

The Lindens (Stoke Hammond) Ltd

The Lindens Care Home

Inspection report

Stoke House
Stoke Road
Stoke Hammond
Buckinghamshire
MK17 9BN

Tel: 01908371705

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23 January 2019
25 January 2019

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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 Lindens Care Home is a residential care home in a rural part of Buckinghamshire. At the time of the inspection 56 older people some of whom were living with dementia lived at the home.

People's experience of using this service:

People and their relatives gave us positive feedback about the care and support they received. Comments included "They [Staff] are so friendly and warm and treat him with respect. There are some excellent examples of connecting with him. For example, one carer speaks Italian (Father is Italian) and makes a point of speaking to him in his language. They also have a sense of humour" and "They're [Staff] generally quite caring." Other comments included "I feel safe living here, I am 85 but I am comfortable and I wouldn't want to be anywhere else" and "Yes, I feel safe living here, it is not a bad home and I get well looked after, it is all clean and I get what I need and I have nothing to moan about at all."

There was a lack of good governance at the home. Quality assurance processes did not always drive improvement. The provider failed to ensure staff followed policies and procedures. Record management required improvement. Risk assessments were required to be in place, however, staff did not have enough information recorded to help them manage potential risks. We have made a recommendation about this in the report.

People's care needs were not always detailed in writing. However, when we spoke with staff they were knowledgeable about people's needs. We have made a recommendation about this in the report.

People were supported to receive their prescribed medicines on time. We have made a recommendation about record management for medicines that required additional protection due to the potential for abuse of them.

People were supported by staff who required training and support. However, the support provided was not in line with the provider's policies. We have made a recommendation about this in the report.

We found the home to be light, clean and consideration had been given to the environment so people living with dementia were not disadvantaged.

People were supported by staff who demonstrated compassion and were kind. People's dignity and privacy was maintained.

People were supported to maintain important relationship with family and friends.

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 practice.

Rating at last inspection:

The previous inspection was carried out on 5 January 2016 we published the report from that visit on 26 February 2016. The service was rated Good at the time.

Why we inspected:

The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

We made recommendations in our inspection report. We will check any actions taken by the provider at our next inspection.

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?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

The Lindens Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by 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. The experts both had knowledge about the support of older adults within residential care settings.

Service and service type:

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

Notice of inspection:

The inspection was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out on the 23 and 25 January 2019.

What we did:

Prior to the inspection we requested and received 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. Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had planned.

Prior to the inspection we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We sought feedback from health and social care professionals who had worked with the service.

We spoke with 17 people living at The Lindens who were receiving care and support, three relatives and one visitor. We spoke with the registered manager, the owner and eight staff. We reviewed six staff recruitment and training records. We looked at nine care plan records and cross-referenced practice against the provider's own policies and procedures. While at the care home we spoke with two health care professionals who visited the home regularly.

We observed people receiving their prescribed medicines and checked storage and stock of medicine. We made general observations of people and how staff supported them. We checked records relating to environmental safety within the home.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- People were not always supported by staff who had been recruited safely.
- Recruitment files we reviewed were not compliant with the service's own recruitment procedure. For example, the recruitment policy stated, "Two job references" would be obtained for each candidate, prior to employment. We found this was not happening. Only one reference was on file for each staff member. We were told this was common practice.
- We found gaps in staff member's employment histories. There were no records to show a suitable explanation had been obtained.
- We discussed the evidence with the registered manager, they advised us staff were routinely supported post employment and agreed to speak with staff about any gaps in employment.
- Staff were required to complete a medical questionnaire to ensure they were fit to work. A criminal history check from the Disclosure and Barring Service (DBS) was made.
- We received mixed responses from people about staff levels. However, staff and visitors told us there were sufficient numbers of staff to meet the needs of the people living in the service. Our observations verified this. One person told us "I have a call bell in my room and if I press it they always respond swiftly."
- We observed when people requested assistance this was responded to quickly.
- The home had staff accommodation on site. This provided a contingency for any emergencies.

