

Hallmark Care Homes (Ipswich) Limited

Bucklesham Grange

Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Requires Improvement ● |
| 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

Bucklesham Grange provides accommodation and nursing care for up to 57 people, some living with dementia. The home is purpose built and arranged over two floors and at the time of the inspection there were 52 people living in the home.

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

We have made a recommendation regarding the staffing arrangements in the home. Staff were not adequately deployed during busy times and there were instances where people were left unattended in communal areas in the home. The senior management team confirmed they would undertake an immediate review of their staffing arrangements.

People's medicines were administered as prescribed. The home was clean, and staff had received training around infection prevention and control. However, some feedback received described inconsistencies in staff practice in this area. Accidents and incidents were recorded and reviewed to mitigate further occurrence.

There had been several personnel changes and staff turn-over since the last inspection. This included the previously registered manager now working at another of the provider's services. This had affected consistency in the home despite the provider's interim management arrangements. Feedback received cited inconsistencies with communication, staffing arrangements and a lack of leadership and direction in the home. However, the majority of feedback we received was positive and complimentary about the new manager and the improvements they were making in the home.

At the time of the inspection the manager had been in post four months and we were encouraged by the actions they were taking to develop the home. Staff morale was good, staff enjoyed their job and felt supported by the manager. The provider's nominated individual acknowledged the home had been through many changes but assured us they would fully support the new manager to address the inconsistencies we had found.

Risks relating to people's individual care needs had been identified and planned for. Assessments and plans to mitigate environmental risks were also in place. Staff understood their responsibilities in relation to keeping people safe and had received training in safeguarding.

People were treated with kindness and compassion. People's care records provided guidance to staff on how to meet their specific needs. People and the majority of their relatives described positive relationships with the staff and management team. Provisions were in place to ensure people received visits from relatives and maintained their interests. Complaints were responded to appropriately.

Staff knew people's care needs well and offered reassurance to people in times of unease. People were

supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. There was a welcoming atmosphere in the home.

Assessments of people's needs were carried out prior to them moving into the home. There were safe recruitment practices in place for new staff. New staff attended an induction and completed training relevant to their role. Staff supported people to maintain a healthy nutritional intake. People had access to healthcare services and referrals were made when their needs changed.

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

Rating at last inspection

The rating at the last inspection was outstanding (published 13 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bucklesham Grange on our website at www.cqc.org.uk.

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.

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| Is the service safe? The service was not always safe. | Requires Improvement ● |
| Is the service effective? The service was effective. | Good ● |
| Is the service caring? The service was caring. | Good ● |
| Is the service responsive? The service was responsive. | Good ● |
| Is the service well-led? The service was well-led. | Good ● |

Bucklesham Grange

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspector, a specialist advisor who was a nurse 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

Bucklesham Grange is a 'nursing 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 home did not have a manager registered with the Care Quality Commission. A manager had been appointed and at the time of the inspection had been in post four months. They were in the process of registering with CQC. In the absence of a registered manager, the provider was 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. 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 also sought feedback from the local authority safeguarding and quality

assurance teams. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who lived in the home and with eight relatives. We also spoke with the manager, the deputy manager, the provider's nominated individual and regional manager, two nurses, three senior care staff, four care staff, two agency care staff, two staff from the lifestyle team, two domestics and two visiting healthcare professionals.

We looked at the care records for seven people and several medicine records. We reviewed two staff recruitment files, staff training records and a range of quality monitoring records which related to the day to day running of the service.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We received electronic feedback from three relatives and four members of staff about their experiences of Bucklesham Grange.

