

HC-One Oval Limited

The Polegate Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Polegate Nursing Home is a residential care home providing personal and nursing care for up to 44 older people. At the time of the inspection 39 people were living at the home. Most people needed support from staff for personal care and moving around the home safely and were living with a range of healthcare needs. This included living with diabetes, physical disability, Parkinson's Disease and frailty linked to age.

14 of the rooms at the home were booked by local hospitals for people who were 'Non-weight bearing'. These were used for short term support, usually between two to six weeks, for people following surgery or care in hospital for fractures (broken bones) and injuries due to accidents at home.

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

People were very positive about the care and support they received. They told us they felt safe because the staff looked after them, "Very well" and "Not one member of staff who is not willing to help, the night staff are brilliant too." Staff had a good understanding of people's needs and people said they were kind and caring.

An effective quality assurance system monitored all aspects of the services provided and action was taken when areas for improvement were identified. People, relatives and staff were empowered to be involved in how the service developed. Regular meetings and satisfaction surveys encouraged feedback, in addition to daily talks and discussions.

There were enough staff working in the home and a robust recruitment procedure meant only suitable staff were employed. Staff attended training and had a good understanding of people's needs. Regular supervision supported staff to be aware of their roles and responsibilities and enabled them to discuss their professional development; with additional training provided when needed.

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 home supported this practice.

People were protected from the risk of abuse, harm or discrimination because staff had completed safeguarding training and knew what action they should take if they had any concerns. Medicines were managed safely, and staff were required to complete appropriate training and competency assessments.

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 Good. (Published 29 April 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 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?

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Polegate 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. 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 an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection, because we have changed the format for requesting these. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and four relatives about their experience of the care

provided. We spoke with 10 members of staff including the registered manager, nurses, care workers, chef, activity staff, maintenance staff and laundry and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training plan, minutes from residents' meetings, residents and relatives' surveys and the actions taken; minutes from staff meetings, staff rotas and improvement plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and their safety monitored and managed. One person told us, "They help me with moving around because I had a fall at home, they know I am unsteady."
- Staff were clear about how much support people needed and how to reduce risk. One member of staff said, "We look at how much assistance residents might need each day. Some are recovering from fractures and will be going home as soon as they are well enough, so we encourage them to be more independent each day."
- Where risk had been identified staff had carried out risk assessments. These included mobility and risk of falls; nutrition and risk of weight loss and skin integrity and risk of pressure sores. This information was used to develop clear guidance for staff to follow, to reduce risk and keep people as safe as possible. For example, pressure relieving mattresses and cushions were used to reduce the risk of pressure damage. These were checked daily to ensure they were on the correct setting, which staff explained and showed they were linked to each person's weight.
- Staff had attended fire safety training. They had practiced using evacuation sledges, so they would be confident if they had to assist people to leave the building, and there were Personal Emergency Evacuation Plans (PEEPs) for staff to refer to. These included which exit to use and how much assistance people needed. People and staff said the fire alarm was checked regularly and records showed this was done weekly.
- Equipment was maintained and serviced regularly. This included the lift, hoists and call bells. Certificates showed the gas and electrical systems were safe to use.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems, processes and practices to safeguard people from abuse.
- People said they were comfortable at The Polegate Nursing Home and had no concerns about their safety. Their comments included, "Yes, I feel safe, there is always someone about even though I try to be independent. I have back up here."
- Relatives were equally positive, and one told us, "Yes he is very safe because of the way they look after him, I have full confidence and he is very happy here."
- Staff had completed safeguarding training and were clear about the action they would take if they had any concerns. They told us, "The number (for safeguarding) is on the board in the staff room and there is a number for guidance for whistleblowing" and "I don't have any worries here. I am sure if any of the staff were worried about anything the manager would sort it out quickly."

- The provider had safeguarding and whistleblowing policies. Whistleblowing policies advise staff how to raise issues about the service or the staff working within it. Staff said these were included in the staff handbook, which all new staff were given at induction, and were discussed during training.
- The registered manager knew when referrals to the local authority were required and made a referral during the inspection, in line with current guidance.

