

# Hallmark Care Homes (Lightwater) Ltd

## Lakeview 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

Lakeview Care Home is care home without nursing for a maximum of 62 older people, including people living with dementia. Accommodation is provided across three floors on Kingfisher, Swan and Robin units, each of which has its own dining and lounge areas. Robin unit accommodates the dementia community. The home has well-maintained gardens and facilities including a café, cinema and therapy room. There were 49 people living at the home at the time of our inspection, three of whom were receiving respite care.

People's experience of using this service:

People received high quality care from consistent staff who knew their needs well. Managers and staff worked well with other professionals to achieve positive outcomes for people in areas including mobility, nutrition and health.

Staff were kind and caring and treated people with respect. People told us they had established good relationships with the staff who supported them and enjoyed their company. People said they enjoyed the friendly, family atmosphere in the home and told us they felt part of a community.

People were supported to maintain good health. Healthcare professionals said staff were receptive to advice and willing to adapt their approaches to meet people's individual needs. The provider had developed and implemented strategies to improve the experience of people living with dementia and to promote hydration.

People's care was tailored to meet their individual needs. Care and support plans were personalised and kept under review. People and their relatives were encouraged to contribute to the development of their care plans.

The home had a strong management team which provided good support to staff and communicated effectively with people, relatives and professionals. People who lived at the home, their families and staff had opportunities to give their views about the service and these were listened to.

People had access to a range of activities, outings and events, including activities tailored to their individual needs. People's friends and families were encouraged to be involved in the life of the home. The home had established links with the local community, such as schools and businesses, and had used these links to promote public understanding of dementia.

There were enough staff on each shift to meet people's needs and keep them safe. The provider's recruitment procedures helped ensure only suitable staff were employed. Staff had the induction, training and support they needed to perform their roles. They understood their roles in keeping people safe from abuse and felt able to speak up about any concerns they had.

Potential risks to people had been assessed and measures put in place to mitigate these. If accidents or

incidents occurred, these were reviewed and action taken to reduce the risk of similar incidents happening again. Medicines were managed safely and staff maintained appropriate standards of hygiene and infection control.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

At the last inspection the service was rated Good. The report of this inspection was published on 28 January 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

# Lakeview Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

Four inspectors carried out the inspection.

#### Service and service type

Lakeview Care 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.

#### Before the inspection

We used the information the registered manager sent us in the provider information return (PIR) in May 2019. 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 reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

#### During the inspection

We spoke with 15 people who lived at the home, five relatives and two visiting healthcare professionals. We spoke with 12 staff including care staff, catering staff and the home's 'Lifestyle' team who provided activities. We also spoke with the registered manager and the provider's regional manager.

We looked at care records for six people, including their assessments, care plans and risk assessments. We read minutes of staff meetings, residents' and relatives' meetings and the results of surveys. We checked five staff recruitment files, medicines management, accident and incident records, quality monitoring checks and audits.

After the inspection

The registered manager sent us further information, including records of staff training and supervision. A healthcare professional and a relative sent us feedback via email.

# 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 good. At this inspection this key question has remained the same.

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

### Assessing risk, safety monitoring and management

- People told us they felt safe at the home and when staff provided their care. Relatives were confident their family members were cared for safely. One person told us, "I feel safe here because they know how to look after me." A relative said, "I can relax because I feel Mum is safe here."
- Staff had carried out risk assessments to identify any potential risks to people. Where risks were identified, measures were put in place to mitigate these and recorded in people's support plans.
- The provider adopted a positive approach to risk-taking. Risk assessments highlighted the potential benefits to people as well as the risks involved in activities.
- Some people displayed behaviours which put themselves or others at risk. Staff were aware of these risks and planned people's care and support accordingly. One person was receiving one-to-one support due to their behaviours at the time of our inspection. Staff had sought and implemented appropriate advice when planning the person's support.
- There was guidance in place for staff about how to use any equipment involved in people's care such as slings, hoists and wheelchairs. Records showed that the servicing of equipment was up-to-date. Staff confirmed that they had received training in the use of equipment to ensure they were competent and confident in its use.
- A personalised risk assessment had been carried out to identify the support each person would need in the event of a fire. Staff attended fire training and fire drills were held at regular intervals. The fire alarm system and fire-fighting equipment was checked and serviced regularly.
- The home had implemented the Herbert Protocol, a national scheme which encourages carers to compile important information to be used in the event of a vulnerable person going missing. The information can be passed to the police at the point the person is reported missing.
- The provider had developed a business continuity plan to ensure people would continue to receive care in the event of an emergency.

