HC-One No.1 Limited

The Hornchurch Care Home

Inspection report

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Hornchurch
Essex
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Hornchurch Care Home supports older people, some of whom have dementia care needs. It is registered to accommodate up to 55 people with nursing and personal care. At the time of the inspection, 54 people were living at the home. The home has three floors with adapted facilities and en-suite rooms.

People's experience of using this service and what we found
Medicines were administered to people safely and as prescribed. However, we have made a recommendation for the provider to review the way they manage medicines and equipment to monitor people's blood sugar levels.

People were safe and there were systems to protect them from the risk of abuse. Potential risks to people were assessed and monitored. Staff were recruited safely and appropriately. There were enough staff to meet people's care and support needs. Systems were in place to record and monitor accidents and incidents.

People were protected from the risks associated with the spread of infection. People were supported by staff who had received professional training and support. People's needs were assessed before they started to use the service. The staff worked with other health and social care professionals to ensure people were in good health.

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 did support this practice.

People were encouraged to maintain a healthy balanced diet and were provided food and drink that met their preferences and needs. Staff knew people well and they provided care and support to them in a kind and compassionate way. People were treated with respect and their views were listened to and their requests acted upon.

People received personalised care and support in accordance with their individual needs. Care plans provided guidance on how to support people, and included their preferences and communication needs. People were positive about the care and support they received from staff and the management team. There was a positive culture in the home and equality, diversity and inclusion was promoted.

Activities for people in the home were engaging and meaningful. People were supported to pursue their interests. People and their relatives were positive about the management team and could approach them with any concerns.

The provider had systems in place to assess, monitor and improve the quality and safety of the services provided. Feedback was sought from people, relatives, staff and other professionals. The home worked with

local services and was a part of the community.

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

Rating at last inspection
The last rating for the service was Good (report published 20 April 2020).

Why we inspected
This inspection was prompted in part due to concerns we received about the quality and safety of the service and the management of end of life care support. A decision was made for us to inspect and examine those risks.

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.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

The Hornchurch Care Home

Detailed findings

Background to this inspection

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

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
The inspection was carried out by one inspector, a specialist nursing advisor, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Hornchurch Care Home is a 'care home' in which people receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included feedback from professionals and notifications. A notification is information about important events, which the provider is required to tell us about by law. 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
During the inspection, we spoke with the registered manager, the area director, the deputy manager, 10 nursing and care staff, an external end of life support and care professional, 1 member of domestic and laundry staff and the head chef who managed the kitchen.

We carried out observations of people's care and support and spoke with 8 and 4 relatives, who were visiting their family members.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 8 people's care plans. We looked at other documents such as medicine management, infection control records and 5 staff training and recruitment files.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were managed and administered safely to people by trained staff. We found no evidence people were at risk of harm from medicine practices in the home. However, we found some areas where improvements were required.
- Staff recorded the temperatures of medicines storage areas but had not done so for the refrigerator temperature, where some medicines were stored. Therefore, we could not be assured if medicines were being stored within the correct temperature range for refrigerators. This meant these medicines were at risk of their effectiveness being reduced.
- Staff did not always record the use of topical medicines appropriately. For example, there were gaps in the administration records for some creams. In addition, staff did not always document the site of application of medicines patches on people's skin. This meant that there was risk the patch application sites were not being rotated. Rotation is important because placing a new patch in the same place as the old one could increase the risk of skin irritation.
- People who required insulin to treat diabetes were supported to maintain safe blood sugar levels. We saw these were being monitored and diabetic care plans were in place. However, equipment to monitor people's blood sugar levels was not managed in accordance with the manufacturer's instructions because staff did not conduct quality control testing of the equipment. This meant there was risk that blood glucose readings were not accurate.
- For one person with diabetes, the care plan contained conflicting information regarding the frequency of blood glucose monitoring. However, staff had sought advice from a diabetes specialist who was monitoring the person closely. We fed our findings back to the management team to address them.

We recommend the provider review its medicine audit processes and staff training regarding the management and monitoring of all medicines and equipment.

