

T.N.P. Homecare (Uk) Limited

TNP Homecare (UK) Limited

Inspection report

TNP House
15 Comberford Road
Tamworth
Staffordshire
B79 8PB

Tel: 01827316177

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

TNP Homecare is a residential care home providing personal care to nine people aged 65 and over at the time of the inspection, although one person was residing in hospital. The service can support up to 12 people.

The home is divided over three floors, bedrooms were located on the ground and first floor. The second floor was used for the registered manager office. Two lounges, a kitchen and a dining room were situated on the ground floor. The dining room was currently being used as a staff and visitor COVID-19 testing area. A passenger lift was in place to enable people to access all floors. People had access to a paved garden, this was accessible to people who required the use of a wheelchair.

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

Some risks to people were not always monitored safely. Window restrictors were not compliant to Health and Safety Executive requirements. Quality auditing systems needed to be more robust to monitor medicines.

People felt safe living in the home and with the staff who supported them. Staff were safely recruited and inducted into the home. Risk assessments were completed and updated regularly. There were sufficient numbers of trained staff on duty and people told us they never had to wait long for support from staff.

Staff had excellent knowledge of people's care needs and told us each person's care and support needs, including their likes and dislikes. Staff described how they could recognise unsafe care practices and the action they would take to report poor practice.

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 were supported by caring and kind staff. They felt empowered to voice their own opinions and actively involved in daily life decision-making. People were encouraged to maintain relationships and family members told us how staff members encouraged independence skills.

The atmosphere in the home was relaxed and homely, the home was decorated to a good standard and there were festive decorations in accordance to the time of the year. There were opportunities throughout the day for people to engage in fun and interesting activities. People told us they were happy and enjoyed living in the home.

Mealtime was a positive experience for people. People enjoyed a selection of meals and both people and family members told us how they enjoyed the lovely home cooked meals.

The care provided was person centred. People were encouraged to decorate their own bedrooms and there were personalised objects such as photos of people in communal areas. People told us they could engage in their own interests and relatives told us people could take positive risks.

People could be confident their wishes for end of life care would be respected by staff. Relatives told us they were supported by compassionate staff during their family members end of life.

People felt involved in the care provided. Relatives told us they were informed following any changes and their opinions were sought. There was a culture of learning from when things went wrong.

The service worked in partnership with other professionals and the local community to achieve good outcomes for people. Professionals told us the registered manager was committed to providing a high standard of care. Staff members had confidence in the registered manager and told us they enjoyed working at the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

The last rating for this service was requires improvement (published 15 October 2019). The service has now improved to good.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the Well led section of this full report. The provider has made significant improvement from the last inspection and has taken action to address the risks identified in this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for TNP Homecare 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 safe. | Good ● |
| 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 not always well-led. | Requires Improvement ● |

TNP Homecare (UK) Limited

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

TNP Homecare 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. 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 four people who used the service and seven relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, senior care workers, care workers and the chef. We spoke with one visiting professional. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to safe recruitment. A variety of records relating to daily care practices, risk assessments and management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two additional professionals who regularly visit 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 the provider had not established an effective system to assess risk and monitor safe practices. This was a breach of regulation 12 (safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection. The provider put processes in place to monitor the medication storage area, to risk assess each person's health needs, to assure good IPC practices and to learn lessons when things went wrong. The provider was no longer in breach of regulation 12.

- The provider had not identified that window restrictors were not compliant with health and safety executive requirements. However, took immediate action to address this concern following inspection.
- Risks were mitigated through in-depth risk assessments. These were in place to meet people's health and care needs. Assessments included moving and handling, nutritional, skin integrity and falls risk assessments.
- Regular moving and handling observations and equipment checks were in place to ensure staff were confident and competent to assist people safely.
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated. These plans are important to ensure people would be moved safely if there was an emergency, such as a fire.