Using medicines safely

- There were appropriate systems in place to manage medicines effectively; with clear processes for ordering, checking, storing and giving out medicines when they were needed.
- One person told us, "They are brilliant with my medication, they wear red tunics, and they make sure I can take it okay."
- Staff responsible for giving out medicines had completed training; their competency had been assessed at the home and this was reviewed yearly. Staff said, "We keep up to date with our medicine training" and "Two staff check and sign the controlled medicines book weekly, so we know they are correct and also when we give out these medicines."
- Staff gave out medicines as they were prescribed and signed the medicine administration record (MAR) after they had been taken. Staff said they checked the MAR daily to identify errors, such as gaps, and we saw these records were audited as part of the providers quality assurance system.
- There was guidance for 'as required' (PRN) medicines. For example, paracetamol for pain. These included what the medicine was, when it would be needed and if the person was able to tell staff if they were uncomfortable. Staff told us people living in the home at the time of the inspection were able to tell them if they needed PRN medicines.

Staffing and recruitment

- There were enough staff to support people to stay safe and meet their needs, and only suitable staff were employed.
- People told us the staff provided the care they needed and there were enough working in the home. One person said, "Fantastic here, oh yes the staff are very helpful, I think there are enough staff." A relative told us, "There seems to be enough staff, they are lovely and always smiling."
- Staff were not rushed, they had time to spend chatting with people and relatives, completing the care plans and daily records, and call bells were answered promptly.
- Robust recruitment procedures ensured all checks were completed and staff could work with adults. These included an application form, two references and disclosure and barring check (DBS – police check) and interview records. Checks were also carried out with the Nursing and Midwifery Council to show nurses were registered to practice.

Preventing and controlling infection

- The provider had relevant infection control policies and procedures to protect people, visitors and staff.
- People said the home was clean. One person told us, "Always clean and tidy here."
- Staff said they had completed infection control training and the training plan supported this. We saw staff used personal protective equipment (PPE), such as gloves and aprons, to reduce the risk of infection.
- There were hand washing facilities and hand sanitisers throughout the home for staff and visitors to use. The hot water was regularly tested to ensure people and staff were not at risk of burns and laundering facilities provided clean personal clothing and bedding.
- The risk of legionella infection was reduced by flushing taps and showers that were not regularly used and shower heads were replaced rather than de-scaled.

Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents, identify the cause and reduce the risk of them re-occurring.
- Records showed that accidents and incidents were documented and discussed at monthly falls meetings. The minutes of these meetings showed that staff looked at the timing of the accident or incident, where they took place and if there were any possible contributory factors. This included any previous injuries or medicines, that may put people at additional risk.

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

- The registered manager or senior nurse assessed people's needs before they moved into the home. This was to make sure the staff had the skills and knowledge to provide the support and care people wanted. One person told us, "Yes they came to the hospital to talk to me before I moved here. We talked about what I want and how they are going to look after me. They were very nice."
- The information in the pre-admission assessment was used to develop each person's care plan. These were specific to each person's needs and were reviewed at least monthly.
- Care and support was delivered in line with current legislation and evidence-guidance. For example, people's mobility was regularly assessed. Records showed physiotherapists visited and recorded guidance for staff on how to support people to mobilise after falls and fractures, so they became more independent and were well enough to return home.

Staff support: induction, training, skills and experience

- The training programme and regular supervision meant staff had a good understanding of people's needs and were supported to develop their practice. One person told us, "The staff definitely have the skills to look after me."
- Staff confirmed they had completed induction training when they started working at the home. This included getting to know people, reading their care plans and records; shadowing more experienced staff, being assessed when they provided support and completing all the required training. The registered manager said new staff were required to complete the providers training 'Working together as one', which they said covers the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- One member of staff told us, "We have to do all the training and regular supervision keeps us up to date." This included moving and handling for people and inanimate objects, health and safety and food safety. The training plan showed when staff completed the training and when updates were due.
- Additional training was also provided to meet people's specific needs, such as diabetes.
- Regular supervision meant staff had opportunities to discuss any concerns, their work and their professional development. One member of staff said, "We are encouraged to do additional qualifications. Some of us have done the health care diploma, I have done that and studying to be a nursing assistant now. I have done the training and can give out some medicines if the nurse is busy."