- Staff were provided with medicines training and competency assessments before they were able to provide medicines support.
- The management team carried out medicines audits and took relevant actions to address any concerns raised.
- Staff completed and signed electronic medicines administration records to show that they had administered medicines as prescribed.
- Medicines were stored in locked medicines trolleys within locked clinical treatment rooms.
- Staff recorded the room temperatures where medicines were stored. Controlled Drugs (CDs) were stored

appropriately in CD cupboards.

Systems and processes to safeguard people from the risk of abuse

● Systems to protect people from the risk of abuse were in place. These included safeguarding policies and procedures for people and staff to follow if they wanted to report a case of abuse. Staff had received training in safeguarding people from abuse. They could describe the procedures they would follow should they identify people at risk of abuse.

● We reviewed safeguarding notifications and alerts about the service. Records showed the registered manager took action to protect people from abuse and ensured the home complied with recommendations set out by local authority safeguarding teams where these were made.

● The provider had a whistleblowing policy for staff to report concerns to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

● People and relatives told us the home was safe. One person said, "There's someone to help me if I need them." A relative told us, "I think [family member] is very safe. I feel reassured by the staff and managers, they are very good."

Assessing risk, safety monitoring and management

● Risks relating to people's health and care needs were assessed to ensure people received care that was safe. Risk assessments contained information about specific risks to people for staff to be aware of so they could support them safely. These included risks related to fluid intake and nutrition, pressure sores, moving and handling, skin integrity and those related to specific health conditions, such as diabetes.

● Risk assessments contained clear guidance for staff on how to monitor these risks and what action to take to make sure people were cared for safely.

● Gas, water, electrical installations, hoisting equipment and fire safety and alarm systems for the premises had been serviced by professionals.

● People each had a personal emergency evacuation plan, in the event of a fire or other emergency.

Staffing and recruitment

● There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service. Staffing levels in the service were assessed by the registered manager, depending on people's needs within the home. Each unit in the home was staffed by nursing staff and care staff and we saw them all on duty during our inspection. Agency staff were occasionally used to cover gaps in the rota such as staff sickness.

● Staff told us they supported each other and there were enough staff. People had access to call bells which they could press when they required assistance in their rooms. We noted that staff responded to call bells in a timely way.

● Staff were recruited by the provider appropriately. This included carrying out criminal background checks, obtaining references, proof of the applicant's identity and their eligibility to work in the UK. This ensured staff who were recruited were safe and suitable to support people in the home.

● After the inspection, the provider notified us they had identified an issue with a member of staff's credentials, and they had taken action to investigate it. This ensured the home employed staff that were safe and suitable with the necessary qualifications or registration.

Learning lessons when things go wrong

● Incidents or accidents in the home were reported to the management team to help learn lessons. The provider had a policy for staff to follow should things go wrong.

● The management team reviewed incidents and took action to keep people safe. They undertook an analysis of incidents and accidents and where necessary they put in place measures to prevent re-

occurrence in future and for lessons to be learnt. For example, reviewing specific risks to people.

Preventing and controlling infection

● The provider was preventing visitors from catching and spreading infections.

● People were admitted safely to the service. Staff used personal protective equipment (PPE) effectively and safely and told us they had sufficient PPE for their use.

● The provider was accessing COVID-19 testing for people using the service and staff when required.

● Safety through the layout and hygiene practices of the premises was promoted. The home was clean, bright and was cleaned and disinfected daily by the domestic staff.

● The provider's infection prevention and control policy was up to date. There were processes to make sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

● The provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training to help them develop the skills to support people safely and effectively. Training included a combination of online and practical courses.
- Staff completed an induction and training after they were recruited and received refresher training to update their knowledge. One staff member told us, "The induction and training was very helpful and informative."
- Training topics included safeguarding adults, infection prevention and control, medicine administration, dementia awareness, moving and handling and fluids and nutrition.
- Staff told us they were supported in their roles by the registered manager and their line managers. They told us they had opportunities to discuss their work, their performance and any problems with the registered manager or other members of the management team.
- Records showed staff received supervision from managers in which they had opportunities to discuss their work, their performance and any problems.

