The Order of St. Augustine of the Mercy of Jesus

St Clare's Care Home

Inspection report

St Georges Park
Ditchling Road
Burgess Hill
West Sussex
RH15 0GU

Tel: 01444873730
Website: www.anh.org.uk

Date of inspection visit:
09 April 2019
10 April 2019

Date of publication:
04 June 2019

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: St Clare's Care Home provides residential and nursing care for up to 60 older people. The provider is a Christian faith based charity supporting people who were living with a range of conditions including dementia, mental health problems, physical disabilities and sensory loss. At the time of the inspection there were 59 people living at the home.

People's experience of using this service: The rating for the service has improved to Good.

People were not always receiving personalised care that was responsive to their needs. People's care plans were not always updated to reflect the care provided. The requirements of the Accessible Information Standards were not consistently met. Activities were organised but some people were at risk of social isolation. Not everyone had enough to do to keep them occupied and socially stimulated. We recommended that the provider finds out more about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

Improvements had been made in safeguarding people from abuse and improper treatment. Staff understood their responsibilities to keep people safe and to report any concerns. Notifications had been made to the appropriate authorities. People and their relatives told us that they felt safe.
Risks to people were assessed and managed. There were enough suitable staff to care for people safely and the provider had robust recruitment procedures. People's medicines were administered safely and infection control procedures were robust. Incidents were recorded and monitored and lessons were learned when things went wrong.

Staff received the training and support they needed. Staff understanding of their responsibilities regarding the Mental Capacity Act 2005 had improved. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. Communication was effective within the team and people's needs were assessed in a holistic way taking account of people's diverse needs and their preferences. People were supported to have enough to eat and drink and to access health care support when needed.

People and their relatives told us that staff were kind. One person said, "I find the staff caring, respectful and considerate." People were supported to express their views and to make choices about their care and support. People's independence was encouraged as much as possible. Staff understood the importance of maintaining confidentiality and protected people's dignity. Staff were knowledgeable about end of life care. People and their relatives were supported to plan for end of life. Staff respected people's wishes and their needs were anticipated to plan for a comfortable and dignified death.

People and their relatives knew how to complain and felt confident that any concerns would be dealt with appropriately. Complaints and their resolutions were recorded and this information had been used to make improvements at the home.

Improvements had been made in how the home was managed. Systems for ensuring quality and monitoring practice had improved. Governance arrangements were robust and provided the registered manager and the provider with clear oversight of practice. The registered manager was aware of areas of practice that needed to improve and when we brought issues to their attention they could demonstrate that work was already in progress to make improvements. People, their relatives and staff described visible leadership in the home and said they were included and involved in developments. Staff had developed positive relationships with other agencies and worked effectively in partnership to achieve good outcomes for people.
Rating at last inspection: Requires Improvement, the last inspection report was published on 30 March 2018.

Why we inspected: This was a scheduled inspection based on the previous rating. Following the last inspection, the provider had submitted an improvement plan on 23 April 2018.

Follow up: ongoing monitoring.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

St Clare's 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 team consisted of three inspectors and two experts 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, their area of expertise included dementia care. On the second day of the inspection one inspector returned to the home.

Service and service type: St Clare's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Clare's Care Home is registered to accommodate up to 60 people in purpose built premises.

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. The registered manager was present during both days of the inspection.

Notice of inspection:
The inspection was unannounced on the first day. The inspector informed the registered manager that they would be returning on the second day of the inspection.

What we did:
Before the inspection:
We reviewed information we have received about the service. This included details about incidents that the provider must notify us about. We used information including complaints that we had received to help us to plan this inspection. The provider had completed a Provider Information Return (PIR). Providers are required

to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection:
We spoke with 10 people living at the home, 11 relatives and one visitor. We spoke with 10 members of staff, the registered manager and the care and compliance manager.
We looked at 12 people's care records. We observed how medicines were administered and looked at medicine records. We looked at records of accidents, incidents and complaints.
We looked at audits and quality assurance records. We looked at four staff files, training records and rotas.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• At the last inspection on 20 and 21 February 2018 there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider had not ensured that people were always protected from abuse. Following the inspection, the provider submitted an action plan to CQC which included additional training for staff. At this inspection improvements had been made and this breach had been addressed.
• Staff demonstrated a firm understanding of their responsibilities for safeguarding people. Staff could identify signs that might indicate abuse and knew what to do if they suspected abuse or improper treatment. One staff member told us," I would have no hesitation to report anything worrying." They pointed out contact details for staff to raise alerts with the local authority. Safeguarding alerts had been raised and reported appropriately.
• People told us they felt safe, one person said, "Even at night," another told us, "There is always help to hand."

