

Rhymecare Ltd

Manor Barn Nursing Home

Inspection report

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Fishbourne
Chichester
West Sussex
PO20 7PE

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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

Manor Barn Nursing Home is a residential care home providing personal and nursing care for up to 31 older people with various support needs, including physical and sensory impairment. At the time of our inspection, 25 people were in residence. The home consists of one adapted building. There are a range of communal areas, including a garden for people to enjoy.

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

People spoke highly of the care they received and from our observations it was clear they enjoyed a good rapport and close relationship with the staff supporting them.

Since our last visit, there had been improvements in managing risks to people and equipment, ensuring people's choices were respected and in the provision of one to one activity. Staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. Staffing levels met people's needs. The home was clean, and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

We identified an issue with topical creams, but this was quickly addressed and a new audit was put in place to ensure creams were dated on opening and remained in date.

Care was personalised to meet people's needs. Strong relationships were formed between staff and people due to the continuity of staffing and the very caring approach of staff members. Care plans provided detailed information and guidance for staff on people's care and support needs, their likes and dislikes, and how they wished to receive personal care. People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect.

Staff felt supported and had confidence their views and opinions were valued. They had regular training, supervisions and an annual appraisal. People were enthusiastic about the food and were able to make suggestions for the menu. Snacks and drinks were readily available throughout the day. People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were identified and planned for. People expressed confidence they could raise any issues or concerns with any member of staff or the management team and these would be addressed.

Staff were skilled in supporting people at the end of their lives. They took time to understand the person's wishes and worked to facilitate these. Relatives spoke highly of the care their loved ones had received.

There was strong and effective leadership and everyone we spoke with said they would recommend the home. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good communication.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 17 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Manor Barn Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and a nurse specialist advisor.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, nurses, senior carers, carers, the chef, a member of the activity team and the compliance and training manager.

We reviewed a range of records. This included elements of 13 people's care records and seven medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training records and minutes of resident, relative and staff meetings. We spoke with a further two relatives and a friend of a person who lived at the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we recommended the provider continue with their trial of a bruises and marks care plan and start recording and overseeing where people had bruises and marks. The provider had made improvements.

- Bruise and wound care assessments were up to date and detailed. They included photographs and body maps for staff to monitor progress.

At our last inspection, we found guidance in risk assessments was not always followed. This was of particular concern where people were at risk of skin breakdown. There was also concern over risks in the home environment, for example broken furniture that remained in use. The provider had made improvements.

- Staff followed guidance to support people's skin integrity. Air mattresses were checked to ensure they were set and functioning correctly. Staff assisted people to change their position at regular intervals.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Systems were in place to evacuate the premises in case of emergency.
- Risks to people's safety had been identified, assessed and minimised. One person told us, "I kept having falls (at home), this is much safer. If you fall in here, you can press the button."
- Clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom. The risk assessments had been reviewed monthly, and the plans were updated as people's needs changed.
- We observed staff supporting people to transfer using a hoist. This was done safely, and the people appeared comfortable and confident with the staff supporting them.

Using medicines safely

- Topical creams had not been dated on opening and a few had expired. This could compromise people's skin integrity as out of date creams may not be effective. We shared our concerns with staff who immediately removed them from people's rooms and replaced them with new from stock. The registered manager put in place a new audit of topical creams to ensure they were checked monthly and managed safely.
- All other aspects of medicines were managed safely. People were happy with the support they received with their medicines. One person told us, "I'm on a lot of drugs, they control that."
- People received their medicines from staff that were trained to do so and who had regular assessments to

ensure they remained competent to administer medicines. The nurse administering medicines in the morning and at lunchtime was friendly and patient and gave people the time they needed to take their medicines.

- The nurse on duty was vigilant and picked up a prescribing error before medicines were administered. This error was addressed quickly and effectively to ensure people's safety.
- Pain scales were used for people who were not able to express pain verbally.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. One person told us, "They are very good, they look after us." A friend told us, "I've visited all different days at all different times and I've not seen anything to concern me with the care she is getting. I've got peace of mind, I'm not worrying about her."
- Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people's safety. One staff member told us, "Safeguarding is protecting our residents from harm, whether it is from other members of staff, sometimes their own family or friends or anyone who comes to visit." Another said, "If I saw any signs of neglect, bad hygiene anything like that, I wouldn't have any hesitation in reporting it. I'm never made to feel stupid for checking. It is looked at and dealt with. It is taken seriously."
- Guidance on how to raise a safeguarding concern was displayed in the home. The registered manager demonstrated a good understanding of her responsibilities and how to protect people from the risk of abuse.