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

- People's needs were assessed before they moved into the home. The assessment was a way for the management team to determine if the home was a suitable place for the person and their needs could be met.
- People's needs, choices and desired goals were discussed with them and their relatives so they could receive effective care that led to good outcomes.
- Pre-admission assessments contained details of people's backgrounds, health conditions, mobility, their skills and abilities, mental capacity and equality and diversity needs.

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

- People's nutritional and hydration needs were met to help them maintain a balanced diet and their health. People had nutritional care plans to set out how they preferred their meals and how best to support them.
- People were supported to drink plenty of fluids. Staff maintained fluid charts to check people were drinking enough. One person told us, "They come around with a cup of tea and biscuits. I always have water available."
- People told us they were provided meals they liked to eat but could also ask for a different meal, should they change their mind about what they wanted to eat on the day. One person said, "I've always had good food here. You get a choice."

● We observed lunch services on 2 different floors. Some people ate independently and some required assistance. On one floor, there was a pleasant, relaxed atmosphere with music and people were given as much time as they needed to eat and drink. However, on another floor there was less of a positive atmosphere and no music, which meant there was some inconsistency with how meals were served on different floors. We fed this back to the management team to review meal services and address any issues.
● People's nutritional requirements and risks were assessed, for example if they were at risk of choking and if they required their food to be softened or pureed or if they had allergies or controlled diets. The kitchen staff knew of this information and prepared meals according to each person's specific needs.
● When there were concerns about people's food and fluid intake or weight, records showed they were referred to other health professionals such as speech and language therapists, dieticians or their doctor.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies
● People's health and wellbeing was monitored. They were supported to maintain their health and were referred to health services such as the local doctor's surgery, dentists, physiotherapists and chiropodists. Records showed people attended health care appointments.
● Care plans included the contact details of health professionals or agencies involved in their care. The staff and management team worked with health professionals to ensure people were in the best of health. The GP from the local surgery visited the home weekly to check up on people's and health and ensure they were getting the right treatment.
● Staff told us they checked people were in the best of health. Staff were able to identify if people were not well and knew what action to take in an emergency.

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.
● The home followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded. People's choices and decisions were respected. Records showed if people required decisions to be made in their best interest.
● The registered manager had ensured authorisations for DoLS were in place for people whose liberty was being deprived. Records showed specific conditions applied to people's DoLS by the local authority were being met by the service.
● Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "I always respect people's capacity and make sure I ask for their consent and permission when I am supporting them."

Adapting service, design, decoration to meet people's needs
● The Hornchurch Care Home is located on a high road within a small town, and was nearby to local shops, services and public transport links, as well as residential roads. There were areas of open garden space for people to walk around and they were easy for people to access.

● People told us they felt comfortable and safe in the home. They were able to personalise their rooms with items of their choosing.
● The home was clean and bright, which suited people's needs. The provider told us they intended to carry out some renovations within the home where some areas required updating or redecorating.

Good

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives were positive about the staff and told us they were kind, caring and respectful. People told us they were well treated and had got to know the staff. One person said, "Everyone's been kind and helpful. The staff who give me personal care are polite and cheerful. I'm happy."
- Staff told us they had got to know people well and had developed positive relationships. A staff member said, "I have got to know people quite well. I say 'Hello,' and chat to them everyday on my floor."
- We observed staff interacting with people politely and patiently. People were approporately dressed for the day and their personal care needs were met. Another person said, "The carers are pretty good. They wash me down in the morning. They give me a shower when I want one. I've got a sore chest today and they've brought me honey and lemon."
- People's protected characteristics such as their gender, race, religion and sexuality were understood, respected and recorded in their care plans. People were supported to practise their religion. There was a weekly religious service in the home that all people were welcome to attend if they wished.
- Staff told us they respected people as individuals with their own choices and beliefs and had received training in equality and diversity. They told us they would challenge any discrimination. A staff member said, "I treat people equally and would not discriminate based on their colour or religion. We care for all people here, that's our job."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they were mindful of people's privacy and dignity and made sure doors and curtains were closed when providing people personal care.
- Care plans contained information about people's levels of independence and daily living skills. For example, their ability to walk independently and dress themselves. A person told us how they were able to independently move around the home. They said, "I go out of my room and say 'Hello' and do things with the staff in the lounge. Every week somebody comes in. The activity staff go from room to room and have a chat. I was invited to a birthday party recently which I attended."
- Staff told us they understood the home's confidentiality policy and did not put people's personal information at risk by sharing it with unauthorised persons.