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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Staffing and recruitment

- We received mixed views about the staffing levels in the home. Most people felt there was enough staff to meet their needs and staff were prompt to respond. One person said, "I can't recall having to wait a long time for someone [staff] to come to assist me." A second person said, "There are staff walking about so never absolutely helpless. On the whole the waiting time is perfectly alright, got not complaints on that."
- However, another person we spoke with told us, "[The home] could do with an extra person on night shift you can end up waiting awhile." A fourth person said, "Sometimes it can be low on staff and you notice it most at meal times." During our inspection we noted that call bells and requests for assistance were answered promptly.
- Feedback from some relatives and a visiting professional, described instances of having difficulty finding a member of staff to speak with when they had a query about a person living in the home. Some relatives told us that having one nurse on shift to cover both floors affected the communication and they were not confident they received accurate information about their family member or had their messages passed on.
- Staff spoke of their frustration with the staffing arrangements and that several staff had left. They told us the manager was working to address the problem and had been actively recruiting and had increased the use of agency staff including nurses to help but acknowledged this affected continuity of care. One member of staff described the pressure they sometimes felt as being the only qualified staff on duty especially when unexpected instances happened, or people became unwell and they were unable to delegate this to care staff.
- We fed back to the manager and provider's regional manager staffing inconsistencies we had found during the inspection. This included periods of time where people were left unattended and their wellbeing was not monitored during the shift. We saw instances where people on the first floor were left sitting in dining rooms and lounges unsupervised or without meaningful occupation or interaction from staff.
- There was a lack of clarity about how the shifts were planned to include how staff were deployed particularly at meal times and how this was coordinated. This meant not everyone had a positive meal time experience. The provider's regional manager advised us they and the manager would immediately undertake a review of the staffing levels and deployment arrangements.

We recommend that the provider review their staffing levels and arrangements using an effective tool to ensure staff are sufficiently deployed to meet people's needs in a timely manner during busy times and people are not left unattended when in communal areas.

- Systems continued to be in place to check that the staff were of good character and were suitable to care for the people who lived in the home. Staff employed at the home told us they had relevant pre-

employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks relating to people's individual needs had been identified and planned for. Risk assessments were detailed and clearly documented what action staff needed to take to ensure people's safety. For example, people's risk of developing a pressure ulcer was reviewed monthly and plans were put in place where this risk increased, detailing what action staff needed to take to mitigate the risk.
- Firefighting equipment and alarms were tested regularly as was electrical equipment and the water supply. Equipment used for moving and handling was also regularly serviced.
- Accidents, near misses and incidents were recorded. The manager reviewed these records to identify any patterns so preventative measure could be put in place to reduce the likelihood of further occurrences.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living in the home and described being well taken care of. We saw that people were relaxed and comfortable in their interactions with staff. One person said, "I'm much safer here than what I was at home."
- Staff we spoke with understood their responsibilities in relation to safeguarding and knew who they would report any concerns to. Staff told us they had received training in safeguarding and records confirmed this.

Using medicines safely

- Systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept, including those prescribed time sensitive medicines for Parkinson's' disease.
- Some people were prescribed medicines on a 'when required' basis. We saw there were protocols in place to show staff when people may need to be offered this medicine, for example, when someone was in pain.
- Staff who administered people's medicines were trained to do so. The management team reviewed their competency in relation to this regularly.
- Regular checks and audits of the medicines system were carried out to ensure it continued to be managed in a safe way. This included a recent external pharmacy audit and the supporting action plan was being implemented by the home.

Preventing and controlling infection

- We shared with the manager feedback we had received regarding inconsistencies in staff practice with infection control procedures on the first floor. This included staff not always wearing PPE when preparing and serving food and leaving food and drinks out uncovered for periods of time which could become cross contaminated and pose a risk to people. During our inspection we found the home was clean and hygienic throughout and staff demonstrated a good understanding of infection control procedures; soiled linens and clothing were removed quickly from rooms and staff wore personal protective equipment (PPE) such as gloves and aprons when assisting people with personal care and wearing tabards over their uniforms when serving meals.

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.