Staffing and recruitment

- There were enough staff on duty to keep people safe. One person told us, "They don't leave you hanging around a lot", another said, "I appreciate the fact they come quickly (to the call bell)." We observed staff in all roles stopping to spend time talking with people throughout the day.
- Staff felt supported and were satisfied with the staffing levels. New staff had been recruited and this had reduced the need for agency staff.
- The registered manager was able to flex the staffing levels to meet people's needs. If a person required additional care or if someone was at end of life, additional staff cover was arranged.

Preventing and controlling infection

- The service and its equipment were clean and well maintained. A relative told us, "I really like the feel of the place, it always smells fresh and clean."
- Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. We observed staff using gloves and aprons when appropriate.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Following a recent incident with a haematoma (localised bleeding under the skin), staff had flagged anyone prescribed blood thinning medicine on the care plan system as this can cause people to bruise more easily. There was also a system in place for staff to check any bruising for these people within half an hour. While staff had taken all the right steps, the manager had wanted to systemise the approach to ensure any future incidents were dealt with in the same safe way.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People spoke positively about the care they received. One person on a respite stay told us, "I'm enthusiastic. I had a big thing today, I had a bath! You can be picked up and put in the bath it is lovely. They stay with you and help you. They give you everything as normal as they can." A relative said, "Her health and disposition is so much better than when she was at home."
- People's needs were continually assessed in line with best practice. Oral health assessments were in place. This guided staff on how to support people around their oral care and health. The provider had made provision for domiciliary dentist visits. Once arrangements were in place, 10 people were seen and treated. In the minutes of a meeting we read, '(Name of person) was very pleased this service could be provided as his previous dentist had refused to see him due to his mobility issues.'
- There were many examples of people's health improving due to the care received. These included pressure areas that had healed and people who had gained weight. Staff told us how one person now let one staff member bath them and others give them a wash. A staff member said, "(Name of person) wouldn't trust anybody and is now trusting other staff. It was taking the time to get to know them. They deserve to be looked after."

Staff support: induction, training, skills and experience

- People had confidence in the staff who supported them. One person told us, "They are professional, they know what they are doing and they get it right each time."
- Staff received a thorough induction, regular training and annual refresher courses. There were additional courses to ensure staff were knowledgeable about specific health needs, such as diabetes. One staff member said, "Training comes up regularly. Once a year we have mandatory training. I can't fault it here."
- Nursing staff were supported in their continuing professional development and with updates in areas including venepuncture and catheterisation. One nurse was planning to start a degree level course in end of life care, and this was supported by the provider.
- Staff were supported to learn and adaptations were made to suit individual learning needs, for example the use of voice recognition software in course assessments. The training programme was changing and growing to match people's needs and to reflect national guidance. A specific fire training session had been held for night staff and there were new training courses in oral care and relationships and sexuality.
- Staff felt supported and received regular supervision and appraisal. Supervisions often included feedback from people and from other staff of the staff member's performance. One staff member told us, "They have given me the confidence, the belief in myself."

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

- People spoke positively about the food and the choice available. Looking at the menu for the next day, one person told us they were, "Spoilt for choice." A relative said, "She is eating the meals and enjoying the food."
- Lunchtime was a sociable occasion with people and staff conversing. Staff encouraged people to manage independently, for example by positioning their hand on the cup handle.
- Those who required assistance were supported in a calm and friendly way, many on a one to one basis in their bedrooms.
- The registered manager monitored people's weight on a monthly basis and took prompt action if concerns were identified. One person said, "I feel like I've improved since I've been here, I'm as thin as a rake but they feed me up like mad." A relative told us, "She wasn't eating very well at one point and they were really concerned. I'm really pleased with the care she is getting." The chef told us they were updated if a person's needs changed, be it they required a higher calorie diet or a soft or pureed diet.
- There was a hydration station in the main lounge where people, staff and visitors could help themselves to refreshments. People in their rooms had access to drinks and were supported by staff when needed.

