

Keychange Charity

Keychange Charity Erith House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Erith House is a residential care home providing care and accommodation to a maximum of 20 people. People living at the home were older people, who may be living with dementia. At the time of the inspection 20 people were living at the home. However, one person was away at the time of the inspection.

People's experience of using this service:

People using the service benefitted from a kind, caring and committed staff team. People and their relatives told us they were treated with kindness, compassion and respect.

We observed positive and compassionate interactions between staff and the people they supported. People were able to be as independent as they wanted and were also provided with prompt, sensitive support when needed.

People were placed at the heart of the service and were as far as possible involved in decisions about their care and lifestyle. People and their relatives told us they were listened to and their care was provided in a way they wanted and preferred.

People's care was delivered safely and people said they felt safe living at Erith House. The staff team was consistent, employed in sufficient numbers and had the skills and training to understand and meet people's needs safely and effectively.

People's risks were understood and managed well. People's rights and independence were respected and promoted. Management and staff understood their role with regards to the Mental Capacity Act (2005). People's consent was sought before care and support was provided. When people were unable to consent, and make decisions for themselves appropriate processes were followed. People were protected from discrimination and abuse and staff understood how to safeguard people.

People lived in a home that was well maintained, comfortable and designed to meet their needs. Consideration had been given to supporting people to occupy their time and maintain relationships with family and friends. Relatives were made to feel welcome and were kept informed about issues relating to their loved one's care.

People lived in a service, which had a positive culture and was led by committed and enthusiastic staff and management. Management and staff had good relationships with health and social care professionals and liaised with these services to help ensure people's full range of care needs were met.

The provider's values were available for people to see and included, "We seek to deliver services of the highest possible quality and constantly improve through listening, reflecting, learning and action". We found

the culture and atmosphere of the home warm, welcoming and inclusive. Staff were valued for their contribution and their ideas and were listened to and respected.

Systems had been developed to ensure performance remained good and continued to improve.

Rating at last inspection: At the last inspection the service was rated as Good. The last report was published in November 2016.

Why we inspected: This was a planned inspection. The service remained Good.

Follow up: We have made a recommendation in relation to the environment and the needs of people living with dementia. We will continue to monitor this service to ensure people receive safe, compassionate, high quality care.

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

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 ●

Keychange Charity Erith House Care Home

Detailed findings

Background to this 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:

The inspection was carried out by one adult social care inspector and an expert-by-experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Erith House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Act 2014 regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 20 people. At the time of the inspection 20 people were living at the home. One person was away at the time of the 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:

The inspection was unannounced. The inspection took place on the 14 and 15 May 2019.

What we did:

Prior to the inspection we reviewed information we held about the service such as provider notifications. A

notification is information about important events such as incidents, which the provider is required by law to send us. We reviewed the information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we met the 19 people currently living at the service. We spoke with 12 people about the home and the care they received.

Reviewed six people's care records, which included care plans, risk assessments and medicines records.

Reviewed records of accidents and incidents.

Reviewed three staff files, which included recruitment checks, induction and training records.

Reviewed records relating to the running of the service, including policies and procedures and quality monitoring audits.

We observed the interactions between people and staff as care and support was being delivered.

We spoke with the registered manager and six members of the care team. We also met and spoke with three relatives, a friend and a district nurse.

Following the inspection, we received feedback from the Local Authority, speech and language service and older person's mental health services.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from the risks of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. Information about safeguarding and locally agreed protocols for dealing with abuse was available for staff to refer to.
- Staff attended safeguarding training and this was regularly updated.
- Staff said issues relating to safeguarding and safe-working practices were regularly discussed in hand-overs, staff meetings and 1:1 supervision.
- When we asked people if they felt safe comments included, "Yes, totally, it feels like they are really looking after you."
- We observed people were comfortable and relaxed with staff supporting them. People sought out staff when they needed reassurance, felt anxious or unsure.

Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk, whilst allowing people to remain as independent as possible. Staff said the electronic recording system allowed them to identify and respond to risks before incidents happened. For example, "The system will flag up when someone has not had enough to drink or has lost any weight."
- Where people were at risk of falls, staff liaised with professionals to minimise risk and considered equipment such as bed rails, sensory mats, and personal alarms, which alerted staff people were moving. This meant staff could support people safely. One person who was at risk of falls informed the staff they wanted to walk in the garden. Staff provided the person with a hand-held alarm so they could contact staff if they needed them. Staff said the person loved going outside and it was important to ensure they continued to be able to do this independently and safely.
- When people had risks in relation to their skin, staff had clear guidance on how care needed to be delivered to prevent deterioration. Visiting healthcare professionals shared very positive comments, "People rarely have skin damage, but if they do staff are quick to address it, they make appropriate referrals and follow guidance we give them."
- Staff were always available in the communal areas monitoring people's safety, mobility and interactions with each other. Risk assessments relating to the environment were in place and precautions taken to minimise risks to people. For example, window restrictors and radiator covers had been installed to support people's safety.
- Water temperatures and fire safety equipment were checked regularly and people had individual plans so they could be evacuated safely in the event of a fire.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. Every person we spoke with said there was always enough staff to meet their needs and to support them safely.
- When people required higher levels of support to meet their needs sufficient staffing levels were in place. For example, some people needed two staff to help them transfer safely, and some needed staff to walk with them to mobilise safely without falling. We saw staff were sufficient in numbers to meet these needs and also allowed the time to support people without rushing.
- Staffing levels were regularly reviewed so they continued to meet people's needs. The registered manager said they had increased staffing levels during the morning based on staff feedback about people's needs at this busy time of day.
- People received support from a consistent staff team.
- A robust and detailed recruitment process was followed to help ensure staff employed were suitable to work with vulnerable people. Background checks were completed before new staff started working at the service to check staff were safe to work with people and of good character.

Using medicines safely

- People continued to have their medicines stored, recorded and administered safely. Medicine Administration Records (MARS) were completed in line with best practice.
- Audits of medicines were undertaken, and staff could describe what action they would take if they identified any medicines errors.
- Staff wore 'Do not disturb' tabards during medicines rounds so they remained focussed on the task and to reduce the risk of errors.
- Policies and procedures were updated to reflect any changes in legislation and practice.
- There were suitable arrangements for storage and disposal of medicines, including medicines requiring extra security.
- Storage temperatures were monitored to make sure medicines would be safe and effective.
- Staff undertook regular medicines training and competency checks. This helped ensure they continued to have the skills and knowledge to manage medicines safely.
- Staff understood how people preferred to have their medicines administered. When people chose and were able to administer their own medicines they were supported to do so safely.
- Staff worked closely with people's doctors and held regular medicines reviews when required.

Preventing and controlling infection

- The home was clean, hygienic and fresh smelling throughout.
- Cleaning staff were employed and cleaning schedules in place to ensure standards were maintained.
- Personal protective equipment, such as aprons and gloves were available for use when supporting people with personal care tasks. Anti-bacterial hand gel dispensers were available around the home. Staff had attended training in infection control and food hygiene.

Learning lessons when things go wrong

- Any accidents and incidents were recorded and highlighted to the registered manager. The registered manager checked these regularly to identify any trends and patterns so preventative action could be taken

to prevent re-occurrence. For example, one person had had a number of falls due to frequently getting up to use the toilet at night. A sensor mat had been put in place to alert staff when the person woke and needed support. In addition, a referral had been made to the falls team and older person's mental health team to request a review.

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.

Good: 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 before they started using the service to ensure their expectations and needs could be met. The registered manager and head of care met with the person and their family to find out as much as they could about the person before they moved in.
- Care was planned and delivered in line with people's individual assessment, which were reviewed regularly or when people's needs changed.
- Equipment was available to support people's needs and to promote people's safety and independence. For example, people had access to an assisted bath and lifting equipment including hoists and standing aids to support individual needs.

Staff support: induction, training, skills and experience

- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate during the induction period. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific roles in the health and social care sectors.
- Staff training covered areas identified by the service as essential and included, safeguarding, infection control, moving and handling and fire safety. Training specific to people's needs was also provided, for example, staff attended training related to depression and bi-polar disorder to help them support a person experiencing poor mental health. Staff said, "We have lots of training; training events have really helped me progress and reflect on my practice".
- All staff said they felt well supported by colleagues and management. They said there was time to discuss their role, talk about people they supported and to reflect on practice. This included, daily handovers, regular supervision and staff meetings.

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

- People were supported to eat a varied and healthy home cooked diet. Everyone said they had enough to eat and drink and had regular access to food and fluids. We saw people being offered snacks and drinks regularly throughout the inspection. Jugs of water were re-filled and a drinks station with a variety of hot and cold drinks available in the dining room for people to help themselves to.
- A cook was employed and food was freshly cooked. People were given a choice of food and alternatives were available if they did not like or fancy the main meal. Homemade cakes were baked daily and fresh fruit available in bowls around the home.