Assessing risk, safety monitoring and management
• Risks to people were assessed, managed and monitored to support people to remain safe. For example, some people were at risk of falling. Risk assessments identified specific risks, for one person this was due to poor mobility. The care plan identified how risks could be reduced and included ensuring environmental hazards were removed and equipment was in place to support the person.
• People were supported to take positive risks and restrictions on people's freedom were minimised where possible. For example, one person was at risk of falling when getting out of bed and needed assistance from staff. Bed rails had been considered but a sensor mat was being used instead as a less restrictive option.
• Some people who were living with dementia had behaviour that could be challenging. Risk assessments identified possible triggers that might result in this behaviour and care plans guided staff in the most effective strategies for supporting people. For example, one person was known to become distressed when being assisted with personal care. Their care plan included specific techniques and strategies that staff had found helped the person to remain calm and reduced their anxiety. We observed staff using doll therapy effectively to engage with this person and reduce their anxiety.
• Risks associated with the environment were identified and managed effectively. Regular checks were undertaken to ensure that fire safety systems were maintained. Personal emergency evacuation plans (PEEP) were in place to identify the support people needed in the event of an emergency evacuation.

Staffing and recruitment
• The provider had safe recruitment systems to check that staff were suitable to work with people. Appropriate pre-employment checks had been completed before staff started working with people. Staff described receiving a thorough induction for their role.
• There were enough staff on duty to care for people safely. People and relatives told us that staff came

quickly when people called for help or pushed their call bell. One person said, "When I call for help, they come quite quickly."
• Staff rotas showed that staff numbers were maintained consistently. The registered manager said that agency staff were used to cover vacancies. They explained that they used regular agency staff to ensure continuity.

Using medicines safely
• People were receiving their medicines safely and when they needed them. Staff were trained in administering medicines and checks were made to ensure they were competent. Medicines were stored securely. Staff told us that an electronic system ensured that any errors were identified and managed effectively. Records confirmed this.
• We observed staff checking with people before administering medicines. Staff knew people well and explained what their medicines were for. One person told us, "I can always ask if I need a tablet."
• Some people lacked capacity to consent to taking their medicines. Records showed that the provider had followed correct procedures to protect people when they needed to receive their medicines covertly.

Preventing and controlling infection
• People commented on the cleanliness of the home. One person said, "The place is always clean, they do my room daily." A relative told us that the home was "always spotless."
• We observed that staff were using appropriate personal protective equipment including gloves and aprons.

• There were systems in place to ensure that all areas of the home and equipment was cleaned regularly in line with the provider's policy.

Learning lessons when things go wrong
• Incidents and accidents were recorded and monitored. Staff understood their responsibilities to report incidents. One staff member said, "We must report everything that happens, if we notice a bruise or witness an incident, the registered manager is very strict about that."
• Patterns were identified and we noted that appropriate actions were taken to reduce risks of similar incidents. For example, when people had fallen an investigation was undertaken to determine any likely cause. Appropriate referrals had been made to health care professionals when necessary.
• The care and compliance manager explained how learning from incidents was shared across the provider's services to ensure that lessons were learned and communicated to prevent re-occurrence. For example, following a safeguarding incident the provider had reviewed and updated their procedures and developed an action plan to improve safeguarding systems across their services.

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.

Good: People's outcomes had improved and were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.
• At the last inspection in February 2018 consent to care and treatment had not always been sought in line with legislation and guidance. At this inspection improvements had been made and the previous shortfalls had been addressed.
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.
• People's capacity to consent to their care and treatment had been considered and was recorded appropriately. For example, some people needed bed rails to prevent them from falling out of bed. People's consent to the use bed rails was sought, as their use could restrict people's freedom to move around.
• Where people might lack capacity to consent to specific decisions for their care and treatment, a mental capacity assessment had been completed. Decisions were made in people's best interests and the process for making these decisions was documented. This showed that appropriate people had been consulted including relatives and health or social care professionals when making best interests decisions.
• The registered manager had made DoLS referrals where appropriate. Staff had received training in MCA and DoLS and demonstrated a clear understanding of their responsibilities for seeking consent. For example, we heard staff checking with people before providing care. Staff understood that some people had fluctuating capacity. One staff member said, "I always ask them, even though they can't always consent, sometimes they can, so I always check."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• People's needs and choices were assessed in a holistic way, taking account of their physical, mental health and social needs.
• Care plans were based on comprehensive assessments of people's diverse needs. Expected outcomes were identified and there was clear guidance for staff describing what they needed to do to support the person to achieve the outcome. For example, an evidence- based assessment tool was used to identify that a person was at high risk of developing a pressure sore. Their care plan guided staff in how to provide personal care and when and how to apply cream to reduce risks of skin damage. Regular reviews recorded

that the person's skin integrity had been maintained.
• People's needs were supported with technology and equipment when appropriate. For example, sensor mats were in place for people who could not use a call bell. This enabled staff to respond quickly and support people when they were moving around and needed assistance.