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

- People and their relatives were involved in decisions about their care. There was a collaborative approach between the management team, relatives, people and staff towards ensuring people received the care they wanted and needed. People confirmed they could express their views and make choices,

● We observed staff to be respectful in their approach to people and staff told us they always offered people choices about their day to day care and how they spent their time. One staff member said, "Yes, I always give people choice and encourage them to express themselves."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

End of Life care and support

● Prior to our inspection we received some concerns about how the home provided people with end of life care and support. A complaint was in progress and was being investigated. The registered manager told us they would ensure lessons would be learnt from the investigation, to improve the service. However, we found people's wishes for end of life care and support were explored and respected in the event of changes in their health.

● End of life care plans were in place to record people's wishes for their support. Where applicable, people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms ready, authorised and signed.

● We spoke with an external end of life care professional who visited the home monthly to provide staff with support and review people's care. They were visiting the home on the day of our inspection. They updated a palliative care register for each floor with the nursing staff to assess the risks of people on end of life care and support. They told us staff followed their guidance and advice on end of life care and support, were respectful and they had no concerns about the care at the home.

● The home had the necessary support systems in place to be able to provide people with end of life or palliative care that was sensitive and respectful. This included ensuring people who might be reaching the end of life stage had the medicines they might need to manage their symptoms.

● People were also visited by staff from the local hospice if they were referred to community palliative care teams.

● Staff received professional training in end of life care and support and were also due further training on the management of syringe pumps, which were used to administer medicines to people through a needle inserted under the skin when they could no longer swallow. Staff also received support from district nurses who visited the home to support people on end of life care and administer certain medicines.

● These systems helped to ensure staff had the knowledge and skills needed to deliver quality care to people nearing the end of their lives.

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

● People had care plans which were personalised to ensure their needs and preferences were met. People were supported to achieve good outcomes and had choice and control over their care. People and relatives told us staff and managers were responsive and acted upon any issues or concerns. One person said, "On the whole I think they work very hard and are kind."

● Care plans were person-centred and provided information about people's personal history, preferences, interests and communication abilities.

● Care plans were reviewed and updated with any changes to people's preferences or health. However, we noted some people's care plans were overdue their review. We discussed this with the registered manager

as we found care plans were large paper based folders, which meant there was risk of paperwork being left incomplete. The registered manager told us they would look into this as part of their audits to ensure all care plans were reviewed when required.

● Staff told us they communicated with each other to ensure people received the support they needed. Handover meetings took place between shifts so staff could update incoming staff of how people were and any issues.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

● The provider supported people to develop and maintain relationships with others such as family and friends to avoid social isolation. We saw relatives visiting people throughout our inspection.

● There was a programme of activities for people that were socially and culturally relevant and to help with everyday stimulation. People could also follow their own interests and could also spend time socialising with others. One person said, "They always offer me to go to activities." People told us they enjoyed the activities and we observed them taking place throughout the home.

● Activities included music therapy, painting, card games, hairdresser sessions, films and 1 to 1 sessions, where staff spent time with people who liked to stay in their room. This included aromatherapy, hand massages, word games and reminiscence chats.

● We noted that people wanted to go out for a Christmas pub lunch, and this took place on the day of our inspection. We saw staff supporting some people to go outside and return.