- People's likes and dislikes were known and considered in the planning of meals. One person said, "They always know what I like to eat, they know just what to bring me for my breakfast".
- People's nutritional risk was regularly assessed, and the electronic recording system alerted staff to potential risks such as low fluid intake or weight loss. Referrals to professionals were made promptly when needs changed. For example, if they lost weight, their general health declined or they were thought to be at risk of choking. Staff monitored people's food and fluid intake when it had been assessed as necessary.
- Consideration had been given to the environment to ensure people could eat their meals in comfortable surroundings. The dining room tables were prepared attractively with table cloths, condiments and a selection of glasses for soft drinks and wine.

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

- The registered manager and staff worked across other agencies so people received effective care. Regular reviews with health and social care professionals were arranged.
- People had routine health checks and were supported to attend hospital and other healthcare appointments when required. A hospital pack was available for each person with information about their health should they require an admission to hospital. The pack was held electronically and enabled staff to provide paramedics and hospital staff with information about the person's last 48 hours of care prior to treatment or admission. People's care records included detailed information about their past and current health needs.
- A well-being file had been developed, which provided staff with detailed information about each person's particular health condition. For example, information was available about different types of strokes, reasons for high and low blood pressure, types of dementia, and use of oxygen. Staff said they could refer to this information when needed and were able to add to it when they found new information or guidance.
- Some people experienced periods of poor mental health due to living with dementia or other health conditions. Staff referred appropriately to the older person's mental health team when required. For example, one person had been experiencing periods of severe low mood due to their diagnosis. The registered manager had liaised with the mental health team and accessed local support groups in the area. They said this input had had a positive impact and the person concerned was far more settled and contented.

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

- The provider had worked hard to ensure the environment was comfortable, safe and met people's needs.
- Erith House is a Grade II listed building, built in 1860. The home had large rooms, high ceilings and wide corridors, allowing people plenty of space and light to mobilise and live comfortably. Many of the original features had been retained, which people said they liked although adaptations had been made when required to meet people's changing needs. A new wet room had recently been installed, which allowed people with mobility needs to shower more comfortably. There was also a new sluice room to improve the home's laundry facilities and infection control practices.
- The main sitting room provided a relaxing and comfortable place for people to relax, watch television and interact with others.
- People's bedrooms and bathrooms were well maintained, personalised and contained equipment to meet individual needs.
- People had access to a large, level garden area, with seating and shaded areas. People said they liked to sit and walk around the garden either on their own or with staff and visitors.
- It was noted that signage around the home was limited and could be improved to help people living with dementia orientate themselves as their condition progressed. This was discussed with the registered

manager at the time of the inspection, and they said they recognised signage could be improved.

We recommend that the service finds out more about the environment and signage based on current best practice in relation to the specialist needs of people living with dementia.

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.

- We saw people were supported to make choices and day-to-day decisions about their care and lifestyle. Staff understood people's rights and checked people were happy before care and support was provided.
- Some people had restrictions in place to keep them safe, for example, one person had a bumper rail on the side of their bed to stop them falling out. We saw recorded observations by staff that they had found the person with their legs over the side of the bed and there were concerns the person would fall. The registered manager had discussed the use of this equipment with the person's family and other professionals. Appropriate applications had been made to the local authority in relation to this practice. Any restrictions had been regularly reviewed to ensure they remained appropriate and in the person's best interest.
- The registered manager ensured relatives were involved in best interests discussions. For example, a best interests discussion had taken place regarding a person's diet and eating. The person's relative was involved and provided with advice about how they could continue to support their loved one to eat safely.

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

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

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

People were provided with sensitive and compassionate support by a kind, committed and caring staff team.

