

# Barchester Healthcare Homes Limited

# Hunters Care Centre

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Hunters Care Centre is a residential care home which provides personal and nursing care to 97 older people and people living with dementia. At the time of the inspection 75 people were receiving care. Hunters Care Centre is located in a rural setting close to Cirencester. The home is set across five units, two of which catered for people living with advanced dementia. The home is set in well presented gardens which people could access. There was a range of communal areas that people and their relatives could use.

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

People were safe, comfortable and well cared for at Hunters Care Centre. People received effective care and treatment which was based on current guidance and best practice. People's risks were assessed, and staff followed guidance provided by healthcare professionals. Care and nursing staff were fully aware of their responsibilities to raise concerns and the registered manager and provider ensured lessons were learnt from any incidents or accidents.

Staff were well trained and had the skills to meet people's needs. Staff had access to support, reflective practice and the professional development they needed. Staff spoke positively about the support they received from the registered manager and provider. The service worked alongside a range of healthcare professionals to ensure people's health and wellbeing were maintained.

People told us care and nursing staff were kind, caring and compassionate. Staff were attentive to people's needs and when people were anxious, care staff took time to reassure them and promote their wellbeing. People were treated with dignity and respect.

People received care which was personalised to their needs. Where people's needs changed or their health deteriorated, nursing and care staff took appropriate and effective action to ensure their health and wellbeing.

People enjoyed a varied and active life at Hunters Care Centre. The home was involved in the local community and people enjoyed the benefit of these connections. People and their relative's spoke positively about the activities in the home as well as the one to one engagement they received. The registered manager and provider ensured people's views were acted upon.

The registered manager and provider had clear and robust systems to assess, monitor and improve the quality of care people received. Systems were designed to continuously improve the service and drive positive changes.

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.

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 6 September 2017). At this inspection, we found the service remained Good.

#### Why we inspected

This was a planned inspection based on the previous rating of "Good".

#### 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 well-led.

Details are in our well-Led findings below.

Good ●

# Hunters Care Centre

## 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 team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hunters Care Centre 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.

There was a registered manager at Hunters Care Centre. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider had not been asked to complete a provider information return prior to our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received from the provider about events which had involved people who used the service.

During the inspection

We spoke with 12 people who used the service and seven people's relatives about their experience of the care provided. We spoke with 19 members of staff including six care staff, two activity co-ordinators, the chef, head of housekeeping, one domestic worker, four nurses, the head of maintenance, the registered manager and two representatives of the provider. 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.

We reviewed a range of records; this included eight people's care records and multiple medicine administration records. We looked at three 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.

# 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 the rating of this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse at Hunters Care Centre. People and their relatives told us they felt the home was safe. Comments included: "Most definitely safe here"; "Yes, very safe and well looked after" and "Very fortunate to be residing here. It is very well kept, ladies looking after us. In fact I was talking and saying how much I liked it and how I feel safe. I can go to the staff and they point your in the right direction, always someone to help."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the registered manager or provider and knew which organisations to contact outside the home if required.
- The registered manager and provider reported and shared appropriate information with relevant agencies to safeguard people.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learning identified through investigations was shared with staff and used to prevent similar incidents occurring in the future.
- Staff were supported to reflect on their practice when things hadn't gone as planned. One member of staff had reflected on their medicine administration practice to improve their knowledge and skills in this task.
- The registered manager and provider analysed the information collected following incidents and accidents so that, where needed, action was taken to avoid recurrences. Staffing numbers, staff allocation and team working were areas looked at after an incident or accident. Actions which had helped to reduce incidents and accidents had included improved staff supervision at mealtimes and the introduction of evening social activities.

Assessing risk, safety monitoring and management;

- Risks to people's health were assessed and action taken to reduce these and improve people's wellbeing. The condition of people's skin was assessed to identify risks associated with the development of pressure ulcers. Staff in the home had worked collaboratively with visiting healthcare professionals, and had followed their guidance, to ensure one person received effective treatment for their pressure ulcer.
- People's specific risks had been identified, such as distressed behaviours, choking or malnutrition, and comprehensive risk and care assessments provided staff with clear guidance on how to manage these risks and meet people's needs.
- Each person had a detailed mobility risk assessment which included guidelines provided by healthcare professionals. We observed care and nursing staff assisting people with their mobility and following their assessed care plans. Staff understood the importance of monitoring people after a fall, especially if they

were on blood thinning medicines or had knocked their head, to ensure people's health and wellbeing were promoted.

- Hunters Care Centre was well maintained. There were systems in place to ensure the safety of the building and of the equipment used in people's care. Fire safety checks were carried out and staff were tested on their knowledge about the actions they needed to take in the event of a fire.