Assessing risk, safety monitoring and management:

- The risk associated with people's medical conditions were assessed and managed.
- The service used a risk management record book. A number of risk assessments were completed. These included physical, falls, pressure damage to skin and mental health as examples.
- Risks to people were reviewed on a regular basis.
- Risk assessment did not routinely provide enough guidance for staff on how to manage risks. For instance, one person's record showed they had a mental health condition which could have the potential to present as challenging for staff to manage. No guidance was available for staff on how to support the person. However, when we spoke with staff they were able to tell us how they would support people. A visiting healthcare professional confirmed staff managed people's potential challenging behaviour well.
- Environmental risk were minimised.
- Equipment used to support people reposition was serviced to ensure it was safe to use.
- Some of the required environmental checks were completed. A fire risk assessment was dated 10 August 2018. The service had been visited by the local fire and rescue service who had made recommendations on how fire safety could be improved.
- The home maintenance team carried out monthly environmental checks which included water safety. The

service sent an annual water sample to test for any growth of dangerous bacteria (Legionella). However, the service did not have a Legionella risk assessment in place.

- We checked water sampling certificates did not demonstrate any risk of the growth of Legionella.
- Each person had a personal emergency evacuation plan (PEEP) to guide staff on how they should be supported in an emergency.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe and secure. Comments from people included "I feel safe here, there's always someone around," "They care for my diabetes quite well" and "I feel very safe here. I've been here for years." A relative told us "I'm totally at ease about her safety."
- Staff were aware of how to safeguard from people from abuse. Staff had received training and were able to recognise signs of abuse.
- The registered manager made referrals to the local authority when safeguarding concerns had been raised.
- Safeguarding issues were discussed at team meetings.
- Other comments from people included 'It's pretty safe. The security is quite good.'
- The registered manager was aware of the need to inform the Care Quality Commission of safeguarding concerns. We reviewed notifications the service had made. It was clear they knew how to respond to concerns to promote people's safety.
- One person told us "Yes, I feel safe living here, it is not a bad home and I get well looked after, it is all clean and I get what I need and I have nothing to moan about at all."

Using medicines safely:

- People told us they received their medicines safely. Comments included, "I take Metformin. They monitor what I'm doing," "I take blood pressure tablets and iron tablets."
- Medicines systems were organised and people were receiving their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Some people were prescribed medicines for occasional use (PRN), at the time of the inspection we found no additional guidance for staff on when the PRN medicines should be given. However, following the inspection we received confirmation the guidance was in place.
- Where medicines were subject to additional storage and record keeping due to their potential for abuse (Controlled medicine). Records were accurate. The provider was not following its own policy regarding the frequency of checks made on the stock levels. The policy stated, 'When controlled drugs are in the home, the Carer in charge will, with a witness, check once a day and date and sign each stock page of the Controlled Drugs Recording Book'. We found gaps in the checks made. For instance, there was a gap from 11 October 2018 until 15 November 2018.
- We recommend the provider seeks support from a reputable source about the record management controlled medicines.
- Staff were able to demonstrate they could access information about a person's medicine. We saw that the senior carer had a copy of the British National Formulary (National information resource on what medicines are prescribed for) available for reference. The member of staff said, "I don't always memorise" [What tablets were prescribed for]. The staff explained that a person might ask about their medicines.
- One person administered their own PRN paracetamol. This was written on the medicine administration record (MAR) as '1 or 2 paracetamol 500mg tablets to be taken up to four times a day'. The service had carried out a self-medication risk assessment and recorded the person's consent to administer the medicine.
- The medicine round was carried out safely and with respect for people's consent and preference. The

senior carer asked a person "...your medicine, do you want to take it now?".

- Medicines were administered by senior carers who had completed relevant training. A senior carer told us that staff who were responsible for medicines do yearly training "We always have a refresher training."

Preventing and controlling infection:

- People and their relatives told us the home was clean and kept to a high standard. Comments included "It's very clean. I'm happy to stay here for the rest of my life," "There are very good facilities, a wet room in every room. The environment gives a good feeling, light and clean."
- Visiting healthcare professional confirmed the home was always clean and tidy.
- Staff had received infection prevention training and had access to personal protective equipment (PPE)

Learning lessons when things go wrong:

- Incidents and accidents were recorded. Staff understood the need to report safety concerns to the registered manager.
- The registered manager looked at incidents and accident to identify any trends.
- We received examples of actions taken to prevent future accidents and incidents. For instance, hand rails had been fitted to corridors following a number of people falling in that area. The registered manager told us about a person who had fallen from their wheelchair. Following the fall the review of the cushion in the wheelchair was made and a new cushion purchased to prevent a further fall.

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.