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

- We observed the lunchtime meal on both floors. On the ground floor people enjoyed a positive meal time experience with staff well organised and communicating well to ensure people received their meals in a timely manner whether that was in their bedroom or communal areas. In addition, people who required support received this uninterrupted.
- However upstairs we found the meal time in one of the dining rooms was not organised. Staff were going in and out of the room and trying to serve people who chose to eat in their bedrooms. At times staff were stretched trying to serve meals and support people who required assistance. The manager was aware this was an area for improvement and was working with staff to improve the mealtime experience for people.
- People told us they enjoyed the food and had plenty of choice. One person said, "[There's] always two options and to be fair if you want something else, they [kitchen staff] can usually rustle you up something. It's all quite tasty, very fresh, well cooked. I have no complaints." Another person commented, "If I wanted something (to eat) in the evening I could ask for whatever I wanted."
- Referrals were made to relevant healthcare professionals where there were concerns about people's nutritional intake. People's care plans reflected their dietary requirements and were served food prepared according to their individual needs. For example, some people were on a fortified diet to minimise the risk of weight loss, we saw they were served fortified foods.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs including their preferences were assessed by the management team before admission to the home with family members and significant others involved in the process. Staff worked with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice.
- People we spoke with told us they were able to see their GP and other healthcare professionals when needed. People's care records showed referrals were made when concerns were raised about people's health or wellbeing. This included to mental health services, continence teams, dieticians, falls clinic and speech and language therapists.
- One healthcare professional we spoke with told us staff were good at keeping them updated when people's needs changed and followed advice from professionals. A review of people's care records showed they contained advice and guidance from other professionals involved in their care.
- Systems were in place to share information between services as required. Records showed regular communication with primary care services and staff described positive relationships with external health professionals. A relative shared how they had appreciated the home had released a staff member to

accompany them and their family member to hospital appointments. They explained how the staff member had assisted their family member onto the scanner bed taking charge of the situation using the hospital equipment with confidence and care.

Staff support: induction, training, skills and experience

- All new staff completed an induction. Two staff members told us they spent their first week completing training set by the provider and were spending a number of days shadowing more experienced members of staff.
- Staff received training relevant to their roles. This included the completion of training in relation to people's specific care needs such as dementia and pressure area care.
- Nurses had access to relevant clinical skills training. This included syringe drivers, pressure care, catheter care and venepuncture. They supported each other with revalidation, and this was monitored by the management team.
- An ongoing supervision and performance-based appraisal programme was in place to support staff.

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

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 the staff sought consent before providing them with any care or support. One person said, "Staff are pretty good. They check I'm okay and wait till I am ready before they move me or do anything."
- People's mental capacity was assessed where appropriate. Where people did not have the capacity to make decisions about their care and treatment, best interest decisions were documented and were decision-specific. Records showed people's relatives, professionals, family and relevant parties had been consulted.
- The appropriate authorisations had been made to the Local Authority where it was necessary to deprive people of their liberty. These detailed what restrictions were being placed on people and why these restrictions were needed to keep people safe.
- Staff had a good understanding of the principles of the MCA and how it applied to their work. In the main staff sought people's consent however staff were observed to move people's wheelchairs in one of the dining room's upstairs without communicating with them.

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

- There were appropriate facilities to meet people's needs such as accessible bathing and communal areas, including lounges, dining rooms and other spaces throughout the home and garden, where people could meet with their friends and family, in private if required. The café on the ground floor was a popular area for

socialising and was utilised well on both days of the inspection.

- There was signage in the home to assist people to navigate round independently. Corridors were wide enough for wheelchair users to freely move around. Consideration had been given to the decoration, for example the carpets were a different colour from the walls and were a plain colour. This helps people living with dementia to move around the home.