### Staffing and recruitment

- People told us staff were available when they needed them. They said they did not feel rushed when staff provided their care.
- Staffing numbers were calculated based on people's assessed needs. This calculation was reviewed regularly to ensure any changes in people's needs were considered.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of

identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood their responsibilities in protecting people from abuse. Information provided by the registered manager stated, 'Safeguarding is a key focus from the recruitment phase of a team member's journey through to face-to-face induction, e-learning and monthly discussion in team meetings.'
- One member of staff told us, "I am well aware of safeguarding procedures and I would feel comfortable raising a safeguarding if needed." Another member of staff said that if they suspected abuse, "I would report to the senior and make sure the matter is followed through. There is a process to follow for safeguarding."
- If concerns or allegations had been raised about people's care, the provider had reported these to the relevant agencies, including the CQC and the local authority. The provider had investigated allegations when asked to do so and shared their findings openly and transparently. Where investigations had identified areas for improvement, action had been taken to improve.

Using medicines safely

- Medicines were stored appropriately and managed safely. Staff received training before they administered medicines and their practice was observed and assessed twice a year.
- The home used an electronic system to manage and monitor medicines. This enabled the management team to monitor medicines administration in real time and to respond to any concerns. The system also enabled managers to monitor the amount of PRN (as required) medicines people took to ensure these were being administered appropriately.
- A medicines profile had been created for each person, which detailed any individual needs or risks in relation to medicines. People's medicines were reviewed by the GP or community pharmacist to ensure they continued to meet their needs.
- People were supported to manage their own medicines if they wished to do so. Any support people needed to do this safely was recorded on a risk assessment. No-one was receiving their medicines covertly (without their knowledge) at the time of our inspection.

Learning lessons when things go wrong

- If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again. For example, one person had suffered a number of falls when mobilising independently. The person had been referred to the falls team for assessment and action taken to minimise the risk of harm, including the installation of a floor level bed and safety mats. Another person had a fall when entering the home's greenhouse. When analysing the possible cause of the fall, staff concluded that the person may not have seen the door frame clearly. As a result, the door frame was painted in a contrasting colour.
- Accidents and incident records were reviewed by senior staff to identify any emerging themes or trends. If significant events occurred, the provider carried out root cause analysis to identify the factors which had contributed to the incident. For example, following a number of medicines recording errors in April 2019, the management team carried out an investigation and identified the cause of the errors. The management team had arranged further medicines training for staff from the community pharmacist in June 2019, which had resulted in a significant reduction in medicines recording errors.

Preventing and controlling infection

- Staff kept the home clean and hygienic and maintained appropriate standards of infection control. Staff attended regular infection control training and used personal protective equipment, such as gloves and aprons, when necessary.

- Infection control audits were carried out regularly to ensure people were protected from the risk of infection. The home had an infection control lead who attended forums to keep up-to-date with best practice in infection prevention and control.

# 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 good. At this inspection this key question has remained the same.

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

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

- People's needs were assessed and reviewed regularly to ensure they received the right support.
- Care was delivered in line with relevant national guidance. The registered manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings.
- To ensure that staff adopted a consistent approach to supporting people living with dementia, the provider had developed and implemented a dementia strategy. A dementia champion and a dementia care co-ordinator had been appointed. These staff, along with the home's managers and a group of relatives, met regularly to monitor the implementation of the strategy. Questions exploring applicants' knowledge of and attitude to dementia had been included in the recruitment process for new staff.
- The strategy included 11 outcomes which focused on improving the support provided to people living with dementia. For example, one outcome focused on the mealtime experience. People's experience of mealtimes had been audited to understand where improvements could be made and how person-centred approaches could be implemented.
- As a result of these audits, tablecloths had been changed from white to purple to ensure that white plates contrasted against them. Other changes introduced to improve people's experience included changing the colour of staff T-shirts and ID badges to make them more easily distinguishable.

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

- The home had spacious and comfortable communal areas and facilities including a cinema, café and therapy room. There were lounge and dining areas on each floor and people's bedrooms were personalised according to their tastes and preferences. People had access to well-maintained gardens. Adaptations were in place to support people with their mobility and to orientate people living with dementia.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the skills and competence of staff. They told us staff provided good quality care and demonstrated a positive approach to their work. One relative said, "The quality of care is very good. All the carers are very competent." Another relative told us, "Staff appear well-trained and are friendly, encouraging and very approachable."
- Staff had access to an induction and appropriate training, which was primarily delivered by the provider's in-house training team. Staff were expected to complete relevant qualifications, including the Care Certificate, a set of nationally-agreed standards that health and social care staff should demonstrate in their

work.