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 living at the home had capacity to make everyday decisions and made their own choices throughout the inspection. They told us, "I can get up and go to bed when I want" and "I prefer to be in my room with my own company and interests."
- Staff had completed MCA and DoLS training. They understood how to support people and offered assistance when needed. Such as, helping people to move into the lounges and dining rooms. Staff said, "Residents can make decisions about everything really and if they need help to decide something, relatives decide with the residents."
- MCA assessments had been done to review people's capacity if specific decisions were needed and records showed that people had the capacity to make these decisions. For example, one person agreed to use a belt when sitting in their wheelchair and another chose to have bed barriers at night.
- Referrals for DoLS had been made as required and records were kept of the best interest decisions.

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

- People were supported to have a healthy and nutritious diet, based on their preferences and choices. One person told us, "Very good quality, we get a choice of three things, we go to the dining room so that we can meet others. Staff make it a positive experience, they are very good at helping residents." A relative said, "The food is good, they use fresh food, he gets a nice amount to eat and anything he requests he gets."
- The chef's knew about people's preferences and when specific diets were needed. For example, soft or pureed meals for people with swallowing difficulties and diets to support people's health needs. The chef told us, "We have a rolling menu, which we talk to the residents about. We now have three main choices which is very good, but residents can have what they want, it is their home and we aim to make the food they want."
- Staff said they asked people what they wanted for lunch and supper each morning. Records showed staff talked to people about the choices, and alternatives were provided if they did not like those offered.
- People chose where they had their meals. Some preferred to remain in their rooms while others liked to sit in groups in the dining room or lounge, where they sat together chatting. Christmas music was playing in the background in the dining room and staff and a resident were singing along. Staff were very attentive to people's needs, they offered assistance when required and observed how much people had to eat and drink.
- A nutritional assessment had been completed to identify people who may be at risk of not eating and drinking enough. People's weights were monitored, and staff recorded how much people, at risk of weight loss, had to eat and drink. Advice was sought from healthcare professionals, such as the dietician, and fortified foods with additional calories were given if needed.

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

- Staff worked with other agencies to ensure people had support to maintain and improve their health and

well-being. One person told us, "Doctors and dentist's appointments have been made. I had to go to Haywards Heath for an appointment and transport was arranged."

- Records showed that people received healthcare support from GP's, chiropodists, opticians and dentists.
- Where people had specific healthcare needs, guidance was provided from appropriate healthcare professionals. For example, referrals were made to the speech and language team (SaLT), if staff were concerned about a person's ability to swallow. Visits were recorded, and care plans included guidance for staff to follow with regard to the diet people should have if they were at risk of choking.
- Staff understood the importance of good oral health and explained people's different preferences and support needs. For example, one person chose not to use dentures and rinsed their mouth out twice a day, this kept their mouth clean and was included in their care plan. Staff said, "We talk to residents about their mouthcare when we assist them with washing and dressing" and "Residents could tell us if they had a sore mouth or something, we would tell the manager and a dentist visit or appointment would be arranged."

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

- People said they were comfortable living at Polegate Nursing Home. They liked their rooms and had brought their own ornaments and possessions to make them homely.
- People told us, "Yes I like my room. It's near the bathroom which is good as I need help at the moment and I have a small stool to keep my foot up" and "Our rooms are good, we have our own photos and precious things in our rooms."
- The corridors and doorways were wide and allowed easy movement around the home for staff as they assisted people using wheelchairs, adapted armchairs and zimmers. Hand rails and raised seats in bathrooms were in place to help people maintain or improve their independence.
- The passenger lift provided easy access to all parts of the home and there was level access to the garden and outside.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People said staff provided the care and support they wanted. They told us, "Oh yes the staff are very kind, caring and patient" and "Very caring environment, cannot fault it here." A relative was equally positive and said, "Definitely the staff are kind and caring."
- Conversations between people, visitors and staff were relaxed and friendly, and there was a lot of laughter, joking and banter in a respectful way. One person told us, "The staff are so lovely, we have a laugh and enjoy chatting."
- A member of staff said, "I think we work really well with residents and their families as a team, we all have the same aims. As keyworker for (person) I keep in touch with their family and let them know if we need anything, like toiletries and we have got to know each other very well."
- Staff had completed equality and diversity training and understood people's individual needs, preferences and what was important to them. For example, respecting their spiritual and religious needs with regular visits from the local church and clergy. People told us, "My spiritual needs are responded to here" and "We enjoy the church service and we have visitors from our church."