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 set out in their care and support plans, for example if the person was able to verbally express their thoughts and feelings or if they needed staff to speak to them slowly and clearly. Staff told us they followed people's communication plans. A staff member provided an example of communication and said, "We use signs and gestures if people have difficulty speaking."

● The management team could supply information to people in easy read or large print formats to help them understand what the information was trying to say, such as understanding how to report abuse or make a complaint.

Improving care quality in response to complaints or concerns

● A complaints procedure was available if people or their relatives were not satisfied with the service or with their care. Complaints were reported to the registered manager and logged so that action was taken and responses could be provided.

● The management team investigated all complaints within the timescales set out in the complaints policy and provided people and relatives with an outcome for their complaint.

● The registered manager apologised for any errors, sought advice from external professionals and took action to resolve concerns and make improvements.

Good

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care that was person-centred, inclusive and empowering. The provider had established a positive culture. One relative said, "The manager is very good. They have made the home a good place that is welcoming for relatives and caring for [family member]."
- People told us staff were compassionate and caring towards them. We looked at 'Thank you' cards and written compliments about the home from people and relatives. Comments included, "We have been so very pleased with the outstanding care and attention that everyone has demonstrated" and "Lots of care and kindness shown to me. The staff have a good sense of humour and were a good laugh which goes a long way."
- There was a clear management structure. The registered manager was well supported by other senior staff such as the deputy manager and area director who helped to oversee the day to day management of the home. The registered manager told us, "HC-One [provider] have been very good. They give us lots of support and investment where needed. [Area director] is excellent and [deputy manager] is really helpful. I am well supported every day."
- Staff felt supported and encouraged by the registered manager to perform well and told us there was an open-door policy so they could approach the management team with any issues. A staff member said, "I feel well supported by the management team. The organisation looks after the staffs' wellbeing, such as discounts at the local gym and exercise/mindfulness videos."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The provider had ensured quality assurance systems were in place to monitor the quality and safety of the service.
- The registered manager carried out audits which included checks on infection control, medicines, care plans, accidents and incidents reports and staff training.
- We found medicines were managed safely but we identified areas that could be improved that were not initially found by the management team. We have recommended that medicine audit processes are reviewed to ensure they are effective.
- Daily 'flash' meetings took place between the registered manager, the senior nursing staff and the deputy manager to discuss any issues and provide updates. The meetings were also used to identify improvements and learning outcomes, for example following safeguarding concerns and the importance of recording information such as injuries or bruising noticed in people.

● The registered manager also met with the area director and other operational managers who represented the provider to go through maintenance, recruitment and improvement updates.
● Staff told us they were clear about their roles and responsibilities. Staff meetings were used by the management team to share important information and discuss any issues. Topics included training, supervision, documenting and recording notes and handover communication. The management team also reminded staff of their professional responsibilities to ensure people received a good standard of care.

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
●. Providers and registered managers have a legal responsibility to notify the CQC of any allegations of abuse, serious injuries or incidents involving the police.
● The registered manager was open and transparent with people and relatives when things went wrong and notified and liaised with the local safeguarding authority and CQC regarding concerns of abuse.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● People and relatives were engaged with the home. The registered manager ensured they were kept informed and updated on any changes in the home and with regard to complaints.
● The registered manager also held meetings for people so they could ask questions or voice any feedback. Items discussed included activities, entertainment and food menus. Minutes of the meetings showed people's feedback was being noted and listened to.
● Staff were recognised and praised for their work to encourage and motivate them. They were involved in the running of the home and their thoughts and feedback were sought through meetings and surveys.
● People's equality characteristics were considered and recorded in their care plans. Equality, diversity and inclusion was promoted in the home to ensure people's needs were met.
● The provider sent out surveys and questionnaires to people and relatives for their feedback about the home. The feedback was analysed to make adjustments and improvements to the home.

Working in partnership with others:
● The provider worked with local services, social care agencies and professionals, such as GPs and pharmacists to maintain people's health and wellbeing.
● The provider kept up to date with new developments in the care sector and shared best practice ideas with the service.