Using medicines safely

- The system in place for recording where on the body analgesic skin patches were being applied was not sufficient to demonstrate where on the body they were being rotated in accordance with the manufacturer's guidance. This is done because manufacturers of these patches set out how often a patch can be applied to one part of the body to reduce the risk of side effects. The registered manager responded immediately and has improved the recording system to ensure safe patch application.
- Medicine administration records matched the quantities of medicines stored.
- Medicines were managed safely by trained staff. People got their medicines at the right time and medicines were reviewed regularly.
- Safeguards were in place for administering medicine covertly. This is when medicine may need to be hidden in a drink or food to ensure it is administered for the persons best interests. Best interest decisions were considered with expert medical consultation and regularly reviewed.
- An observation of medication administration showed how people received medication in a safe way and medicine was stored securely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not established an effective system to safeguard people from the risk of abuse. This was a breach of regulation 13 (safeguarding service users from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection. The provider put systems in place to ensure all safeguarding concerns were raised to the relevant agencies in a timely manner. The provider was no longer in breach of regulation 13

- People told us they felt safe living at the home. One person said, "I feel safe here, the staff are nice, they are here when you need them." Another person told us, "Yes it's safe, they look after us here, they are very good."
- Relatives felt their family members were safe. One relative told us, "I have no complaints at all, [my family member] is well cared for and treated with respect by all members of staff." Another relative said, "I think the care is very good, [my family member] is safe and is as well as they can be."
- Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns. One staff member said, "I would report any concerns straight away to the registered manager, or I could take my concerns to the local authority."
- Records showed staff had received safeguarding training and evidenced how safeguarding was regularly discussed in meetings.

Staffing and recruitment

- There were sufficient numbers of skilled and experienced staff to meet people's needs. One person said, "If I buzz the button, [the staff] come straight away, whatever the time is. They are there for me." A relative told us, "There are enough staff members, I never have to wait too long."
- Staff told us there were enough staff on duty to meet people's needs. One staff member said, "There are enough staff on duty, we work well together. It's a positive place to work." Another staff member said, "There are enough staff, because its small we can really get to know the residents. If something happens then the manager comes onto the floor."
- We saw people did not have to wait long for staff to respond to their needs. Staff sat and talked with people; they did not appear rushed.
- Recruitment files showed checks had been made to ensure only staff who were suitable to work with people were employed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider kept a record of incidents and accidents. A monthly falls folder showed how and where people had fallen each month. The manager told us how these are shared in the team meetings and handovers. A staff member said, "I update risk assessments regularly, such as falls risk assessments. We monitor these in the monthly folder, we memo or discuss any changes with the staff team in handovers or meetings."
- We saw minutes of a residents meeting where a person raised an issue over the temperature of the bedroom. The registered manager responded straight away and arranged for plumbers to service and check the piping systems.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had not established an effective system to evidence they had reviewed DoLS documentation in regard to covert medicines. This was a breach of regulation 11, (need for consent), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection. Medication reviews took place regularly with the appropriate professionals. The provider was no longer in breach of regulation 11

- Staff confirmed they had attended Mental Capacity and Deprivation of Liberty Safeguard training (DoLS). We saw a training matrix confirming training.
- Assessments of people's mental capacity and best interest meetings had taken place to ensure decisions made were appropriate and least restrictive. This related to the decisions concerning where a person should live and the use of covert medication. Covert medication are medicines administered to a person in a disguised way, usually hidden in food or drink. This method must only be used in the person's best interests and reviewed regularly by medical professionals.
- The registered manager made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.

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

- People told us they were given choices and felt involved in their own care. One person said, "We can do anything here, they always ask me what I want to do and how I want to do it."
- Relatives were involved appropriately when assessing people's needs. One relative said, "They involve me in [my family members'] care requirements which have changed since [my family member] first went into the home."
- People's care plans contained a range of assessments relating to their physical, mental and emotional wellbeing. We saw how these were reviewed on a regular basis.

Staff support: induction, training, skills and experience

- Staff told us there was one to one supervision. One staff member said, "I have had supervision, I was surprised at how intensive it was, it was good. I made a suggestion, I put it forward and it was taken on board."
- Staff told us they received regular training. One staff member said, "I've done a lot of training, it's good. We can put our name down for lots of different courses." Another staff member told us how they had progressed and completed their diploma level two and three and was due to start level five. Another staff member felt proud of completing their college diabetes course.
- We saw training records to confirm staff received induction, training and supervision.