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

- People said they were involved in decisions about every aspect of their day. People told us, "I can get up and go to bed when I like with help," "I prefer my own company and staff are always checking that I am alright" and "Visitors are definitely made welcome and our friends bring their dog."
- Staff said hello as they entered the lounge and then spoke to each person in turn, checking they were comfortable and had everything they needed. Staff had time to sit and talk to people and visitors, and they were clearly comfortable with each other and had developed positive relationships.
- Hot and cold drinks were offered in addition to regular morning coffee and afternoon tea and one person said, "I can have a lovely cup of tea when I want it." Staff said they had a basic routine, but it was flexible and fitted in with what people wanted to do. One member of staff told us, "Residents tell us what they want to do, they can change their mind if they want to and we go back later and ask again. This is their home, even if only for two to six weeks, and we respect that."

Respecting and promoting people's privacy, dignity and independence

- Staff prompted and encouraged people to maintain or improve their independence. Mobility aids were available to enable people to move around the home safely and support was provided if people needed to

regain their confidence following a fall at home. People said, "I have physio two to three times a week" and "They encourage me to be as independent as possible."

- Staff understood the importance of people having their own space and promoted people's privacy and dignity. People told us, "Yes very good at dignity and respect, always knock and ask my permission" and "Always treat me with dignity and respect, can't fault them at all, always have a smile on their face."
- Staff talked about confidentiality and the importance of not sharing information inappropriately and records were kept safe and secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People received care and support that was person-centred and met their individual needs. They were involved in discussions about how these would be met. People told us, "There is always someone about even though I try to be independent. I have back up here." "Very good in here I have help all the time and I am in the best place."
- Records showed care plans had been discussed and agreed with people and/or their relatives when they moved into the home and when they were reviewed. Staff said there was clear guidance in each care plan and they clearly knew people very well.
- Staff spoke knowledgeably about each person's needs and responded appropriately to ensure these were met. For example, one person liked to go shopping and staff accompanied them when they went to buy things for themselves and the home.
- One member of staff told us, "This is really important for residents who are only here for a couple of weeks, because they have broken their arm or had a bad fall. We need to know exactly how to look after them and we are kept up to date with the handovers at the beginning of each shift."

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 had been assessed and included in their care plan. Staff had a good understanding of each person's needs and pointed out who needed to wear glasses or use hearing aids.
- Staff were equally knowledgeable about people's individual needs. One member of staff told us, "We know that if (resident) becomes anxious they can become a little disorientated and we talk quietly and chat about things rather than ask questions. Then when they have calmed down we can ask them what they want to do and if they need anything. It is all in their care plan."

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

- A range of activities were available for people to take part in if they wanted to. People told us, "I enjoy the activities, I like nearly all of them we do, I love bingo and music, I like TV" and "We have entertainers, they do games and singers, and a magician was good."

- The activity programme showed the variety that was available. This included flower arranging, making bread, arts and crafts, visits to local restaurants, tea rooms and to see the Christmas lights. People said they were looking forward to the Christmas party as 'Elvis' would be singing. People had worked with staff to decorate the Christmas trees, they chose the colours and picked out their preferred decorations.
- People who preferred not to join in group activities and remained in their room were supported to do so. Activity staff said, "It is up to each resident how they want to spend their time and we respect that. We spend time with them on a one to one basis if they want us to, but again it is up to them." One person told us, "I am not bothered about activities, they do ask me, they come in and have a chat and I enjoy the TV."
- People said their relatives and friends could visit at any time. People told us, "My friends are always very welcome. Staff ask them how they are and offer a cup of tea which is nice."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that was displayed in the entrance area and was included in the information folder given to people and relatives.
- People said they had not needed to make a complaint but were confident the staff would deal with them if they did. They told us, "I can't think of anything bad here, staff are a lovely lot, always happy" and "No never had to complain, they are always on hand if I need anything." A relative said, "No I have never had to make a complaint; I would speak to a senior carer or the manager."
- The registered manager said all complaints were recorded, investigated and responded to in line with the complaints procedure. Records showed these were clear and included the complainant's response and the action that had been taken so that similar concerns were not raised.
- Staff said they had very few complaints and any issues raised with staff were addressed so that they did not develop into formal complaints. One member of staff said, "It might be about the food, they have changed their mind or don't want it, so we can sort that out straight away."