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 outstanding. At this inspection this key question has now changed to Good. The service did not meet the characteristics for a rating of outstanding in this key question anymore. However, people were still 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 were cared for by staff who were kind, caring and knew them well. One person told us, "Very good here, staff are very nice, good sense of humour and they help you a lot, got no complaints." A second person told us, "Staff are very good, you couldn't wish for better care, any trouble I can ask for the nurse in charge and talk about it." A third person added, "They [staff] are doing everything well, I can't complain, they are nice, everyone is helpful."
- One person shared with us how they appreciated the care and support the staff had given them on occasions when they became unwell. They said, "I was poorly, seen GP several times; comes Monday and Wednesdays, paramedics came three weeks ago [in the early hours], I always had a nurse or carer with me until the medics came." They added that it was, "A comfort having someone sitting with me, reassuring."
- A relative told us, "It is a good home, very caring staff [family member] cannot move, staff are very good and move them every couple of hours, [family member] came out of hospital with a bed sore but they [staff] managed to get that better."
- Positive and caring relationships between people and staff were seen throughout the inspection. Staff in all roles were supported to understand people's needs. Agency staff received a verbal handover and told us they felt they had the info they needed to support people and staff were helpful.
- Staff were seen to adapt their communication to the needs of people. People living with dementia were given time and space to make their own choices. Staff used visual cues and touch to help the person understand the conversation.
- Initial assessments were completed to ensure all people's care and support needs were recorded. These included details of any protected characteristics such as disability or religion. This enabled staff to support people in line with their individual preferences.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us how staff respected their privacy. One person gave an example of this saying, "If I have visitors, they [staff] don't come in." They added, "Staff cope with my personal care well; make sure I am covered with towels when washing me, door and curtains are always closed when doing personal care." Another person commented, "If you want to be private there is nothing to stop you. They [staff] absolutely don't boss you. [During a] bath or washing they [staff] respect your privacy and [are discreet]." We saw staff knocked on people's doors and waited for a response before entering.
- People were asked about the level of help they required and offered assistance which promoted their autonomy and independence. For example, with mobilising we saw staff ask people if they were able to

walk or would prefer a wheelchair.

- Our observations showed some people used adapted cutlery so they could eat their meals independently.

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

- People and their relatives where appropriate, told us that they were involved in their care arrangements and their care records reflected this.
- Our discussions with staff demonstrated they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. This information corresponded with what people and relatives had told us.

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's care records reflected that people and where appropriate their relatives and or representatives were involved in the planning of their health, care and support.
- There was a 'resident of the day' system in place which meant each person's care records were reviewed on a monthly basis and included tasks such as weighing the person.
- People's care records were detailed in providing important information to guide staff on how to meet their individual care needs. For example, managing specific health care needs such as Parkinson's, diabetes and with clinical interventions such as catheter care.
- We noted that some care plans were task focused and were advised by the manager and the provider's regional manager that this was an area they had identified for development. They advised us that the home was moving to a new electronic system which allowed more free text and was less prescriptive than their current system and would enhance the personalisation of people's records.
- Where people had been identified as being at risk of malnutrition and dehydration care plans showed they were monitored through being weighed regularly and the use of food and fluid charts. A relative told us that their family member's weight was monitored, and this had triggered a referral to the dietician and change in the care plan. The relative described feeling involved in the process and was satisfied with the outcome.
- People's bedrooms were decorated and furnished to meet their individual tastes and preferences, for example having family photographs and artwork.

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

- The majority of people and relatives we spoke with told us they enjoyed the programme of activities available and were encouraged to take pursue individual interests. One person said, "Occasionally I go to the music sessions, it is very good." Another person commented, "My [relative] gets me some plants and I look after them." Another person we saw sketching and they told us this was something they enjoyed doing, "I like to draw, I have got my pencils here."
- There were opportunities to socialise in the café area on the ground floor and this was utilised well by people living in the home and their relatives.
- A mother and baby event took place on the morning of the first day of our inspection on the ground floor and this was well attended by people who lived in the home. We saw there was engagement and stimulation for all ages with lots of smiles and laughter as everyone involved participated in music and rhymes. One person told us the positive impact this had on them saying, "Twice I helped, had one of the toddlers on my knee, quite a hay day that was. Touch of family life, part of family life."
- However, we did not see any structured cognitive or social activities taking place upstairs. Upstairs

activities focused on sensory toys such as twiddle cushions or putting on a film. Feedback from care staff and relatives was that the provision of activities was tailored more to the people living downstairs. They said they would like to see more one to one and group activities tailored to meeting the needs of people with dementia.

- Where people chose not to engage in the group activities this was respected. One person said, "I am very happy in my room, my family visits regularly, not interested in the activities but [member of staff] comes and sees me, knows my likes and dislikes, knows me well."
- Relatives and visitors to the home said they felt welcomed by staff and people's relationships with their friends and family were encouraged and promoted.