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

- People told us the food was very good. One person said, "Do you know there is a first-class chef here." Another person said, "The food is really good here."
- Relatives told us how good the food was. One relative said, "The quality of the food is of a very high standard and freshly cooked on-site by the in-house chef. Regular drinks are provided and of the people's choice". Another relative said, "[My family member] is not a fan of peas, they like baked beans, the cook always remembers this."
- The mealtime experience was very sociable event. People could choose where they wanted to eat and who they wanted to sit next to.
- People could have choice over the menu. We saw people choosing different meal options. The food was home cooked, it looked and smelt very appetising.

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

- People were supported to live healthier lives and to access healthcare services when they needed. One relative said, "[My family member] is able to get eye tests, hearing test etc. They always let me know if [family member] is unwell and seeing a doctor." Another relative told us they were kept informed, they said "I am informed if [my family member] feels unwell or requires a visit from the doctor and any treatment they are given/prescribed."
- A professional was visiting the home, attending to people's feet. They said, "It's really good here, I always recommend it to others. It's more homely."
- Healthcare records showed how people's health needs were regularly assessed and reviewed.

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

- People's needs were met by the design and decoration of the home. The communal lounges were warm and homely. Festive ornaments and Christmas trees were present in each lounge and festive design continued throughout the building.
- People's bedrooms were individually designed and personalised. People's possessions were placed in communal areas to help people feel belonging. One person had a picture of a time they served in the armed

forces. They proudly discussed this time with us.

- One person chose to lock their bedroom door. Their relative told us this person enjoyed their independence and privacy. This was respected, with a contingency plan of a spare key locked away in the office.
- Large clocks showing the day, month and time were available for people's bedrooms if they wanted them.

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

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had not established an effective system to promote people's dignity and privacy. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection. People were treated with respect and dignity throughout the inspection and their privacy was upheld. The provider was no longer in breach of regulation 10

- Relatives told us staff promoted independence. One relative said, "They encourage [my family member] to be mobile and to be independent. They still use the stairs."
- Staff understood the importance of promoting independence. One staff member said, "When I support people to wash, I give them the flannel, it's not about being quick, it's more important to maintain independence."
- We observed a member of staff supporting a person to eat. They placed the food onto the fork and passed the fork to the person in order to encourage independence. This was carried out with patience and lots of encouragement.
- We saw a staff member encouraging a person to stand using the arms of the chair. They motivated the person to use their own strength.
- Privacy and dignity were respected, staff members knocked on bedroom doors before entering and addressed people in their preferred names at all times.

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

- People were treated with respect. People consistently told us about the kindness of staff. One person said, "I love it here, the people, these people here [pointing to the staff member], they care about me." Another person said, "They know us very well here. They encourage us to do things and they like spending time with us."
- Relatives told us people were treated with compassion, one relative said, "There are personal touches here, one staff member sings to [my family member], they like it. [Family member] is always singing, the staff member sings their favourite Christmas carols." We saw a staff member singing to a person who struggled to verbally communicate.
- A visiting professional told us, "Staff are always friendly and kind. They genuinely care about the people;

they deliver heart felt care."

- Care plans detailed peoples religious and sexual preferences.

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

- People could express their views and make their own choices. One person said, "They always ask me if I want a shower or if I want a paracetamol." One relative said, "[My family member] told me they are able to go to bed as and when they are ready." Another relative said, "[My family member] is asked what they want to wear, what they would like for their tea and they can select TV shows they like to watch. They can take part in any of the activities but can opt out if they want."
- Relatives felt involved in decision making. One relative said, "I like [registered manager] they gave me a copy of the care plan and they always tell me if there are any changes or ask me for my opinion."
- Staff respected people choices, one staff member said "People do not always want to get up in the morning, if they want to stay in bed, then they stay in bed. It's their choice, people can always have breakfast in bed." We saw how one person remained in bed during inspection, the staff team continued to see whether they wanted support to get out of bed.

