

Red Firs Carehome Limited

# Strawberry Fields Care Home

## Inspection report

Strawberry Hall Lane  
Newark  
Nottinghamshire  
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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: Strawberry Fields Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service supports older people. At the time of the inspection there were 40 people using the service.

People's experience of using this service:

- ☐ The provider met the characteristics of 'Good' in all areas. This has improved from a rating of 'Requires Improvement' at the last inspection in 2018. More information about this is in the full report.
- ☐ The risks to people's health and safety were now appropriately assessed resulting in safe care being provided. Improvements had been made to the way people's medicines were managed. People were protected by staff who understood how to protect them from avoidable harm. The provider had acted on a recommendation made by the CQC at the last inspection to review the deployment of staff. Improvements in this area meant staff were now available for people when they needed them
- ☐ The risk of the spread of infection was safely managed, although we did identify one piece of equipment and one room that required cleaning. Systems were in place to help the provider to learn from mistakes. This included the detailed analysis of accidents and incidents.
- ☐ 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 support this practice.
- ☐ Staff training was largely up to date and they received on-going assessment of their practice. People were provided with care and support which protected them from discrimination. People received the support they needed to maintain a healthy diet. People at risk of weight loss or gain and dehydration were referred to health specialists. People had access to other health and social care agencies where needed. The environment had been adapted to support people living with dementia and/or a physical disability.
- ☐ People found the staff to be kind, caring and respectful. People were treated with dignity and their independence was encouraged. People felt involved with decisions and that staff respected their wishes. People's records were stored securely to protect their privacy.
- ☐ Improvements had been made to the way people's personal preferences and choices were used when care was planned for them. Improvements had been made to the activities provided with people now having a wider range of meaningful activities available to them.
- ☐ People's needs were assessed prior to them coming to live at the home. This helped to ensure their needs

could be met by staff. People's personal preferences were considered when care was planned. People had access to information in a format they could understand. Complaints were responded to in line with the provider's complaints policy. People were not currently receiving end of life care. End of life care plans were basic and required more detailed reference to people's personal preferences.

- ☐ Improvements had been made to the overall assessment of risk at the home. Audits were now effectively used to assist the registered manager and the provider in identifying and acting on risks in an effective and timely manner. People, relatives and staff praised the approach of the registered manager. Staff found her to be welcoming and they felt respected and valued. Relatives had been given the opportunity to give their views about how the service could develop and improve. Plans were in place to provide people living at the home the same opportunity.
- ☐ There was now continued focus on learning, development and improvement. The registered manager had a good understanding of the regulatory requirements of their role.

Rating at last inspection:

At the last inspection the service was rated as Requires Improvement (25 January 2018).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Strawberry Fields 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:

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type:

The service is a 'care home'.

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:

We did not give the provider notice of this inspection.

Inspection site visit activity started and ended on 20 March 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. The provider completed a

Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with nine people who used the service and six relatives. We spoke with three members of the care staff, a maintenance person and the registered manager.

We reviewed a range of records. This included seven people's care records and four staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection, we asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.