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

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

- People had their needs assessed prior to moving into the service. This ensured the service could meet their needs.
- The assessment gathered information about a person's medicine regime, communication, mobility, social interests and spiritual needs as examples.
- Where a person was referred to the service by the local authority (LA) the provider ensured it received a copy of the adult social care assessment completed by the LA.
- Where a person was admitted to the home from hospital the provider ensured they received a copy of the discharge summary, so they were aware of the person's medical needs.
- People's past life histories, social life and preferences were recorded in some people's care documentation. However, this information had not been completed for everyone, which meant not all staff were aware of this information. The provider told us how difficult it was to obtain this information from some people or their families. Staff we spoke with knew people and their preferences well.

Staff support: induction, training, skills and experience:

- Records showed staff received induction, training, one to one meetings with management and staff meetings as part of the support provided to them. However, staff training was not always up to date. For example, the kitchen manager had not completed food hygiene training since 2015.
- Some induction training was completed by watching DVDs on different subject matters related to the job. There were no systems in place to assess the knowledge or learning from staff after their completion of watching the DVDs.
- Some training such as moving and handling was carried out by staff who were not trained to do so. Competency assessments for medication were carried out by the registered manager, who had attended the same training as those they were assessing.
- We discussed our findings with the registered manager and the provider on the first day. They were open and receptive to our comments. On the second day we were told of their plan to develop a training hub to ensure training was effectively delivered in a manner that recognised staff learning styles and competency.
- The service was also in breach of their own policy on supervision, which was a one to one meeting with their line manager. The policy stated staff should be supervised "six weekly and no less than eight weekly". This was not happening. Records showed on average staff had not received supervision for eight months. We discussed this with the registered manager. They told us they had held staff meetings which they considered to be supervision. The policy was clear supervision was a face to face confidential meeting with a senior staff member. The proprietor and the registered manager accepted our findings and told us they would review the provision of supervision in the service.
- Staff told us they felt supported by management and their colleagues.

- We observed staff delivered care in a professional way.
- We recommend the provider seeks advice from a reputable source regarding the effective training and support for staff.

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

- People gave us mixed feedback about the food, comments included "The food is fine, no grumbles", "The Tea Service is excellent", "The food is really good" and "The food is very nicely cooked. There's little choice, but I'm not fussy." Less favourable comments included "The food is OK, sometimes there are things I don't like. I try and eat it but there isn't always much choice. It's very plentiful though but sometimes the veg aren't cooked enough" and "The food is OK, we get chicken or salmon, but not every day. Sometimes there's a choice of pudding." We provided feedback to the provider about the comments regarding food.
- People's nutritional and hydration needs had been assessed. Where people were at risk of dehydration or a lack of nutrition this was identified.
- Where people required special diets, staff were aware and food and drinks were prepared appropriately.
- Menus were displayed in the dining room. Where people had problems reading the written word photographs had been taken of the meal to show them. This enabled people to make a choice about what they wished to eat.
- Each day a vegetarian meal was on offer.
- If people did not wish to eat what was on offer an alternative was on offer.
- Weight charts monitored people's weight to enable them and staff to monitor their health.
- People were given the choice of eating in their rooms or in the dining room. A breakfast club had been introduced and had been received well by people.

Staff working with other agencies to provide consistent, effective, timely care:

- Records demonstrated staff worked in conjunction with other agencies to ensure people received effective and appropriate care.
- Where advice was given to staff following a consultation with other professionals this was followed. For example, how to meet people's dietary needs.
- Comments from people included, "If anything goes wrong they are on it- my knee hurt the other day, if I had still been living at home I'd have passed it off but here, the nurse looked at it and I'm booked in to go and have an X-Ray."

Supporting people to live healthier lives, access healthcare services and support:

- Records showed how staff worked alongside the local authority, mental health teams, physiotherapists and other health professionals.
- We spoke with two visiting healthcare professionals. Both told us the service responded quickly to changes in people's health.
- The registered manager informed us they had made a referral to the mental health services the day prior to our first day of inspection. We observed the person was seen by the mental health practitioner on day two of our inspection.

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

- The service had recently undergone a large extension and renovation of the premises.
- The premises were bright, clean and pleasant.
- Consideration had been given to the needs of people living with dementia, with the use and location of colours to separate rooms, corridors and areas. Rooms had signage to assist people and visitors to help locate rooms such as toilets, kitchen, and offices.

