them to highlight trends and concerns to the provider. The registered manager identified actions to take to prevent reoccurrence and lessons learned were discussed at team meetings.

Staffing and recruitment;
● We had received complaints from staff about Closed Circuit television (CCTV) used by the provider in communal areas of the home as well as in the car park. Staff told us that they were concerned about privacy for themselves as they felt they could not have private conversations. The provider showed us evidence of consultation with both staff and people living in the home prior to installation. However, the provider had not made appropriate applications to the office of the information commissioner (OIC). They told us that they did not realise that they must do this as part of installation and immediately switched off the system with no access available. Staff were satisfied by the outcome and told us that they would take part in further consultation with the provider prior to reinstallation. There was signage for CCTV recordings and provider was ensuring the safety and security of all recordings as only they had access to the system.
● There were enough staff to meet the needs of people and we saw that people did not have to wait long to be assisted when they required help. We saw call bells answered promptly and staff told us that there were enough staff.
● The provider was completing Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included gaining references alongside matching appropriate skills and experiences to roles.

● Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training.

Preventing and controlling infection
● Staff had received training in infection control and were able to tell us what equipment they needed.
● Staff told us personal protective equipment (PPE) was available to them when they needed it.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse
●Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "I would want my parents to be looked after well so I try to do the best that I can for other people's parents and keep them safe from abuse".
● Staff were able to describe high risk situations and actions to take. The registered manager told us, "Safeguarding is key to a safe service. That is why we focus upon our processes in Safeguarding by ensuring staff are confident in reporting concerns".
● Staff were appropriately trained in safeguarding so that they had the skills to protect people.
● Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

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 our last inspection this key question was not given a rating. . This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Several staff told us that they felt, 'well supported' by the registered manager. Staff told us that the registered manager had made positive changes in training and supervision and that they were supportive of these changes.
- People, relatives and professionals told us that staff had the right skills and knowledge to care for them well. One relative told us, "My relative is well looked after as the staff know what they are doing with (name of person's) dementia".
- The registered manager ensured staff had support to develop their skills through a flexible and robust approach to training. Staff told us that specialist knowledge such as Hoist usage was always face to face with a manager guiding and assessing competency.
- Staff told us and records confirmed that staff had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. They told us training was engaging and kept them interested.
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

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

- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- People's needs and preferences were met by staff who knew them well. One person said, "The staff ask what I like, and dislike and they help me do it".
- One person, living with dementia, became distressed in a communal lounge. Staff were observed to be patient and understanding. One staff member supported the distressed person whilst other staff member reassured other people within the lounge to remain calm and moved those who felt threatened.

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

- The Hamptons is a purpose-built building which has two floors. All rooms are en-suite to promote dignity and privacy.
- The home was clean and generally well maintained. However, the décor was not always suitable for those living with Dementia. For example, we saw few contrasting colours on floors and walls and most bedroom

doors had not been personalised to help people remember their own rooms easily.
● Plans were underway to improve the garden area for people. The provider told us that they were completing a consultation with people living at the home to decide upon changes to the external areas.

Supporting people to eat and drink enough to maintain a balanced diet
● Hot meals were pre-prepared and delivered to the home by an external company. We saw varieties of food which was suitable for people's individual diets and dietary restrictions were catered for.
● We spoke to a representative of the catering company who showed us various menus and the consultation process with people to ensure healthy balanced diets that were adjustable to the needs of individual people. An example was supplying Kosher food when required to a person. The representative told us that calories and salt/fat contents of all meals was monitored to optimise healthy eating.
● Staff played an essential role in supporting those people who required it, to eat, and stabilising weight, following moving into the home or after staying in hospital. They told us they provided picture boards with menu options as well as providing breakfast and dinner 'on demand'. We saw one example of a staff member showing a plated meal to a person in order to remind them what they had ordered.
● We observed the support staff gave to people during a mealtime. One staff member offered a gentle, encouraging approach to a person and ensured they recorded what the person had eaten and drunk. However, this was not consistent as we saw a two people who were not eating the food in front of them without staff support. Staff did go to them later, however one of the people told us that the food had gone cold. Staff provided a fresh meal
● Food was provided in locations that people wanted. Some people chose to eat in their rooms, whilst others wanted to eat in communal lounges. Most people ate in the dining hall which is an annex to the main building..

Staff working with other agencies to provide consistent, effective, timely care
● Staff knew people's needs well and ensured any changes in a person's condition were noted and discussed with the healthcare professionals and the deputy managers, as well as keeping families informed. A healthcare professional told us, "The staff really make sure that every detail is taken into account and discussed. They know that older age and dementia can cause behavioural changes and adjust their approach as well as being kind".
● Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
● We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

Supporting people to live healthier lives, access healthcare services and support
● All care plans included appropriate healthcare plans with details on appointments and assessments on future needs. Appropriate discussions with healthcare professionals were recorded in notes for ease of access.
● We saw various health and well-being plans including oral health, doctors' appointments follow-up and Chiropodist. Staff monitored appointments and fed back to families as required.