Staff support: induction, training, skills and experience
• Staff told us that they received the training and support they needed to be effective in their roles. Their comments included, "The organisation is generous with training," and, "There is a lot of training available."
• Records confirmed that staff received training in subjects relevant to the needs of people they were supporting. Staff told us dementia training had been valuable, one staff member described it as "Amazing." Staff told us, "It helps to know what behaviour to expect." We observed that staff were skilled in supporting people who were living with dementia. For example, staff were using appropriate techniques to reduce anxiety and help people to be orientated around the home.
• Staff were receiving regular supervision and described how this helped them to identify areas of practice that they needed to improve.

Staff working with other agencies to provide consistent, effective, timely care
• The provider had systems in place to support effective communication between staff and with other agencies. For example, daily handover meetings ensured effective communication about changes and clarified tasks that needed to be completed.
• Staff worked proactively to ensure care was provided effectively. For example, staff had provided timely information to a GP when a person's health condition had changed. This had ensured that the person's changing needs continued to be met.

Adapting service, design, decoration to meet people's needs
• The building was purpose built and provided spacious accommodation that supported people with mobility issues to be able to move around independently and with support.
• People had access to several communal areas and to quiet spaces, including a prayer room. There was level access to a sensory garden and we noted that people were using this area during the inspection.
• Some areas of the home had been decorated to support people who were living with dementia. This included a reminiscence lounge. People's individual rooms were furnished with personal items and included photographs on the door to help people to navigate around the home. The registered manager described plans for further improvements in making the home dementia friendly. This included having sensory decorations on the walls.

Supporting people to live healthier lives, access healthcare services and support
• People were supported to access health care services when they needed to. Staff described positive working relationships with a range of health care professionals including, GP, tissue viability nurse, speech and language therapist and physio therapist.
• Records showed that staff made appropriate referrals and supported people to attend health care appointments. For example, when one person's behaviour had changed staff had contacted a mental health professional to review the person's medicine and care plan.
• People were supported to attend routine health care appointments, for example with the dentist, chiropodist and audiologist.

Supporting people to eat and drink enough to maintain a balanced diet.
• Risks to people associated with eating and drinking had been assessed. People were receiving support to eat and drink when required and had modified diets if needed. Staff were knowledgeable about people's specific needs. For example, one person needed to have thickened fluids but only in certain circumstances.

Staff were heard discussing this and were aware of when the person should receive thickened fluids.
• People told us they were happy with the meals they were offered. One person said, "The meals are good, we choose our meals on the day and we have a choice." The kitchen staff had been provided with information about people's dietary needs, cultural or religious needs and personal preferences. For example, one person had a small appetite and preferred small portion sizes. We observed that this was provided.
• Staff supported people appropriately depending on their needs. People were not rushed at meal times and were supported to eat at their own pace. Staff were attentive, ensuring that people had drinks and encouraging them to eat their food. Some people were having their meals in a large dining room, others were supported in smaller dining areas or in their own rooms. People told us they could choose where they had their meals.
• Concerns about people being at risk of dehydration and malnutrition were identified and assessed. When appropriate, people were weighed regularly and their food and drink intake was recorded and monitored to ensure that they received appropriate nutrition.

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
Good: People continued to be 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 highly of the care they received and described staff as caring, respectful and considerate. One person said, "All the staff are very nice and friendly and I always feel very well looked after." A relative told us, "The support for me has been incredible and I'm not easy to please." Another relative said, "This place is a cut above the average, the whole philosophy is very caring."
• Staff had developed positive relationships with the people they were supporting and knew them well. One relative described how their relative had benefitted when a staff member had gone to the hospital with them, saying, "She was the only one giving him fluids and she went into x-ray with him to keep him calm."
• Staff spoke with compassion and respect for the people they were caring for. They described how their knowledge of people's background enabled them to connect and support them more effectively. One staff member explained how they would talk with one person about a time when they had lived in another country. They said, "It always helps to cheer them and they are so interesting and animated when they talk about it."
• Staff understood and respected people's diverse needs and preferences. For example, staff told us how one person liked to spend time in the prayer room regularly. A staff member told us, "It's important for them to have that time."
• We observed positive, caring interactions between staff and people. Staff were attentive to people and responded quickly if they noticed that people were agitated or distressed.