- Staff told us the provider encouraged them to work towards further relevant qualifications, such as those achieved through the Quality Care Framework (QCF). One member of staff said, "If we want to do any further training, they will try to organise it." Another member of staff told us, "If you feel you are lacking, you can ask for more training." The registered manager told us that five staff were working towards QCF qualifications at the time of our inspection.
- Staff were supported through regular supervision and appraisal. Staff told us they were encouraged to use these sessions to reflect on their practice and consider their training needs. One member of staff said, "When you have your supervision, they ask if there's any training you need or if you're struggling. And we talk about things, what we could have done better."

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

- Staff supported people to maintain good health and to access healthcare services when they needed them. Care staff and managers worked effectively with other professionals to ensure people received the care and treatment they needed. One healthcare professional said of staff, "They all have such a positive attitude but also take any clinical concern very seriously and highlight these appropriately whether a new [problem] or chronic problem worsening."
- Healthcare professionals told us staff had a good knowledge of people's needs. They said staff followed any guidance that professionals put in place about people's care. One healthcare professional told us, "We work together with the carers. They are very open and honest and they can always answer the questions we need to ask [about people's needs]." Another healthcare professional said of staff, "They are very knowledgeable, they know their residents very well, and when we give advice, they are totally on it."
- Healthcare professionals told us communication with the home's managers and senior care staff was good. One healthcare professional said, "The team leaders are all good, I usually deal with them, and I know [registered manager] and the community matron communicate frequently."
- The home had consolidated its relationship with a local GP surgery since the last inspection and had negotiated a service level agreement (SLA) which specified that consistency of care must be provided. As a result, people were able to see a regular GP who visited weekly. The registered manager told us, "The GP is great. He is here every week and he is happy to see people's relatives during his round [to discuss people's needs]."

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

- People's needs in relation to nutrition and hydration were assessed before they moved into the home and kept under review. If people were identified as at risk of failing to maintain adequate nutrition or hydration, staff monitored their food and/or fluids and sought the advice of relevant professionals, such as a GP or dietitian. Senior staff maintained an oversight of people's care if they were at risk of malnutrition or dehydration to ensure they received the support they needed.
- The home had implemented a project to improve hydration. Initially introduced to improve hydration amongst people living with dementia, the project had been rolled out across the home. Two staff had been nominated as 'hydration champions' and had attended additional training in hydration. Measures had been implemented to improve hydration, such as offering people fruit, smoothies and jellies in addition to drinks.
- If people were reluctant to eat, staff tried different methods of increasing their dietary intake. For example, one person frequently expressed a preference for dishes that were not on the menu. Staff knew what the person preferred to eat and ensured these options were always available. When the person began to lose weight, staff sought professional advice about introducing dietary supplements.
- A shared breakfast took place in the dementia community each day. People were encouraged to join staff in preparing whatever they would like for breakfast. Staff explained that the aim of this event was to

encourage people living with dementia to eat by involving them in the preparation process and enabling them to experience the sensory stimulation of their food, such as touch and smell.

- People and relatives had opportunities to give their views about the menu and the quality of food. These topics were discussed regularly at residents' and relatives' meetings.
- Staff made the lunchtime meal an enjoyable experience for people. Staff encouraged people to join others for lunch in the communal dining rooms but respected people's decisions if they chose to eat in their rooms. People were offered visual choices of food and alternatives prepared if they did not want any of the dishes on the menu. People who needed support to eat were assisted by staff in a dignified and personalised way.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care was provided in line with the MCA. Staff received training on the MCA and understood how its principles applied in their work. Staff told us they always sought people's consent before providing their care and our observations confirmed this.
- Applications for DoLS authorisations had been submitted where necessary. If adaptations needed to be made to ensure people's safety, staff made sure that the least restrictive measures were used. For example, staff had recognised that bedrails were restrictive and had used alternative means of keeping people safe if they were at risk of falling from their bed.
- The registered manager stated, "We work closely with residents and relatives to remove bed rails from beds to promote least restrictive practice. Where there is a risk of a resident falling from bed, it was felt that least restrictive options could be taken as the risk of entrapment, feelings of isolation and falls from a greater height were greater than the risk of not having bed rails in place. Currently, there are no bed rails in use at Lakeview."

## 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 good. At this inspection this key question has remained the same.