#### Preventing and controlling infection

- The home was clean and well presented on both days of our inspection and staff protected people from the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection. One person told us, "Don't half clean well, clean all the time, they don't stop."
- Housekeeping staff had the equipment they needed to clean the home and protect people from the risk of infection. They told us they had the time to ensure the home was clean and ensure people's laundry was managed. One member of staff told us, "We have everything we need. If we need any new equipment or support we get it."

#### Using medicines safely

- People received their medicines as prescribed. Nursing staff kept a clear record of the support they had provided people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of medicine errors. Nursing staff received training and completed competency assessments to be able to administer people's prescribed medicines safely.
- People were given time to take their medicines in a calm and patient manner. Staff asked people who had 'as required' pain relief medicine staff asked if they wanted these medicines and acted upon their wishes.
- Staff had clear guidance to follow when using anti-psychotic medicines which had been prescribed for occasional use to help alleviate distress. Also, where decisions had been made to administer medicines covertly.

#### Staffing and recruitment

- There were enough staff, at any given time, to meet people's personal care needs. The service had reduced their agency usage, and were not using agency at the time of the inspection.
- People and their relatives spoke positively about staffing and the continuity of care. Comments included: "Can usually find somebody easily if you need something"; "Staff are always about. Could always do with more, but you can always find them" and "Yes got a bell, enough staff, no long waits. If they are busy they will pop in and ask if I can wait and come back when they say they will."
- Staff told us there were enough staff to meet people's needs. Comments included: "We always get things done. [Registered manager] is good at getting people in when we are short. I have never had a day where we were panicking we will not get things done"; "It's manageable. We always get things done" and "We have enough staff. We get support if we need it."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.



# 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.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about the nursing and care staff. Comments included: "They know how to deal with my condition. I have a stoma and the care is very good. They have had training"; "Staff do know what they are doing. They understand my condition (diabetes)" and "They all do training, they know what I like and how to do things."
- Staff spoke positively about the training they received and told us they had the skills required to meet people's needs. Staff comments included: "Barchester are really good with training. They have given me reassurance I can do my NVQ (a qualification in health and social care)" and "We get a lot of training. We are offered more training as well and we can request."
- All staff had access to effective and frequent supervision (one to one meetings with their line manager). Supervision was used to discuss staff needs as well as reflect on staff practice. One member of staff told us, "I've had a few. We have group ones too. We work as a team well."

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

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals. One person told us, "I and my daughter were fully involved in assessing my needs." One relative told us, "The assessment was handled perfectly."
- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. Staff at Hunters Care Centre used recognised systems which identified the deterioration in people's healthcare needs to ensure their support remained effective. Staff delivered evidence based-practice and followed recognised and approved national guidance.

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

- People had access to a varied and balanced diet. People spoke positively about the food they received. Comments from people included: "I like my grub. I can honestly say I have never been hungry here. Enough to eat that's essential"; "Food is very good. They do different things, like a cheese salad and the chef knows that and does me one" and "Food is perfectly good, what you'd expect. Good food, essential component for good health."
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. Staff were aware of people who required a texture altered diet, including pureed food or thickened fluids. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from risks associated with choking or inhaling their food or drink.
- Where people were at risk of malnutrition this information was shared with all staff and a record of the

support people required and received was clearly documented. The chef was fully aware of people's needs and discussed the use of calorie enhanced food and protein rich diets.

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

- Care and nursing staff made appropriate referrals and worked alongside GP's and other associated healthcare professionals to meet people's needs and respond to any changes in their health. One healthcare professional told us, "Generally needs are met very well. There is good communication and they always give me a set of observations when phoning (with a referral)."
- Advice from healthcare professionals helped inform people's care plans and enabled staff to meet people's needs effectively. This included guidance in relation to distressed behaviours, mobility and diabetes.
- Each person's oral care needs had been assessed. Where necessary people were referred to specialist dental services. One person had special equipment staff used to assist the person to maintain their dental and oral hygiene.
- Staff told us they understood the importance of promoting people's oral health, including assisting people to do as much for themselves as possible, such as using a toothbrush.

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

- People could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. People and their relative spoke positively about the layout of the home.
- The registered manager and provider had a clear plan of development for Hunters Care Centre, particularly to promote the wellbeing of people living with dementia. The registered manager explained how changes were being made to an enclosed outdoor space. They planned for this to include a sensory garden. One relative spoke positively about changes happening to the home. They said, "They are updating the courtyard, it's going to be fantastic."

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.