- People said, "Staff are very good. They are very kind to me, they are very gentle with me, all very nice".
- Professionals were very positive about the care provided to people and said, "They put the residents first, people I know who have moved in are doing so well".
- Relatives were very positive about the care provided to their loved ones. Comments included, "We really can't fault it, staff take initiative, when I am leaving they walk [person's name] to the door and then support them so they don't get distressed when we leave."
- The home had received cards from people and relatives when they no longer lived in the service. The correspondence we saw included, "We couldn't have wished for [person's name] to be more comfortable and cared for" and, "Thank you for your incredible care and patience."
- We saw staff treated people with upmost patience and kindness. For example, we saw staff walk slowly alongside people as they mobilised with their frame or other walking aid. Staff chatted with people about their day and provided reassuring words to make people feel unrushed and safe.
- People benefitted from staff who showed a genuine interest in their needs and lifestyle. We saw staff sitting with people and their visitors talking about family, people's interests, and events in the home and local community. One person staying for a period of respite had a regular visit by their relative and family pet. The person was delighted to see and hold their dog, and the staff were equally as enthused and interested. These interactions clearly pleased the person concerned and the laughter and friendly conversations helped create a warm and welcoming atmosphere in the home.
- Some people due to decline in health or personal choice spent longer periods of time in their bedroom. Staff regularly checked these people were fine and ensured they had company by sharing an activity, such as sitting and painting their nails. One person said, "I like to spend time on my own, I'm quite private, but the girls always pop in and see I'm ok and they come if I ring my bell".
- Staff undertook training in equality and diversity. The registered manager told us everyone was welcomed and respected at Erith House. The provider's values and ethos was available for people and visitors to see, which stated, "We respect the equality and unique value of everybody" and, "We welcome everybody and we celebrate diversity". People's religious and cultural differences were understood and respected. Religious clergy from different denominations visited the home to deliver mass and communion and people were supported to attend different churches in the local community. A group meeting in the home had been facilitated for one person to allow them to meet and spend time with people of the same faith as them.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, for example choosing what to wear and what activities they wanted to partake in.
- Staff were mainly mindful of people's privacy and dignity. We saw staff knocking on people's doors and waiting before entering. Do not disturb signs were available for staff to use when supporting people with personal care. It was noted that staff used a room located next to the main sitting room to complete paperwork and to make phone calls. Due to the location of the room it did mean that there was a risk of people's private information being seen or heard by other people and visitors. This was raised with the registered manager at the time of the inspection who said they would discuss the matter with staff and the provider to ensure people's private information was protected at all times. On the second day of the inspection this room was not being used by staff.
- People said staff spoke to them respectfully and delivered care in a way they wanted and expected.

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

- We heard lots of conversations between staff, people and their relatives about daily routines and events in the home. People said they felt involved and had opportunities to express their views.
- Questionnaires, newsletters and meetings with people and families were used to gather views about people's care and the service.

Is the service responsive?

Our findings

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

Good: 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 were assessed prior to their move to Erith House. The assessment checked people's needs could be met at the service, their preferences were known and they would fit in with the current people living at the service.
- Care plans were detailed and contained information, which was specific to people's individual needs and routines they liked. Staff were very familiar with this information and had good understanding about the needs of people they supported. A healthcare professional said, "When you visit, all the staff know about each person, that is refreshing and helpful".
- Staff knew people well and adapted their approach and communication style accordingly. For example, if people were living with dementia staff knew to keep information and choices simple and clear. One person had suffered a stroke. The hospital had used picture cards to help them communicate their needs whilst they were being treated. The staff had adopted the same approach in the home to help the person continue to communicate and make choices.

It was noted that the menu was not available in a format all people could access and understand. This was discussed with the registered manager at the time who assured us they would update this information

- Staff were confident they met people's needs in the way they needed and preferred. One staff member said, "I have never gone home and thought I have not met people's needs, and if we think this might be happening we meet and come up with a plan".
- The service was flexible and responsive to people's needs. For example, when people's needs changed due to deteriorating health and age the service worked closely with district nurses, doctors and mental health services so they could help ensure people could remain living at Erith House. Healthcare professionals said the registered manager and staff were proactive in thinking about the type of support and input people needed and made appropriate referrals to ensure needs were met.
- Consideration had been given to responding to the needs of people with a sensory loss. One person who was registered blind needed repair work to their bedroom ceiling. Plans were made for the work to be completed while the person was away on holiday. Photographs were taken on the person's bedroom and belongings to ensure items were placed back exactly as they had been left. This would help ensure the person could orientate themselves when they returned.
- People had opportunities to occupy their time and to remain as active as possible. A weekly activities plan was in place and staffing was organised to ensure time for activities was available. Items of interest were available around the home for people to see and use if they chose to do so. For example, communal areas had tables with magazines, books, music equipment and arts and crafts. We saw people sat chatting with

staff in the communal areas and garden.