End of life care and support

- Staff had completed training to support people when their health needs changed. One member of staff said, "We have talked to residents and some relatives about their end of life wishes and these are recorded in their care plans." Another member of staff told us, "We also contact the GP so that additional medicines are available to ease people's symptoms."
- Records showed people had discussed their end of life wishes and relatives praised the care and attention they received when their family members health had deteriorated.
- Do not resuscitate forms had been agreed by the individual, relative and health professional and staff respected people's choices when they preferred not to discuss their end of life wishes.

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 now 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

- From the positive comments people and relatives made and our observations, the culture at the home was inclusive, and empowered people to be involved in planning their own personalised care with staff. People told us, "Fantastic here, oh yes the staff are very helpful" and "The atmosphere is cheery here, I definitely get the care and attention I deserve and expect."
- People and relatives were comfortable chatting to the registered manager, who clearly knew people very well. People told us, "The manager is very approachable, the deputy also chats to us about whether we are happy" and "The staff work very well together. Yes, we do get the care and attention we deserve and expect."

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

- Regular residents meetings offered people and relatives an opportunity to discuss the support and care they received. The meetings were advertised, and people chose if they wanted to attend; some people did while others preferred not to.
- The minutes showed that it was clear no personal information was discussed during the meetings and people were asked for feedback, whether it was negative or positive.
- As part of the process of involving people more in decisions about the home, the registered manager had asked people if they would like to be involved in interviewing new staff. Discussions had taken place with some people.
- Satisfaction surveys were given to people and their relatives to encourage feedback in addition to the day to day discussions and the resident meetings. The responses were analysed, and action was taken where improvements were needed. For example, people raised issues about communication. The response was that new folders of information were to be placed in each room to include list of menus, activities, keyworkers, the complaints procedure and any additional information about the home. These were in place during the inspection.
- The responses from relatives included the 'activities room and lounge is not very inviting' and '13% felt that it was untidy'. The action from management was that the lounge and activity areas were to be redeveloped. There had been some redecoration and replacement of flooring and the registered manager said this would continue.

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

- An effective quality assurance system monitored all aspects of the services provided. Audits were completed by the registered manager. There was regular oversight of these by the provider and registered manager from a sister home, who was there during the inspection.
- The audits included care plans, medicines, infection control, health and safety, and accidents and incidents.
- We highlighted some concerns about the PRN medicines and the support for people who were non-weight bearing. The registered manager addressed these during the inspection and was able to show that the audits would have identified the same concerns when they looked at the MAR at the end of the week and when the care plan was reviewed.
- Staff were empowered to have ownership of their role in the home and staff were clear about their roles and responsibilities. Staff said they felt valued and supported to work to the best of their abilities by the registered manager and colleagues. Staff told us, "I love it here; I always have wanted to help people" and "This is the best company I have worked for."
- The atmosphere was homely; the staff were caring and displayed a good sense of humour and team work which resulted in a happy environment.
- Staff said they had regular meetings, which gave them an opportunity to put forward any suggestions and keep up to date with any changes. From the minutes we saw that staff were thanked for attending the meetings and their work in the home. New staff were introduced, and staff were reminded about any training they needed to complete. Staff were asked if they wanted to add anything to the agenda and if they had 'any other questions'. Copies of the minutes were sent to the staff and displayed on the notice board in the staff room.

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. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.
- The management of the service was open and transparent, which meant people, relatives, staff and health and social care professionals were aware of any issues and informed when incidents occurred. One person told us, "Yes they call my daughter if I'm not feeling too good or I need to see the doctor."

Continuous learning and improving care; working in partnership with others

- The provider and registered manager were consistently looking at ways to improve and develop the service. The registered manager had previous experience as a quality assurance manager and sought appropriate guidance from colleagues in sister homes.
- To encourage development and internal learning there were regular registered managers forums, and these took place in each home on a rota basis. The registered manager said they had a good relationship with management in other homes and, "There is always someone to ring and talk through an issue."
- The registered manager and staff worked in partnership with other services. For example, physiotherapists on a weekly basis, and GP's and other practitioners as required. This meant staff were up to date with changes in people's needs and best practice was followed.