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 now improved to good. 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

- We saw how care was personalised to ensure choice. Although daily records did not always reflect the care provided. Records required more detail to record daily events and occurrences. The registered manager responded immediately and reviewed daily paperwork.
- Care was personalised to meet people's preferences. One person kept a clothes protector on following breakfast, although this was changed throughout the day. When questioned, the person provided their own personal reason for this. This demonstrated how staff respected people choice.
- Relatives felt the care was person centred. One relative said, "They really get to know people, my [family member] likes a drop of [alcoholic drink], they can have it when they want it, they always enjoy a glass."
- A visiting professional told us how the registered manager goes above and beyond regarding personal choice. Explaining how one person likes a particular food product, they explained how the provider ensures this is available for the person. This was later confirmed by a staff member and reflected on by a family member.
- We saw a person requesting their electronic razor in the lounge. Staff asked them if they would prefer to go to the bathroom and receive support. The person declined. Staff respected their decision and brought the persons razor, mirror and cloth. This showed how staff respected people's choice.

Improving care quality in response to complaints or concerns

- We reviewed minutes from residents' meetings, where a resident requested further communication and reassurance from the registered manager. The registered manager verbally explained their response. We recommend in future this is formally actioned. The registered manager acted on this straight away.
- Relatives told us they knew how to complain, although they had not raised a formal complaint. One relative said, "I have no complaints, [registered manager] is approachable helpful understanding and always available to talk with." Another relative told us, "I have had no reason to complain on [my family members] behalf thus far. We received a complaints procedure around the time they moved in."
- We reviewed the comments, compliments and concerns book. We read messages from people thanking staff for their kindness.

End of life care and support

- People who were nearing the end of their life, received compassionate and supportive care. One relative said, "In the last few days of my [family members] life, I was given access to their bedroom, with all COVID-19 regulations being observed. During this time, I met most of the staff and found them all to be extremely caring. As my [family member] was bedbound at this time and non-verbal, they were treated with great

respect and dignity throughout their short illness and eventual death."

- We reviewed family questionnaires and emails received. One relative wrote, "We were delighted [family member] spent their last months at the home, we wouldn't have wanted them to be anywhere else. We knew they were safe, well cared for and loved during the COVID-19 restrictions." Another message read, "I am thanking all the staff at the home for all the love, kindness and compassion they have shown to [family member] during their time. We made the right decision placing with you."
- People's care plans contained end of life wishes and choices. We saw do not attempt to resuscitate forms had been completed where requested and funeral plans were in place.

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 assessed and recorded in their care plan.
- Large print reading materials and picture exchange communication system was available in a folder, although due to the communication ability of people within the home, this was not currently being used. Picture exchange communication system enables people who struggle to verbally communicate to point or pass a picture to a member of staff to indicate their preferences.
- People had access to talking books, the provider worked closely with local library to access new reading materials.
- Hearing aids and spectacles were maintained, we saw documentation of regular updates and visits to opticians.

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

- Relationships were maintained throughout the pandemic. One relative said, "During COVID-19 lockdown, I could not visit. However, I was able to keep in regular contact with [my family member]. The registered manager kept in regular contact with me through email and I was able to contact [my family member] at any time via email or telephone."
- Relatives and friends were welcomed into the home. One relative said, "I've increased my visits, they accommodate this. I do my COVID-19 test before visiting, the registered manager is stringent with infection prevention control rules, [registered manager] makes sure everyone is safe."
- Staff supported people to continue relationships. One relative told us how the staff team had supported their family member to write Christmas cards to their family, residents and other staff members.
- We saw people engaging in activities of their choosing. Some people chose to read, others listened to music, some watched television and another chose to sing carols with a staff member. Staff members sat and engaged with people; they did not appear rushed.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection. The provider brought in processes and systems to monitor fire safety, to assure good IPC practices and to safeguard people. There were still improvements to be made with the auditing systems, although significant improvement had been made. The provider was no longer in breach of regulation 17.