- A notice board was situated in the main hallway with a copy of a weekly newsletter and information about weekly events in the home and local community.
- People from the local community were welcomed into the home and in some cases, had formed meaningful relationships with people who lived there. Two people went out regularly with a befriender. It was evident from the laughter and familiar conversations that these relationships enhanced the well-being of the people concerned.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. This was visible to people who used or visited the service.
- People said they rarely had to raise any concerns but would speak to the manager or senior staff if needed.
- People had the opportunity to raise concerns about their care or the service. Residents meetings were held and a comments box was available in the reception area for people to write down any views or make suggestions.
- At the time of the inspection the service had not received any formal complaints.

End of life care and support

- Staff had undertaken training in end of life care, and information about people's end of life wishes and plans were gathered and documented.
- At the time of the inspection end of life care was not been provided to anyone in the home, however professionals were very complimentary about the end of life care that had been provided to people at Erith House. Comments included, "Their end of life care has been brilliant. Relatives have always been happy, we never have to chase them up, they just get on with it".

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was visible and known to people, professionals and staff. Relatives confirmed the management team were approachable and available at all times. Professionals were positive about the leadership of the service, comments included, "We work really well with the staff and management. There is equal trust between them and us. If they ask us for support they know we will provide it. If they ask us we know it is because it is in the best interests of the person concerned."
- Staff were positive about the management of the service. They told us, "The home is managed well, team leaders work closely together, the manager is always in the home and there is a good on-call system". We found the registered manager and head of care positive and knowledgeable about the people they supported.
- The provider's values were available for people to see and included, "We seek to deliver services of the highest possible quality and constantly improve through listening, reflecting, learning and action". We found the culture and atmosphere of the home warm, welcoming and inclusive. Staff were valued for their contribution and their ideas and were listened to and respected. One staff member told us they could not thank the manager enough for supporting them whilst they had worked in the home and also undertaken training as part of pursuing a chosen career in the health sector.
- All staff were positive, smiling and exchanging positive interactions with people as they worked. The calm, unrushed approach helped create a homely and relaxed atmosphere for people to live in.
- The registered manager was visible and known to people, professionals and staff. Relatives confirmed the management team were approachable and available at all times.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by a head of care and senior carers. The head of care and seniors had set responsibilities with oversight from the registered manager. Staff had particular responsibilities to help ensure important aspects of the home were organised effectively, such as medicines.
- Systems had been developed to ensure performance remained good and continued to improve. For example, there were regular audits of the environment, medicines, care records and infection control. A

maintenance worker was employed to help ensure any environmental tasks could be identified and addressed promptly. Training and supervision of staff was also monitored and overseen by the registered manager. An administrator was employed on a part time basis and had responsibility for organising and overseeing staff and recruitment records and recruitment.

- The registered manager completed a monthly quality report with a plan for any action needed. The registered provider had oversight of this report and any action and also completed their own audit of the service. Provider visits included a walk around of the service, discussion with people and staff and an action plan of any improvements needed.
- The provider continued to make improvements to the service to ensure people's current and changing needs continued to be met. Since the last inspection a new wet room and sluice room had been added to the service. In addition, a new electronic system was now in place for staff to document and monitor people's daily care. The registered manager said they felt staff were now really getting to grips with the new system, which they believed was having a positive impact on the planning and delivery of care. In addition, changes had been made to the management of medicines to ensure they were in line with best practice guidance.
- The registered manager was aware of the regulatory responsibilities. For example, notifications were made promptly and the provider information return had been submitted on time.

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

- People's, relatives and staff views were sought. This helped ensure on-going improvement of the service.
- Meetings were held with people to discuss issues such as the environment, menu's and activities. Changes had been made as a result of these meetings.
- Staff had access to the Care Quality Commission's guidance regarding sexuality and relationships in social care as well as Age UK information about meeting the diverse needs of older people in relation to their sexuality.

Continuous learning and improving care

- The registered manager attended local conferences to keep up to date with best practice and changes in legislation.
- At the time of the inspection the registered manager was starting to develop 'Champion' roles for staff. This meant staff would be champions in particular areas of care, such as dementia, health and safety, and end of life care. Champions would develop their skills and knowledge in these areas and provide support and advice to the care team.

Working in partnership with others

- The service had close working relationships with the local primary care services and older person's mental health team. Feedback from these services was consistently positive. A representative from the local authority quality monitoring team said that the provider continued to develop and improve the quality monitoring systems. They said the manager continued to make improvements at the home and worked well with other professionals in seeking advice and guidance on best practice.