- Staff supported people to make informed choices regarding their care. We observed staff supporting people to make choices throughout the day, including what they would like to eat and the activities they wanted to enjoy. People spoke positively about how staff offered them choice. Comments included: "They always ask me before helping me" and "Staff do listen, they never make you do anything you don't want to do."
- The registered manager and provider ensured Deprivation of Liberty Safeguards (DoLS) had been applied for people whose liberties were being restricted. DoLS applications had been supported with comprehensive mental capacity assessments and best interest assessments. Where the authorising body had added conditions to the DoLS, the service had tracked these conditions and made the authorising body an update on any changes.

- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were included in decisions regarding the person's care.

# 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 had remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively about how kind, caring and compassionate staff were. Comments included: "Carers are excellent, I'm friends with all of them. Can't fault them. There is a lot of laughter in this place"; "Carers have a laugh and a joke. They have empathy, they are kind and listen. They're full of human kindness" and "The care staff are brilliant. New youngsters are well trained."
- Staff positively engaged with people and ensured they were comfortable and happy. We observed care, nursing and domestic staff engage with people in a respectful and natural way, including light-hearted banter which created a pleasant environment.
- The service respected people's diversity. Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff clear guidance.

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

- People were at the centre of their care and where possible were supported to make decisions. One person told us how they were involved in their care. They said, "I am involved. I am supported to make decisions about the support I want."
- Staff confidently spoke about people, their needs and how they promoted their confidence and wellbeing. Comments included: "Everyone here is an individual. There is one person I get on really well with so we work with that to promote their wellbeing"; "[Person] needs a lot of reassurance. We give them the time they need when they are anxious. They're very switched on and they know what they want" and "I give them the information they need. Some people like to have a laugh, we get to know each person."
- Where people were unable to verbally communicate their needs, care staff looked for changes in their body language to identify if they were in pain or any discomfort. The service used recognised tools to assist people who were distressed to identify triggers and ensure they were comfortable. One member of staff told us, "We look for changes in how people present themselves; are they crying, restless or withdrawn. This enables us to give them the support they need."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much as they were able to. We observed staff prompting people throughout our inspection. Staff worked at people's pace and encouraged them to take as much control of their care as possible.

- Staff told us how they respected people's dignity and the importance of making sure people were comfortable. Staff ensured people's personal spaces were always respected. We observed staff knocking on people's bedroom doors before entering and announcing their presence as they entered rooms. We also observed staff talking and engaging with people before assisting them, whether with their meals or their mobility.
- People's communication needs were known, recorded and understood by care staff. Staff could describe the support people needed to communicate their wishes and support them with their decision making, including using visual aids and communication boards.

# 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 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 and their relatives spoke positively about the care they or their relatives received and felt it was personalised to their needs. Comments included: "We have been fully involved"; "The care meets my needs and I am able to give my opinion" and "The care is definitely tailored to me."
- People's care plans recorded the care required and how this should be provided. These were detailed and reviewed regularly to ensure they remained in line with people's needs. When required alterations were made to both care plans and the care delivered to ensure people's needs remained met.
- People were supported and reassured by staff. When people became anxious or agitated. Care and nursing staff followed guidance assessed through recognised screening tools and behaviour support. Healthcare professional support had also been sought and acted upon to ensure people's individual wellbeing had been promoted.

Supporting people to develop and maintain relationships to avoid social isolation

- People's relatives were able to visit people living at Hunters Care Centre and spend time with them. Staff supported relatives to be involved. One relative spoke positively about the support they received as well as their relative. They said, "When I've broken down, [staff are] always there with a shoulder. Nurses, anything ongoing they will ring me at home and tell me the resulting measures."
- People were supported to spend their time as they chose and to enjoy time with their loved ones. People and their relatives explained they were supported to spend time together and could use rooms in the home to celebrate special events.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives spoke positively about the activities and events at Hunters Care Centre. Comments included: "I like going along to things I like. Quizzes, like crosswords. I enjoyed the donkeys"; "There is enough to do. I like the singing" and "I would rather stay in my room. They always asked me down for activities. I do go to the odd thing."
- People had access to activities which were tailored to their needs and preferences. There was a full programme of activities for people to enjoy, which included quizzes, reminiscence sessions, pet therapy and games. There was also a range of visitors and volunteers, which included exercise specialists, animal handlers, mind song and musical entertainers.
- The service had a whole home approach to promoting people's wellbeing through meaningful engagement. The activities lead discussed their approach to meaningful activities, based on people's interests and hobbies. This included supporting a person who kept horses to go to events at a local riding centre. Another person was supported to create flower arrangements for communal areas. They explained,

"The sense of ownership and self-worth makes a significant difference to people's quality of life."

- The activity co-ordinators had built strong links with the local community which helped promote people's wellbeing. Arrangements with a local school had resulted in students coming to the home as part of the Duke of Edinburgh award. A parent and toddler group also visited. Links had been established with a local college who were working with people on redesigning the homes gardens. Visits by attendees of a local church ensured people's spiritual and religious needs were met.