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

- Staff worked closely with other agencies, for example staff had supported one person to return home. To facilitate this, they liaised with the supported living provider, helped the person to pack up their room and arrange removals and made sure the person's GP and care agency were fully informed to ensure a smooth transition.
- The service had close links with the local hospice and end of life care hub (ECHO) team. The registered manager told us they were, "Always there at the end of the phone." This helped support people at end of life and ensured continuity for people who had previously been supported in the community by these teams.

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

- People enjoyed the premises and gardens. One person told us, "The building is nice, all lovely big rooms, very comfortable", another said, "It is beautiful and comfortable." A relative told us, "When we saw the room with that door come window we thought it was ideal, she can see a bit of greenery and a few flowers."
- There were a variety of communal areas and people were able to personalise their bedrooms. One person said, "I thought I would need planning permission as it were to have these shelves up but it was totally what I wanted."
- People's individual needs around their mobility were met by the adaptation of the premises. Staff felt they had space to support people, including those who required a hoist to transfer.
- The provider had created a nurses office and a new area for meetings. This had improved privacy and made a comfortable space for relative and staff meetings.

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

- People were supported to see and obtain advice from healthcare professionals. One person told us, "They arrange everything down to the transport." A relative said, "Health-wise she seems to be in a pretty good place, they contact people if needed."
- We noted examples of appointments with the GP, opticians, Speech and Language Therapist and the community mental health team. In an online review one relative wrote, 'Very good at involving the doctor and at contacting me about any concerns.'
- Services were provided in the home, this included physiotherapy, chiropody and hairdressing. This made it easier for people to access them.

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.

- People told us that staff respected their views.
- The registered manager had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff. One staff member described the MCA as, "The ability of taking decisions in their life."
- Mental capacity assessments and best interest decisions had been completed for people in areas including the use of bedrails.
- Applications for DoLS had been completed and renewals applied for where needed.

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 requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection we recommended the registered manager ensures that where people had expressed a preference as to their preferred gender of staff, this was consistently respected through staff rotas. The provider had made improvements.

- People felt listened to and their choices and preferences were respected. When asked if they could share their feelings with staff, one person said, "Very much so." We observed staff asking people what they would like to do and where they would like to be.
- People felt involved in their care and were asked for their views on changes to their care plans. One person told us, "Recently they suggested a change and (staff member) came with a computer and explained what they thought, made some suggestions and things and it was all recorded. I was happy with that. Personally, I think it is important that you have some input, it is a lot of money."
- People were supported in their wish to be independent. Staff were encouraged to preserve or improve independence where possible. A person on a respite stay told us, "They are helping me get my confidence and doing my pills and things. They are very good." In this person's care plan we read, 'Will require support and encouragement to mobilise independently.' Another person told us, "The whole point of this is to get you back on your feet as quickly as possible."

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

- People enjoyed warm and positive relationships with staff. One person told us, "They are very kind and very pleasant. I'm very happy here." A relative said, "The care she is getting is of a good standard and I think the staff of genuinely care about her."
- We observed staff, from all roles, stopping to chat with people. Some people enjoyed banter whilst with others there was a soft approach. We heard a staff member joke, "It's a good job I love you", which made the person laugh out loud.
- Staff knew people well and were able to tell us about people's interests and backgrounds, including for some people who had only recently moved to the service.
- One person had a doll they cared for. Cuddling the doll they told us, "I love her so much." Staff supported this, asking how the 'baby' was doing and, going to fetch the doll's bonnet from the person's bedroom and even washing the doll when supporting the person with personal care. A staff member said, "I washed the doll, put a clean set of clothes on (Name of person) and a clean set of clothes on the doll. It took me 15 minutes longer but it was important to (Name of person)." Another person had been given a t-shirt of their

favourite singer. When they didn't want to take it off, staff supported the person to buy and choose three more.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed kind and gentle interactions between staff and the people they were supporting.
- Staff described how they had worked with one person to allow support. A nurse told us how the person now talked with them and even gave a smile. They said, "I think (Name of person) respects me as I respect them." Another staff member said, "Don't push it so the wall gets put back up higher but take it at their pace. You respect their limits because that builds trust. When they say no you will step out. This morning (Name of person) smiled and said hello. I'm proud of that."