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

Ensuring people are well treated and supported; equality and diversity

- People told us the staff who supported them were kind and caring. One person said, "I am happy, I like living here. The staff are very kind." Another person told us, "You are well looked after here. The staff are always friendly and they do whatever they can for me."
- Relatives praised the caring approach of staff. They said staff treated their family members with kindness and respect. One relative told us, "The staff are very good; kind and caring and they treat Mum with the utmost respect." Another relative said, "Above all, I have been impressed with the quality of staffing and the level of care and attention [family member] receives."
- People received their care from consistent staff, which they said was important to them. People said staff knew their needs and preferences about their care. The staff we spoke with knew the people they cared for well and were able to tell us about people's histories and interests.
- Professionals said the care provided by staff ensured people enjoyed the best quality of life they could. One healthcare professional told us, "Their care towards their residents has been exemplary and residents have a great quality of life no matter what their medical status may be ranging from independent to end of life care, all residents have been treated with the dignity and respect they deserve."
- People told us they enjoyed living at the home and felt part of a community. One person said, "I am happy here and I cannot think I would be happier anywhere else." Another person told us, "I feel lucky to be part of the community here."
- Relatives told us their family members benefited from the friendly, family atmosphere in the home. One relative said of their family member, "She is well looked after and you can see by the smile on her face that this is just like home for her." Another relative told us that when they visited the home for the first time with their family member, "It felt right; it felt like home."
- People were supported to maintain relationships with their friends and families. The home recognised the value of contact with their families to the wellbeing of people with dementia. As a result, people's friends and families were able to visit at any time and were encouraged to be part of life at the home. The PIR stated, 'Visitors are welcome to dine with their loved one at meal times and join them in the Cafe throughout the day. Also, we encourage relatives and friends to join in with arranged trips and outings or any events organised at the home.'
- Staff ensured that relatives were kept up-to-date with important events in their family members' lives. A relative told us, "We try and attend appointments but if we can't, the staff call me to let me know what has happened with Mum."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity. We observed that staff offered people choices and respected their decisions. People told us that they could have privacy when they wanted it. Staff said they always knocked on people's doors before entering and the practice we observed confirmed this.
- We observed that staff engaged proactively with people, sharing conversations and humour. Staff treated people in a way that was friendly yet respectful. When staff visited people in their rooms, they knocked and waited for permission before entering.
- People told us staff respected their decisions and preferences about the care and support they received. One person said, "I like the quiet here. I like to be left alone but staff do come and see me to check I am OK."
- People's religious and cultural needs were known and respected. Church visitors provided services at the home for those who wished to attend. People who preferred to attend church were supported to do so.
- Staff supported people in a way which promoted independence. Care plans detailed the aspects of care people could manage themselves and the areas in which they needed support. One member of staff told us, "I encourage people can do as much as they can for themselves, like washing their hands and face, but I talk to them to find out what they want to do and what they need support with."

# 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 good. At this inspection this key question has remained the same.

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

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

- People's support plans were person-centred and individualised. They contained information about people's needs and preferences, life histories and interests.
- People's care plans were reviewed regularly to ensure they continued to reflect their needs. People and their relatives were encouraged to contribute to these reviews. One relative told us, "We have a six-monthly review where we can put across our suggestions about Mum's care. Any suggestion we make is taken seriously."
- Healthcare professionals told us staff provided personalised care and support based on people's individual needs. One healthcare professional said they had provided training for staff about how to support individuals, including people who had displayed behaviour that challenged the service. The healthcare professional told us, "We talked about positive behaviour support planning. They were very positive and engaged." Another healthcare professional said, "I do think they provide really good care. They know the individual ways to support people."
- The home's Lifestyles team organised a range of activities, events and outings which people told us they enjoyed. People's comments included, "I do get involved in some activities, such as the flower arranging which is fun", "I like to go down and watch films in the cinema. I find this a good way to socialise and keep up my interests" and, "We get activities put on for us. I really like the quizzes as they keep my brain ticking over."
- Relatives told us their family members benefited from the activities programme. One relative told us, "The facilities available are excellent and there is a wide range of activities for her to be involved in." Another relative said of staff, "They try really hard with activities, they encourage people to join in."
- Relatives said their family members had been encouraged to take part in activities which were meaningful to them. For example, one relative told us their family member had enjoyed gardening and that staff had encouraged them to plant flowers in the home's garden. Another relative said of staff, "They are very good at asking what he is interested in."
- The activities programme was supplemented by volunteers, who we saw engaging people in conversation and activities during our inspection.
- Staff used an assessment tool to identify whether people were at risk of social isolation. If the assessment identified a risk of social isolation, a support plan was developed detailing how this risk would be mitigated. For example, one person's care plan stated staff should spend one-to-one time with them each day and encourage the person to keep their door open to enable staff to speak with them when they passed. We saw that staff implemented these measures during our inspection.

### Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and an individual 'communication plan' developed to meet these needs where necessary.
- Care plans contained guidance for staff about how to meet people's identified communication needs. For example, one person's communication plan recorded that the person was able to articulate their needs verbally but spoke very slowly so staff should ensure they allowed sufficient time to listen to the person.
- The PIR provided examples of how staff had supported people with their communication needs, including, 'We have supported some of our residents to purchase mobile phones with very large numbers and set to large fonts for ease of use. We escort a resident with visual impairment on appointments for ease of access.'
- Information about the home, such as the complaints procedure, was available in an accessible format.

### End of life care and support

- People were asked about their wishes and preferences regarding end-of-life care. If people did not wish to discuss this aspect of their care, staff respected and recorded this decision.
- Where end-of-life care plans were in place, these contained personalised information about people's wishes and preferences.
- The provider ensured that staff had the training they needed to provide this aspect of people's care. Staff had attended end-of-life care training provided by a local hospice the day before our inspection.
- A healthcare professional told us they had worked closely with staff in the provision of end-of-life care. The healthcare professional said, "We have provided very good end-of-life care together."

### Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed. People and relatives told us they knew how to complain and would feel comfortable doing so.
- There were three ongoing complaints at the time of our inspection. These complainants had not been satisfied with the provider's response to their original complaints and had escalated their concerns to the second stage of the complaints procedure.
- The provider was managing these complaints in line with their complaints procedure. The regional manager was meeting one complainant the week after our inspection to discuss their concerns. The registered manager continued to meet with the other people who had complained to discuss their concerns and how these might be resolved.

## 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 good. At this inspection this key question has remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives said the home was well-run and that they could always speak with the registered manager or a senior member of staff when they needed to. They told us senior staff listened and responded if they had concerns. One relative said, "Generally speaking, I think it's very well run. They are certainly going in the right direction. There have been little niggles but these have all been resolved. I can't think of a time when any problem we've had hasn't been resolved."
- Staff confirmed they had access to good support from their managers. One member of staff said, "[Registered manager] and [deputy manager] are approachable and friendly and the seniors you can talk to anytime." Another member of staff said of the registered manager, "She is a fair manager and always looks out for the needs of our residents. She takes time to ensure people are happy." A third member of staff told us, "[Deputy manager] supports us very well. We are lucky to have her."
- Healthcare professionals told us the home's management team had a good oversight of the service and of people's care. One healthcare professional said, "I speak to [registered manager] and [deputy manager] regularly. [Registered manager] is always appreciative of what we do and very friendly when we visit." Another healthcare professional told us, "I would in particular like to highlight [deputy manager] who accompanies me on each round, she has been a pleasure to work with and we communicate any issues freely which has made patient care safer and effective."
- There were effective systems in place to monitor the quality of the service and the care people received. Key aspects of the service, such as accidents and incidents, complaints and safeguarding were monitored by the registered manager and the provider's management team.
- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.
- The registered manager was supported by the provider's regional manager, who visited the home each week. The home also had access to advice and support from the provider's management team, such as the provider's dementia lead.

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

- The provider's quality monitoring process included seeking feedback from people who lived at the home and their families. Residents' and relatives' meetings took place regularly. Any issues people raised were considered and responded to.
- The registered manager and the regional manager had recently identified that improvements could be made to staff morale and engagement. To achieve this, the frequency of team meetings had been increased and a survey distributed to give staff the opportunity to give their feedback. As a result of staff feedback, the team room had been redecorated and new furniture installed. Flow charts had been developed in relation to falls and tissue viability as staff had asked for improved guidance in these areas. Events had been organised for staff outside work, such as a barbecue.

#### Continuous learning and improving care; Working in partnership with others

- Staff communicated effectively about people's needs and any changes to their care. Staff received a handover at the start of their shift to ensure they were up-to-date about any issues affecting people.
- Managers and heads of departments met each morning to plan the day and discuss any challenges to the delivery of care.
- Any untoward events that occurred were reviewed and to ensure learning and improvements took place.
- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, district nurses and community mental health nurses.
- The registered manager met with other managers of care services operated by the provider to keep up-to-date with good practice and developments in the care sector.
- Managers and staff had access to updates from relevant bodies in the sector, such as The National Institute for Health and Care Excellence (NICE) and Skills for Care.