#### 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.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages.

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

- People's complaints were responded to in accordance with the providers policies. The registered manager kept a clear record of concerns, complaints and compliments. The registered manager used complaints as a way to drive improvements within the home. One complaint was made regarding quality of care one person received. The registered manager had investigated and ensured lessons around communication had been passed to staff.

- People and their relatives felt able to raise their concerns to the registered manager and provider and were confident they would be addressed. Comments included: "I know I can go to the manager if I need to" and "Anything is acted upon really quickly."

#### End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available for people to maintain their comfort at the end of their life. One person was moving towards the end of their life, staff had discussed this with the person's GP and were providing care which ensured the person's comfort and dignity was maintained.

- People's care files contained a ReSPECT (Recommended summary plan for Emergency Care and Treatment) form. These forms detailed people's wishes regarding their care and treatment, such as if they wished to attend hospital for active treatment. Where this information was not already recorded, staff were following this up.

- Staff spoke positively about getting people's end of life care right. One person living at Hunters Care Centre discussed the support they and their relative received at the end of their relative's life. They said, "The staff were fantastic. I can't fault the support they gave us."

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were supported by the registered manager and provider and understood their individual roles in supporting people. Comments included: "[Registered manager] is always around"; "The best that happened to Hunters is [registered manager]. He has masses of potential and enthusiasm. He's asked me for my opinion and he said he values what I've got to say" and "Since [registered manager] took over it's amazing. I love the fact he's got an open door and you can chat to him. He's been so supportive."
- The provider and registered manager had a clear overview of the training needs of all staff. Analysis the registered manager and provider used showed training completion was high and enabled them to forecast when training was required.
- The registered manager and provider was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following up concerns; they had ensured people and their representatives, as well as appropriate authorities, had been informed.

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

- Relatives spoke positively about the ethos and caring culture of care staff. Comments included: "The home is well managed. I've seen the place really improve"; "[Registered manager] is very approachable, a great leader. We have a lot of confidence in him, that's a factor in why [relative] is here" and "Wonderful management. [Registered manager] is excellent, calls in to see me every day. Lots of improvements here, like revamping older rooms."
- The registered manager and provider had a clear vision of providing person centred care for people at Hunters Care Centre. All staff understood and bought into this vision. Comments from staff included: "I feel this is the best home I have worked in. We all work well together for people" and "We're in it for the people that live here. We've got a good team who work to that."
- Care staff were encouraged and supported to reflect on how they supported people. Staff spoke positively about how training and support had been tailored to the needs of people living at the home. The provider supported staff to reflect on people's care and events in the home to help improve the quality of care people received.

Continuous learning and improving care



- The registered manager and provider had comprehensive systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. The registered manager carried out monthly quality and clinical governance meetings, which discussed people's care, any incidents or accidents and concerning trends. This ensured that all staff have relevant information and lessons could be learnt and communicated throughout the home. Any actions were identified and addressed during these meetings, as well as informing the leadership and management plan for Hunters Care Centre.
- The registered manager, deputy manager and unit leads carried out a range of audits in relation to people's prescribed medicines, the dining experience, people's care plans, health and safety and accidents and incidents. These audits were carried out at routine set by the provider and evidenced continued improvements since our last inspection. When shortfalls had been identified these informed an action plan which was allocated to set staff to complete. All audits and checks were documented in poster made by the provider which set out their expectations.
- The provider ensured they carried out their own quality and regulatory checks of the service. A representative of the provider visited the home and had documented the improvements they had seen since the registered manager had come into post.

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

- The views of staff, people and their relatives had been sought in relation to the home. The registered manager carried out meetings with people and their relatives. At a recent meeting, people's views had been sought over mealtimes and their enjoyment of Christmas activities. The registered manager used the meeting to discuss the employee of the month scheme and discuss some changes regarding garden renovations.
- Care and nursing staff were provided with clear information about people's needs, the providers expectations and changes in the home, through meetings, memos and staff handovers. Recent meetings discussed improvements within the home and where further improvements were required, such as actions related to the 10-66-06 programme (the providers initiative in relation to dementia care).

Working in partnership with others

- The service had strong connections with the local community which had a positive impact on people's wellbeing. One visitor discussed how their relative once lived at the home. The relative now visited with other volunteers and spoke positively about the improvements they had seen.
- Staff worked with a range of services aimed at supporting care homes in Gloucestershire, including a pharmacist from the local clinical commissioning group. One healthcare professional told us, "Now (Hunters) is probably the best run. They are very receptive. [Registered manager] is aware of people's needs. We have quarterly meetings now, some of these are very productive meetings."