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection we found people cared for in their rooms were at risk of social isolation. Since then, the registered manager had restructured the activity provision for people. As a lot of people were cared for in their rooms, there was now a new activity coordinator who focused on one to ones with people on four afternoons a week. The activity manager also spent one day a week at the home and coordinated visits from external entertainers.
- People spoke positively about the activities on offer. One person told us, "There are a lot of things to do." They added, "What I particularly like is when someone comes to play the harp." Another person said, "I played bingo yesterday, first time, I was absolutely useless!" A person in their room told us they played scrabble with the activity coordinator and with a big smile added, "I've won a few times."
- People and staff told us how the focus on one to one time had benefitted people. The activity coordinator said, "You can be in there half an hour and have so many different conversations." She said how she was reading a book to one person and had found a common bond with another over racing cars. Another staff member said, "Having (Activity coordinator) come in has made a big difference."
- From our observations and conversations with people we learnt that care staff also supported people with activities, for example one person told us they watched the horse racing with a particular staff member. One staff member told us about a person who liked a particular game. They told us, "I learnt off the internet how to play so now we play together, she whips me all the time. It is giving things a try. Finding out what they like."
- Relatives spoke positively about the activities and social support people received. One relative said, "(Name of person) likes it when all the animals come, last year they brought a donkey into her room for her." They also told us how staff had supported their loved one to attend a family picnic. The person attended with a staff member, so they were able to return home at a time of their choosing.

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

- People were asked what was important to them and their needs were assessed prior to admission; from this a care plan was developed. Care plans provided staff with detailed information to enable them to deliver person focused care. One staff member said, "My focus is very much on the person's wellbeing. Emotional support is important, it is not only about washing and dressing, it is about connections."
- People knew they mattered to staff. Staff shared examples of how they would support individuals in ways that were specific to them. One staff member said, "(Name of person) likes to have her denture straight away. I prepare it in advance for her because she likes it. Then she is in bed ready for breakfast."

- It was clear from our observations and conversations that staff knew people extremely well. Staff adapted people's care to meet their current needs, for example one person had recently been returning to bed after lunch as they were tiring more easing. Another person had been assessed to use a hoist as a temporary solution when their mobility declined through illness.
- Where people presented on occasions with behaviours that could challenge, support plans were in place. Staff had involved community mental health teams and guidance in the care plans described support strategies, for example when providing personal care.
- We attended an afternoon handover meeting. We heard staff provide updates on people, including their personal care, food and fluid intake and risks to their health. This information was used to revise and update care plans to ensure the planned care met the person's needs.
- Relatives told us staff were attentive. One said, "You've only got to ring the bell and ask them to do something and they do it for you." In a compliment another relative wrote, 'You treated our mother as an individual and nothing was ever too much trouble, even when she was having an 'off' day.'

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We observed people wearing hearing aids and glasses, all of which appeared clean and in good working order.
- The registered manager shared how they had produced documents in large print and for one person, read the care plans to them. She knew how to access translation services if required.
- Staff were aware of people's communication needs. One staff member gestured to show us how they spoke to one person in their hearing ear to ensure the person heard. Another person had a communication board to support them with expressing their needs.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and people knew how to raise any concerns. Information on how to complain was displayed in the home.
- People felt confident any concerns would be listened to. A relative told us, "If I had concern I would say something about it. I have raised things before and found they were being addressed. Everyone is approachable."
- We reviewed the complaints received in the year to date. Staff had been proactive in resolving them. One complaint was ongoing, this was currently being investigated by the provider who was preparing a response.