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives told us they had been included in developing care and support plans and felt their views were listened to. One person told us, "Staff do chat and give me information when I need it." Another person said, "There is a good understanding between me and the staff." A relative said, "I've been involved with the care plan, and they do a review once a month."
• Care plans included people's personal choices and preferences. This showed people had been involved. One person told us, "They do listen to the little things I ask about."

Respecting and promoting people's privacy, dignity and independence
• People told us staff were respectful and supported their privacy. One person said, "They always knock on the door, they don't just come in." A relative said, "The staff always close the door when personal care is happening and they ask visitors to leave to protect people's privacy and dignity."
• People's personal information was stored securely and staff understood their responsibilities for maintaining confidentiality.
• People were supported to be as independent as possible. Care plans guided staff in supporting people to do as much as they could do themselves. For example, one person needed support with personal care. The

care plan guided staff to assist them to make some choices and to support them to do some specific tasks themselves. A staff member said they had enough time to support people's independence. They explained the importance of giving them opportunities, saying, "It's about what they want to do, where they can, not what I want."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• At the last inspection people's care plans were not consistently accurate, however, we found that people were receiving a personalised service. At this inspection it remained that most people were receiving person-centred care but some aspects of the care planning system remained in need of improvement.
• Care plans were not always updated when people's needs changed. Some care plans contained inconsistent information. For example, one care plan identified on the front page that a person needed a normal diet and fluids. However further detail within the care plan contained advice from a Speech and Language Therapist about specific circumstances that required the person to have thickened fluids. We noted that staff were aware of this updated information and the team leader was heard advising staff appropriately. However contradictory information within care plans could put people at risk of not receiving the care they need in the right way.
• One person needed medicines at specific times but this was not identified in their care plan. Although we did not identify a negative impact for the person, there was a risk that they might not receive their medicines in the right way. This was brought to the attention of the registered manager who took immediate steps to ensure the care plan was updated.
• The service did not fully understand people's information and communication needs. We did not see sufficient evidence of how the Accessible Information Standard had been applied through identifying, recording and highlighting people's individual information and communication needs in their care plans. Some people had communication needs and their care plans identified this but there was not always clear guidance in how to support the person. For example, one person had both visual and auditory sensory loss and the cognition was assessed to be poor due to their dementia. This was not "flagged" clearly in their care plan and there was not clear guidance in how staff should support them other than ensuring that they were wearing their hearing aid. Staff were not proactive in ensuring that information was provided in accessible formats for people, although the registered manager said this would be available if people asked.
• People's personal history was not always included in their care plans and this meant that some care plans did not provide a clear sense of the person as an individual. The registered manager said that work was in progress to improve the admissions process and capture important information about people. They explained how this would assist staff to be better informed about people's lives and their interests so that they could provide a more personalised service.
• A range of organised activities were provided, including external entertainers, trips out in a mini-bus and daily activities such as arts and crafts. People told us, "I love the singing," and, "I get taken for religious services." Our observations were that people were enjoying the activities that were on offer. However, some people who were living with dementia were not engaged with the activities. We observed that some people, who were in their rooms had little opportunity for social stimulation. One relative said, "My relation stays in his room, he can't join in." When organised activities were not taking place people had little opportunity for meaningful occupation and some people were at risk of social isolation. We recommend that the provider finds out more about providing meaningful occupation, based upon current best practice in relation to the

specialist needs of people living with dementia.
• Some aspects of care plans were well-personalised. For example, people's preferences had been recorded including any preference for a male or female carer to support them. Care plans included detailed guidance for staff including people's likes and dislikes, for example, a person liked elderflower squash but did not like the water to be too cold. Routines that were important to people were identified and there was guidance for staff in how to support people if they became upset of anxious. This included known triggers that increased people's anxiety and strategies for managing such situations. We observed staff using specific strategies effectively to support people when they showed signs of distress.

Improving care quality in response to complaints or concerns
• People's concerns and complaints were recorded and responded to in a timely way. The registered manager said that they aimed to address any concerns as they arose. Where people had raised a formal complaint, records showed that appropriate actions had been taken in a timely way to resolve the matter.
• People and relatives told us that they knew how to make a complaint and would feel confident to do so. A relative said, "I have absolutely no reason for complaining, but I would if I felt it was necessary." Another relative had raised a concern and this had been addressed, they told us, "The manager is very strong on trying to improve things."