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 that they were.

- The managers and staff were working within the principles of the Act.
- Mental capacity assessments were recorded for people who were subject to specific restrictions such as covert medications. However, the best interest decision for a person subject to covert medication was not recorded. The registered manager told us this was an oversight and would be rectified.
- Best interests assessments were completed. These assessments were updated as required, and the registered manager arranged best interests meetings where needed. We saw examples of people being asked about their care and consent was always sought to provide personal care such as wiping a person's mouth.
- Relatives told us they observed staff gaining consent from their loved ones.
- People told us, "(staff) will always talk about my personal care and make sure they don't do anything I don't want." We observed a staff member discussing what personal care a person wanted in the morning.
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.
- Staff had received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew they would need to ensure any decisions taken are risk assessed and in line with care plan objectives.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was not given a rating. This key question has been rated 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

- Diversity plans formed part of people's pre-admission care planning. Although pre-admission plans identified people's religious and cultural needs, this was not always translated into a care plan in detail. An example of this is stating someone's religion to be Christian, without outlining observance and any religious needs they may have. However, staff knew people's choices well and we heard discussions about a person's attendance at Church.
- People felt well supported and relatives felt their family members were treated with kindness and compassion. A person said, "They (staff), know what I like and don't like." A relative told us, "Staff are very friendly, kind and take time to have conversations. They engage with relatives and residents, especially during Covid-19, when everyone was stressed and confused." Another relative said, "It's like family the way the staff treat people."
- People and their relatives felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to me."
- People had end of life care plans which took account of their wishes for when they reached end of life care. Families were consulted in the process.

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

- People and their relatives were able to express their views and make decisions about their care. One person said, "Staff always listen to what I want. The activities person goes out of their way to do things we are interested in. They are always adaptable.
- House meetings are a regular occurrence and staff used different communication methods to try to engage people. We saw evidence of picture boards as well as staff using language people found easier to understand
- People's views and preferences about how they wanted their care to be provided were incorporated into person-centred care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity whilst promoting independence. A person told us, "I can't do everything myself like I used to, but staff will follow my lead each day on what support I want and need".
- People's confidential records were stored safely.
- People told us staff took their time and did not rush them. A staff member said, "It's better to make (people) happy by taking time rather than issues later".

● Staff spoke passionately about their roles and were committed to empowering people and providing the best quality care possible. We heard multiple examples how staff supported people to increase their confidence and independence, some of whom had communication barriers.
● Staff received care planning training and knew people's needs well.

Good

Is the service responsive?

Our findings

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

At our last inspection this key question was not given a rating. At this inspection this key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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 helped people retain relationships and avoid social exclusion. One person told us, "Nothing is small or big enough for them to ignore. During Covid, the staff kept us all sane as we could not go out or see our families. They became our families. Video calls were an important part of keeping in touch". Staff told us about the importance of maintaining relationships outside of the home to provide an enriching life experience for people.
- People told us that there were various activities that staff always tried to include everyone regardless of ability. One person told us, "Most people just like to do crafts, but sometimes I like to dance. The activities person always has time for a dance and laugh with us".
- People were encouraged to talk about life experiences and share memories. Staff tried to fit activities around personal experiences whilst ensuring people were safe.
- We saw many cards and thank you notes from family and friends which were unanimous in their praise for the registered manager and staff for the support given to their loved ones. They expressed gratitude for helping with their family members mental health as well as physical wellbeing.
- People were cared for by a consistent team of staff. This promoted continuity of care and ensured, as far as possible, that they had support from staff who knew and understood their needs and preferences. We saw from records most staff had been employed at the service since the service opened, or close to that time. This meant that they knew people and their preferences well.

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

- People received personalised care that was responsive to their needs. One relative told us, "They really try to do the right thing for (person living at the service). Even when they don't want to do things like personal hygiene, they try to work with them to help support them but keep their dignity".
- People were supported to achieve the goals that were important to them. For example, one person was being supported to do handicrafts to maintain dexterity in their fingers. .
- Care plans were person-centred and considered people's preferences, likes and dislikes. Risk management and mitigation formed a part of care planning to support independence and personalised support.
- People and their relatives as well as professionals were involved in the development and ongoing review of their care. Care plans were reviewed regularly or as and when their needs changed. One healthcare professional told us, "They do try to contact all professionals at assessment times, to see what else would be good for the person".