End of life care and support

- Relatives had shared positive feedback about the care and support given to them and their loved ones when a person was at end of life. One relative wrote, 'I feel I must let you know how blessed we have been as a family with the exceptional care he has received and the compassion shown to our family at such a difficult time.' In an online review another relative shared, 'Everyone at Manor Barn went out of their way to do all they could to make (Name of person's) last months as comfortable as possible.'
- People's wishes had been discussed with them and end of life care plans were written in a sensitive manner. A nurse told us how discussions would include how and where they wished to be treated and how much encouragement they would want to take their medication if declining. She said, "We discuss all these things and spend quite a lot of time with them."
- Staff spoke with confidence about caring for people at end of life. One nurse said, "I feel really comfortable

when I'm looking after the residents with palliative care." Staff told us they had received training which helped them care for people and provide support to family and friends.

- Anticipatory medicines were in stock for people receiving end of life care.

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 has 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.

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

- There was a very warm and positive atmosphere at the home and this was commented on by people, relatives, staff and visitors. A friend said, "We came out and said the same thing, we liked the feel of it, it felt right." In a compliment a relative wrote, 'It was really home for her and for all her family and friends who visited.' A Nurse said, "It is such a nice atmosphere. The first thing I felt was the care. I felt at home the moment when I stepped in."
- The rating from the last inspection was displayed. The registered manager was available and keen to engage with people and visitors. The compliance and training manager told us, "(Registered manager) has a very open-door policy and they will come to her immediately and openly say how they feel. Everyone is quite outspoken and works well as a team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager and provider fostered an open culture. The registered manager described duty of candour as, "Telling the truth" and being open and honest if something goes wrong.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- The registered manager and provider had a governance system which included meetings and audits. People spoke highly of the registered manager and the smooth running of the home.
- From the audits, we could see improvements were being made, for example advisory actions from a visit by the Fire and Rescue service had been completed or were in progress. Where audits identified changes were needed, updates were shared promptly with staff, for example regarding changes in a person's nutritional needs. Regular audits of care plans and staff files ensured they were complete and up to date.
- Actions from audits were clearly recorded alongside the person responsible and timescale for completion. These were monitored to ensure appropriate action was taken. Where we identified concerns, such as with

the expiry dates of topical creams, this was addressed immediately.

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

- People were actively involved in decisions relating to the service. There were regular resident and relative meetings where people were invited to share their views. This included asking people in their rooms for points they wished to raise and sharing feedback on discussions at the meeting. In response to feedback, the communion service had been moved from the conservatory to a quieter area where there would be fewer disruptions and people would find it easier to hear.
- The provider used surveys to gather feedback from people, relatives and staff. The feedback was analysed in order to identify any areas for improvement.
- Staff felt valued. One staff member said, "I'm lucky to have this job here, I'm really happy." Another told us, "We have a very good communication (with management). I feel they appreciate all what I am doing. They always say thank you. I'm really happy." A third said, "I know I could go to the office with any concerns and they will sort it out straight away."
- There were staff meetings and support lines including for employee stress and an in-house LGBTGQ+ representative staff could access.

Continuous learning and improving care

- The registered manager was supported by the provider to continually improve the service. We noted upgrades to the premises and equipment, for example evacuation sheets had been purchased for all the upstairs bedrooms which would help to speed up any evacuation.
- The compliance and training manager kept the training programme under continuous review. This included looking at the needs of people using the service and reviewing training wishes discussed in staff supervision and appraisal.
- Staff told us the registered manager was open to suggestions for change. One staff member said, "I check the medication, when I find any problems I talk with (registered manager) and try to provide a different way and find a way to really improve."
- A new deputy manager was due to start at the service. The registered manager told us how they were looking forward to having a, "Fresh pair of eyes" and to further improvements they could make for people and staff.

Working in partnership with others

- The registered manager was active in local manager forums run by the local authority. This was an opportunity to keep up to date with changes and to share best practice. She also attended a breakfast club run by a local funeral director which included speakers on topics such as grief and provided an opportunity to network.
- The service worked closely with the local hospice, including for training. They also liaised closely with discharge coordinators at local hospitals and with admission avoidance nurses in the community.
- Some people and relatives had participated in a 'measuring quality project'. This was a research project run by a university and the NHS with the aim of understanding the quality of life in care homes. The findings of the study had not yet been published but approximately seven people from the home participated.
- The home worked with community groups, this included a theatre group who performed a pantomime in the home, the church and a local school who visited to sing carols and were invited by the home to join a special event when a farm came to visit.