End of life care and support
• People were supported to make plans for the end of their life. Some people had made advanced care plans and their relatives had been involved where appropriate. Plans included consideration of people's religious and cultural beliefs.
• Staff had received training and demonstrated a good understanding of how to support people to be comfortable and pain- free at the end of life. One staff member told us that the service had received recognition of good practice through external assessment for the Gold Standard Framework. This is a nationally recognised standard for good practice in end of life care.
• We noted that systems were in place to identify when people's health was deteriorating and staff understood the signs that might indicate this. The provider's systems ensured that all staff were aware of people's needs and wishes, including their religious beliefs.
• Staff worked effectively with health care professionals to ensure that people's needs were anticipated and that they had access to medicines and equipment that they needed to ensure they were comfortable and their dignity was maintained.
• People's relatives and friends were involved, informed and supported during the last days of people's lives. One relative told us, "The staff could not be kinder, they have kept us informed and we know what to expect. It's a comfort to know they are peaceful and well looked after."

Good

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

Good: The service had improved and was consistently managed and well-led. Leaders, and the culture they created, promoted high-quality, person-centred care.

At the last inspection on 20 and 21 February 2018, systems for monitoring quality were not always effective in identifying shortfalls. At this inspection improvements had been made and the service had improved to a rating of Good.

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

• There was a clear management structure and staff described the registered manager as accessible. One staff member told us, "The manager is strict but I think that's a good thing, we know where we stand." Another staff member said, "There are always managers available if there is a problem." Staff were positive about working at the home, one staff member said, "I would recommend it to anyone."

• The provider had clear governance arrangements. Internal and external audits were used to identify shortfalls in quality and to develop practice. For example, a regular weight audit identified people who had unplanned weight-loss and an action plan showed what measures had been taken to prevent further weight loss. An external review of safeguarding procedures had been undertaken and the provider's policy had been amended to include recommendations from the review. The Care and Compliance Manager described how the provider was in the process of reviewing all their policies and procedures to ensure governance arrangements were robust.

• The registered manager demonstrated good oversight. For example, when we identified inconsistencies and lack of personalisation in care plans the registered manager was already aware of these issues and told us about plans that were in place to make improvements to the care planning system.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• People and their relatives spoke highly of the changes in management since the last inspection. All the people and relatives we spoke with were positive about the leadership and care provided. Their comments included, "There has been a big improvement in the management here." "I think it seems to be managed well," and, "I have only praise for this home."

• Staff told us that there had been improvements in the leadership of the home. One staff member said, "It has been a difficult time, the new manager has changed a lot of things but it is for the better." Staff described improvements in the culture of the home, one staff member said, "It is more open now, we are moving forward together and it is better here now."

• The registered manager understood their responsibilities with regard to the duty of candour. For example, appropriate letters had been sent to residents and their relatives following a safeguarding incident to ensure that people were informed about the situation.

Continuous learning and improving care

• There were effective systems in place to identify areas of practice that needed to improve. For example, analysis of accidents and incidents identified a pattern of falls late in the day when people may be more tired. Staff deployment had been reviewed to provide better continuity at that time of day so that people received the support they needed.

• When things went wrong the registered manager and the provider used this information to make improvements. For example, complaints, safeguarding concerns, incidents and accidents were all recorded and analysed to ensure that learning was captured and improvements were made. One person told us about a complaint they had made and described how their experience of using a shower had improved as a result.

• The Care and Compliance Manager described how a system had been implemented to ensure that learning from incidents and any good practice was shared with staff in all the provider's homes. They explained how improved staff awareness had resulted in fewer residents coming to harm as a result of falling.

Working in partnership with others

• Staff had developed positive local connections with health and social care agencies. For example, staff attended training provided by the falls prevention team. A local pharmacy provided advice and had undertaken an audit of medicine administration. Staff attended a local care home manager's forum. The registered manager described positive working relationships with the local authority safeguarding team. A member of staff described how they had worked with the palliative care team from a local hospice to support provision of end of life care.

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

• People and relatives told us that they were involved in developments at the service. One relative said, "The manager is prepared to listen," and described their attendance at a relative's meeting. Another relative said, "They are very accommodating and will always try to resolve issues."

• Staff had received training in equality and diversity and understood the importance of involving people. One staff member said, "Everyone should be involved as much as possible, we don't discriminate against anyone."

• The registered manager described plans to develop meaningful questionnaires for people and their relatives to gather their views on the quality of the service.