●Staff were kept informed about changes in people's care and support needs by the registered manager. Staff told us, "The manager always tells us directly about any changes and writes it in the daily log".
●People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured as far as possible that they had support from staff who knew and understood their needs and preferences. Staff agreed that it was very important for people to receive care from people known to them as far as possible. We observed that staff knew people well and what preferences they had. For example, at lunch one staff member said to another, "Don't sit (name of person) there, they like to see what's going on". This was to ensure that the person did not sit facing away from the door.

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.
● Staff supported people to use computer technology to stay in touch with family and relatives. This was especially important during the Covid-19 lockdowns. A person told us, "Without seeing video, I would have not spoken to my family for over a year. It's lovely how helpful they are".
● Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them.
● The registered manager told us they provided information in other formats. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English. Some people had care staff read documents for them or asked staff to forward important documents to family members.

Improving care quality in response to complaints or concerns
● People and their relatives were aware of how to raise concerns or complaints with the provider. One person told us, "the registered manager always asks how things are going, and I always feel able to have a moan if I need to. But there is rarely anything to moan about". We also have (house) meetings where I can talk about problems".
● Complaints were recorded in an action plan which enabled the provider to review and analyse themes and patterns of concerns raised and use this information to make improvements to the service. At the time of inspection there were no complaints against the service.
● The provider investigated and responded to complaints appropriately and in line with their policy.
● Staff responded to people's needs in an appropriate manner. One person became anxious and did not use verbal speech so could not tell staff what they were worried about. A staff member sat close to them and knelt on the floor so they were at eye level. This calmed the person quickly.

End of life care and support
● People had end of life care plans which took account of their wishes for when they reached end of life care. Staff worked collaboratively with other health and social care professionals in meeting end of life care needs. However, the plans were not detailed and only gave basic information such as who to contact. The registered manager agreed that more information would help staff know about people's wishes and preferences and adhere to those.
● Feedback from professionals and families about how staff cared for people at the end of their life was positive. They told us that staff acted with professionalism, providing dignity and respect for people.

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 our last inspection this key question was not given a rating. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The annex building which housed the dining hall did not have a fire risk assessment, (FRA) completed. This meant that people could have been placed at risk as the fire/smoke alarms were not linked to the central control panel. The provider explained that they had entrusted the fire risk assessment to a specialist fire company and that the company had failed to complete risks for the annex. We spoke to the Fire Brigade who were inspecting at the time of our inspection, and they confirmed that this was an oversight and they would not be looking to take action against the provider. They were reassured that any fire in the annex could be contained, and that risk to people in the main building was minimised. They have given the provider three months to complete all works including an updated fire risk assessment and integrated fire/smoke alarms to the central panel. The provider has confirmed works took place the day after inspection and that an updated fire risk assessment is shortly to be completed.
- Medication audits provided regular oversight of any irregularities with action plans. Medicines audits were completed by senior staff and overseen by the registered manager who compiled the action plans. However, there was a lack of consistency in the quality of auditing as it had not highlighted the inconsistencies we found within the count of medication stocks. The error was due to updating the Electronic Medical Administration Record (e-MAR) system, however, audits had not identified that updates took time and so information could be erroneous.
- We saw an extensive training matrix which showed staff were provided with training to meet the needs of the people living at the home. Training was selected according to the needs of people living at the home. We saw evidence of staff receiving training to support a person who had diabetes.
- Staff understood their responsibilities and what was expected of them.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities.

Continuous learning and improving care

- The registered manager completed quality audits that looked at patterns of complaints, incidents and the training of staff and managers. They were supported by two deputy managers. This meant that the home's leadership team were better informed of competencies and were able to call upon resources as and when required. Action plans were completed from audits, when concerns were highlighted. However, some audit documentation did not identify all concerning areas such as fire assessments.

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

● The staff and registered manager demonstrated a person-centred approach for the people they supported. People and families told us they had choice and control and were involved in day to day decisions.

● People described the quality of the service as good with one person telling us, "Things have become better with the new registered manager. They have made a lot of changes about how staff support us and are always willing to listen".

● People felt well supported and staff, people and relatives expressed confidence in the management team.

● Staff practice, culture and attitudes were monitored. We saw from audit documentation that management undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care. Staff were very attentive to people's needs and used appropriate language in interactions.

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 and provider understood their responsibilities in relation to the duty of candour regulation and were able to discuss how they would meet this requirement. For example the provider ensured their policies around whistleblowing were robust and well communicated to staff, people living in the home and their families.

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

● People, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. Feedback was used by the registered manager to inform decisions at the home such as menus and visiting.

Working in partnership with others

● Where people requested, the staff would communicate with external professionals on their behalf. Support plans evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

● We saw that staff worked with local healthcare services as well as social services to deliver care that the person needed.