End of life care and support

- People's decisions about if they wished to be resuscitated including their preferences to not go to hospital were discussed and noted.
- Staff had undertaken training in end of life care and the home had connections with external health care professionals, such as GPs and the local hospice to support people with any end of life care needs.
- The manager and staff were committed to providing the care and support people needed at the end of their life. We saw a range of thank you cards and letters from relatives expressing their appreciation to the staff and management team for the care and support provided when their family member was nearing the end of their life.

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.

- The management team and provider were aware of the AIS and had met this requirement.
- Information about the service was provided in alternative formats such as easy read and large print where required to make it easier for people to understand.
- People's individual communication needs were documented in their care records and we saw staff adapted their communication to meet people's needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and had done so. Records showed the majority of complaints had been managed in line with the provider's procedure with themes identified being used to improve the quality of the home. Where complaints were ongoing, we saw that representatives from the provider had met with the relatives concerned.

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 outstanding. At this inspection this key question has now changed to Good. The service did not meet the characteristics for a rating of outstanding in this key question anymore. However, 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- There was a positive and person-centred culture within the home. People told us they liked living in Bucklesham Grange and were complimentary about the running of the home and would recommend it. One person said, "I would say I have got no complaints; its friendly, spotlessly clean, they [staff] are always cleaning, food is good. [The home has] got a nice outlook." Several people said it was, "A home from home."
- The majority of feedback from relatives was positive about the management in the home and the standards of care. One relative said, "The manager is very approachable and good at listening, easy to talk to. The staff work hard and are good at what they do." Another relative commented, "The new manager is lovely, makes time for you and is very accommodating."
- However, several relatives shared instances where they felt standards had slipped since our last inspection. One relative said, "I was happy but been disappointed, the home knows, been several incidents, lack of leadership, communication and staffing levels. It has been quite stressful. Since the new manager came [they] have listened and taken action. I am reassured with the things they are putting in place." A second relative commented, "Things dipped for a bit but are much better the new manager is very good and leads by example."
- At the time of the inspection the manager had been in post four months. They had prioritised getting to know people, relatives and the staff and identified inconsistencies with communication, leadership and continuity of care which they were addressing. This included active recruitment, staff training and meeting with people and relatives both in groups and individually to discuss their concerns. We were encouraged with the progress they had made, and which was ongoing to develop the home.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the home.
- We found staff were approachable and confident to approach people, relatives and visitors to the home and assist where needed. People told us they felt listened to. Staff enjoyed working in the home and reported morale was good. They spoke positively about the manager and told us they thought the service was managed well and that they felt supported. One member of staff said about the manager, "They are great, all the staff are supporting her, and she is supporting us. She is visible, see her all the time, comes in each morning and says can I assist anyone? She is always on hand, a visible presence."
- The provider's nominated individual acknowledged that there had been several personnel changes in the

home including at management level which at times had impacted on the quality of the care and running of the home. They and other representatives from the provider's senior management team had met with several relatives in addressing specific concerns as part of their complaints process. In addition, they gave assurances they would fully support the manager in addressing the inconsistencies we had found with the staffing arrangements.

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

- The manager and the heads of each department met daily to discuss matters which required attention during the day. This included any new admissions, health and safety matters and staff training.
- Systems were in place to monitor and assess the quality and safety of the home. The management team undertook regular audits of all areas of the service. A review of these audits showed shortfalls were identified and clear action plans were in place which showed when remedial action would be taken by and who was responsible. The provider also carried out their own checks of the service.
- The management team understood their regulatory responsibilities and we saw they had reported all notifiable events to us. They were able to tell us what events they were legally required to notify us of.

Continuous learning and improving care; Working in partnership with others

- The manager was passionate about the care and support people received and promoted open communication. They acted when errors or improvements were identified and learnt from these events.
- The home continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.
- Feedback from professionals cited collaborative working arrangements. One visiting professional told us they had a positive relationship with the manager and staff. They said they were kept informed and made to feel welcome when they visited the home.