- A consultation room had been designed to enable people to speak with medical professionals in a private and suitably equipped room. This reflected the experience many would have had in the community.
- Plans were in place to develop a coffee shop for people and their visitors to use.
- Photographs of staff members were displayed throughout the service. These were identified staff members who were on shift who staff and people living in the service could go to with problems or if in need of support.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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.
- Staff had received training in the subject of MCA, however, staff were not able to demonstrate an understanding of the legislation. We discussed this with the registered manager who advised us they would seek further training for staff. During our visit we saw no one was denied their freedom.
- Where there were concerns that a person may not be able to make decisions for themselves, a mental capacity assessment was completed. However, records showed this did not always happen. For example, where people who lacked capacity had been given a flu vaccination. Although we were told a best interest process was followed for people who could not make certain decisions for themselves, there was no documentation to support this.
- The registered manager followed the correct procedure for applying to the local authority for authorisation of DoLS. They informed the commission when this was granted. Conditions were being met by the provider.
- We were told the registered manager held copies of documentation relating to legal powers held by third parties to act on behalf of a person. This was either for support with finances or support with health and welfare decisions.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Throughout the inspection we observed, kind, considerate and professional interactions between staff and people.
- Comments from people included, "When I was really unwell they couldn't do enough for me," Staff are polite and helpful in every way, they seem to have the right skills for my needs" and "I like the people here, they always seem cheerful." A visitor told us "This is the best" [Care home they had visited].
- One person was often distressed. The person chose to sit in one of the main lounges. Staff ensured they provided reassurance to the person at every opportunity. The person's reaction changed when they received support from staff. They became less distressed and looked happier.
- The staff team were culturally diverse and aware of situations which had the potential to discriminate against people.
- Comments from people included, "The staff themselves are always friendly, they always greet you by name, and it is important this, they all seem to get on well with each other" and "In March 2018 it was our Golden Wedding anniversary, they put on a really good special show for us, flags, balloons and a big fuss for us, we had a special table set up for us, a special cake, they went to a lot of trouble and really made it memorable."

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

- People were encouraged to be involved in decisions about their care.
- People were invited to regular resident meetings, where they could discuss any concerns with the management team. We noted one resident meeting minutes showed how people had been informed on the progress of a recent building extension.
- Comments from people included "They've treated me as though as was a reasonably educated man, they don't talk down to me."

Respecting and promoting people's privacy, dignity and independence:

- People were routinely treated with dignity and respect.
- People told us their privacy was protected. We observed doors were kept shut when people were supported.
- One person had been taken unwell in the main lounge area. Staff provided a screen to ensure the person dignity was maintained.
- Staff responded quickly when supporting people. One person had become confused and was going to undress in the lounge. Staff swiftly and professionally supported them to re-orientate where they were.
- Relatives told us their family member was happy at the care home. Comments included "He is as happy as

he could be living here and given his circumstances it is brilliant for him to be living here". "For him this has been a marvellous place," "Lindens, from the outset have been brilliant" and "When we came in before Christmas we were so impressed, we heard and saw carers singing Christmas carols to residents in their rooms as they worked, they didn't even know that we were listening."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People and their relatives were involved in planning what level of support was required. However, the details of care required were not always recorded. For instance, one person's 'lifestyle profile' was almost blank. The sole entry read 'Breakfast in the room'. Two other people's records did not have any detail of their daily routine. The provider used two books to record people's care and treatment. We observed there were many gaps in the books.
- People who were staying at the care home on temporary basis [Respite care] did not have a fully completed care plan. We discussed this with the registered manager who confirmed this was their usual practice. Information was available to staff about to support the person, however, full life histories had not been taken.
- We recommend the service seeks support from a reputable source on recording people's personal preferences.
- People's risk care plans were reviewed regularly. One member of staff told us "Staff always talk to one another" about meeting people's needs and a senior member of staff told us "Carers say to us what they see" they went onto to say how they would make changes to a person level of support.
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us they used pictures, signing and gestures to communicate with people who had difficulties. One staff member showed us how they mimed the actions of having a wash to encourage a person to be as independent as possible. Where people living in the home did not speak English as their first language, staff were available who could speak their preferred language to facilitate communication.
- People had opportunities to get involved in activities within the home. One person told "There's musical bingo, bingo and exercises. I really like knitting." Another person told us "I join in with things now and again and it keeps me in touch socially but I'm not that into things. I'd like to go swimming but they don't take us out much, sometimes we go to other homes for dinner."
- We observed a game of musical bingo in the 'quiet lounge' during the morning. In the afternoon, we saw that an external activity leader engaged about fifteen people in a seated exercise session. This involved various exercises with a gym ball.
- People were visited by an external art facilitator. We saw that people had used the first-floor art room in the recent past. We observed many different artworks displayed across the home.
- The home had facilities including a hairdressing salon. We saw that the hairdresser was busy with clients through the day. A person told us "She's brilliant in there."
- A relative told us "They have quizzes but my sister likes physical activities, I think they could encourage her more."
- People were supported with their religious needs. We observed many people reading a newsletter from a