- There were checks and audits in place to monitor quality and safety. However, these had not always been effective in identifying areas for improvement. For example, the medicine audit was not sufficient to identify shortfalls in skin patch application. Environmental audits had not picked up the non-compliant window restrictors. The registered manager responded straight away by making improvements to the auditing system. We will look at this in the next inspection.
- The registered manager encouraged the staff team to develop, one visiting professional said, "I have had several of the staff team at events such as the development programme for deputies/seniors".
- Staff felt supported by the registered manager. One staff member said, "[Registered manager] is very hands on, I feel very supported." Another staff member said, "I can't fault [registered manager]. If we need them, they are there, they never close the door. We have regular supervision, and team meetings."
- The registered manager notified us of all significant events which had occurred in the home in accordance with their legal responsibilities.

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

At our last inspection the provider had not displayed their last inspection ratings on their website, and they had not notified us of a reportable incident. This was a breach of regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 and regulation 20A (requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities)

Enough improvement had been made at this inspection. The display of rating was clearly visible on the provider's website and systems were in place to notify regulated authorities of reportable incidents. The provider was no longer in breach of regulation 18 and 20A

- Relatives told us how the [registered manager] always keeps them informed. One relative said, "If there are any issues with care, problems or medical concerns, I get a text straight away. I ring [registered manager] at the earliest opportunity. Another relative said, "If [my family member] ever falls or has an accident we are informed straight away".
- There was learning where things went wrong and open discussions with people, relatives and staff. One staff member told us about the falls folder and emergency phone list available to use following any accidents or emergencies.
- We saw the falls folder recording incidents of falls, indicating where and when they had occurred. This showed how the registered manager monitored the risk of falls.
- The display of ratings from the last inspection was evident on the wall and located on the company website.

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

- Every person we spoke to told us they felt happy living in the home, one person said, "There are beautiful people here. I love it."
- We saw people being provided with choices and empowered to make their own decisions. One person said, "If I get a headache in the night, I buzz the button and they come straight away and give my [pain relief medication], whatever the time is. They are there for me, whatever the time."
- Relatives felt the care was person centred. One relative told us, "[Family member] is always presented with choices, it is really person centred. They find out as much as they can about [Family member] and then support them." Another relative said, "I do feel that the home is well managed. All of the staff are compassionate and caring."
- Staff were positive about working at the service. One member of staff said, "It's a small home, you get to know people really well, it's more personal." Another staff member said, "I love it here, it's like a home from home".
- Visiting professionals told us the provider achieves good outcomes for people. One visiting professional said, "The care is definitely there. [Registered manager] does go above and beyond." Another visiting professional told us, "[Registered manager] is lovely, really good with the residents and staff. I would be quite happy to be a resident here. I really do recommend it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were supported to provide feedback through questionnaires, meetings and informal discussions.
- Relatives felt involved in the service. One relative told us, "I receive regular newsletters and questionnaires, I can ring whenever I want. They always involve me in all decisions about [my family member]."
- Staff members felt engaged in the service and able to express their opinions. One staff member said, "I am part of the quality assurance team, we meet every two months and discuss any concerns or ways to improve the care."
- Visiting professionals told us how the registered manager worked in partnership with others. One professional told us. "[Registered manager] is one of the chairs of a Registered Managers Network group."

Throughout the time, I have known [registered manager] they have offered their time to support other managers and they are committed to improving their knowledge and experience as a manager and improve the quality of services."

- We saw the comments, compliments and concerns book. This detailed accounts from family members expressing their feelings about the care received. We reviewed family questionnaires and emails sent to registered manager highlighting people and relatives' opinions of the care provided. This showed how the registered provider sought people's opinions.

Continuous learning and improving care

- The management team had put in a great deal of improvements since the last inspection to improve the service being provided.
- Staff felt able to make suggestions to improve care. One staff member felt proud of their suggestion to implement flash cards to be placed inside people's wardrobes. These provided a quick reference to people individual care needs, such as which sling loops to use if the person required the use of a hoist. We saw these flash cards, the registered manager told us they had received positive feedback from other staff from their use.
- Visiting professionals told us how the registered manager was passionate about working with other managers to share knowledge and improve care. They told us how the registered manager was engaged in a regional mentoring programme.