local church and discussing the content with each other.

Improving care quality in response to complaints or concerns:

- The provider had a complaints and compliment procedures in place.
- Suggestions boxes were displayed in the home for people to provide feedback.
- Posters were displayed across the building highlighting who people can speak with if they have any concerns.
- Comments from people included, "If I had a complaint I would go to [Name of registered manager]," "I could raise complaints if I had them but I don't have any" and "If I had a concern I'd go to [Name of senior carer]."
- A senior carer told us that, if any issues or queries arose, "We resolve it with the families." The service received 'Thank you' cards from families and from people who have had respite care at the home.

End of life care and support:

- The home was able to provide end of life of support.
- People had made decisions about whether or not to receive emergency support in the event of a cardiac arrest. The provider ensured this information was readily available for staff.
- Where required the service worked closely with the local hospice and GP staff to ensure people were pain free at the end of their life.
- Comments from people and their relatives included "Since she has come here she has taken on a new lease of life, coming here has boosted her confidence" and "She is afraid of falling, but the home know about end of life, how to care and assured us not to worry."
- The home had a photograph and words of celebration and remembrance of a recently deceased resident, all held and on display on a small table in reception. A resident acknowledged this initiative and said, "It helps to see that someone has passed away, it helps us too."

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was a registered manager in post.
- People were not always supported by a service that had effective quality management systems in place to drive improvement.
- The provider had a number of policies in place. However, we found some had not been reviewed to reflect current best practice.
- We found the provider did not always follow their own policies in relation to recruitment, risk and management of medicines.
- Risk assessments relating to environmental safety were required to be in place.
- The management of records required improvement. Care records were poorly maintained and lacked detail.
- There was a lack of quality audits carried out. Records shown to us as audits failed to analyse information in detail to drive improvement.
- We recommend the service seeks support from a reputable source regarding good governance and quality assurance processes.
- We found the registered manager and the owner receptive to our comments and were proactive to make changes to the service to drive improvement.
- Staff spoke positively about the management and told us they believed the service was well led. One staff member told us "I don't like it, I love it here. The owner and the manager are very supportive to us. There are no words I can say; every time I have a problem they help." Another told us the staff meetings were "Very good." They explained "Everyone brings suggestions, if there are any issues the senior staff try to solve them for us."

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

- The provider had a clear 'mission statement' demonstrating a commitment to maintaining people's independence, supporting their privacy and treating them with respect and dignity.
- The registered manager told us the values of the organisation were discussed at team meetings.
- Staff told us the best things about the service was "Residents are treated well and the environment is nice for them." "The residents have choice and feel at home and safe here."
- Throughout our feedback about our findings we found the provider and registered manager receptive to our discussions with them.

- Comments from people included "In the little time I've had it seems very well run" and "We have great faith that things are carried out with care. It's a very well-run place. It's always clean, visually and in reality. [Name of registered manager] is always on top of things."

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

- The provider and registered manager held regular staff and resident meetings.
- People were encouraged to provide feedback.
- The registered manager had an 'open door' policy. Throughout the inspection we observed family members and visitors seeking the attention of the registered manager

Continuous learning and improving care:

- The provider and registered manager demonstrated a commitment for continuous learning and how they could improve people's quality of life.
- The registered manager attended care home networking meeting held in both Buckinghamshire and Milton Keynes.
- The provider took an interest in good practice and visited other care homes.

Working in partnership with others:

- The provider and registered manager worked with the local health and social care teams.
- The home had developed good working relationship with a specialist older people's mental health facility in Milton Keynes.
- The provider advertised in the local parish magazine and had invited the local community to the service for afternoon tea.
- The provider had requested photos or items of memory about how the building looked in the past.