## Our findings

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

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

Assessing risk, safety monitoring and management. Using medicines safely

- ☐ During our inspection on 25 January 2018 we identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the way the risks associated with people's safety were assessed; particularly in key areas such as falls prevention, pressure sores and the use of bedrails. We also had concerns with the way people's medicines were managed.
- ☐ After the inspection the provider forwarded us an action plan which explained how they would make the required improvements. At this inspection we checked to see whether these improvements had been made. We found improvements had been made.
- ☐ There had been improvement in the way risks were assessed, acted on and reviewed. Where people required bedrails to reduce the risk of them falling out of bed, risk assessments were now in place. Where people were at risk of falls we noted assessments were in place, were regularly reviewed and monitored. Where needed, referrals were made to falls specialists to seek further professional advice on how to support people safely.
- ☐ Where needed, sensor mats were in place to alert staff if a person had left their bed. We tested these mats and found that whilst most worked, a small number did not always work due to a connection problem with the socket in the walls. The registered manager was aware of this and had ordered replacements. A daily sensor mat monitoring check was put in place until the new mats arrived. This would ensure that people's safety was not placed at risk due to faulty equipment.
- ☐ Individual risk assessments in other areas such as nutrition and choking were in place. Risk assessments contained information for staff on actions to mitigate the risk. For example, a person at risk of choking had a pureed diet and staff assisted the person at mealtimes.
- ☐ Personal emergency evacuation plans were in place to assist staff with evacuating people safely in an emergency. Regular checks of equipment used to care for people and checks on the environment were carried out. The regular reviewing of risk helped to reduce the risk to people's safety.
- ☐ Improvements had been made to the way staff cared for people who were at risk of developing pressure ulcers. Monitoring charts were in place and the majority of these were appropriately completed. We did note one person's records stated that they were to be repositioned every two hours; however, their records showed there had been gaps of up to four hours between each move. We did note that this person did not have a pressure sore. The registered manager told us they were confident that this person was being moved

more regularly, however they would remind staff to ensure that records were always accurately completed.

- Improvements had been made to the way people's medicines were managed. There were now trained staff in place at all times of the day to administer medicines. People now received their medicines as prescribed.
- We observed the administration of medicines and found staff made the necessary checks when they administered medicines and maintained the security of medicines. Medicine administration records contained a photograph of each person, a record of any allergies and the person's preferences for taking their medicines. Records were completed consistently to indicate people received their medicines as prescribed.
- When medicinal skin patches were used, staff kept records to show the site of application was rotated in line with recommendations. Protocols were in place to ensure additional information was available to enable medicines prescribed to be given only when required, to be given safely and consistently. When people were given their medicines covertly, there was signed agreement from their GP for this and evidence of the involvement of the pharmacy. This helped to ensure the safe administration of medicines.

### Staffing and recruitment

- During our previous inspection people raised concerns with us that they felt staff were not always available to them, with particular concern with staffing levels at night. We also noted that staff were not always available in communal areas throughout our inspection. After this inspection we made a recommendation to the provider to review their deployment of staff to ensure staff were more readily available both in communal areas and at night.
- During this inspection, the registered manager told us action had been taken. More night staff were now available. Checks of staff performance at night were also randomly carried out. The registered manager had also amended their own shifts so at times, they started work at 6.30am to enable them to meet with night staff, discuss any concerns they may have and to ensure people received care when needed.
- A dependency assessment was completed to help the registered manager assess people's needs and the number of staff needed to support them safely. Rotas checked showed the appropriate number of staff were in place.
- Most people spoken with were happy with the current levels of staff working at the home. Our observations throughout the inspection supported this view. One person said, "I just have to press the buzzer and they come to my room to see what I want." Others told us there were staff available in communal areas when they needed them. One person said, "There's always someone around in the lounge, although sometimes I have to wait to go back to my room."
- Staff told us they felt they had enough staff to provide a good level of care and meet people's individual needs. They said permanent staff usually covered any sickness and/or absence.
- The registered manager told us agency staff were rarely used but if they were, the same staff were always used wherever possible to enable continuity of care. Staff spoken with confirmed this and found it helpful to have support from agency staff who understood the service and the needs of the people living there.
- Robust recruitment processes were followed to ensure that people were protected from unsuitable staff. This included carrying out checks on staff's employment history, criminal record and identity.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of avoidable harm. People told us they felt safe when staff supported them. One person said, "Yes, I feel safe, the staff are very good, they help me walk to the table with my frame." A relative said, "I have peace of mind when I leave, I know that my relative is safe. That is very important to me."
- Staff were aware of the signs of abuse and could explain how they would report any concerns they had. Staff were confident the registered manager would address their concerns, but would escalate to the



provider or other external agencies such as the CQC if necessary.

- Staff had received safeguarding training. A safeguarding policy was in place. The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority 'safeguarding team,' were notified of any allegations of abuse or neglect. Records showed the registered manager had followed this process when required. This meant the risk of people experiencing avoidable harm was reduced.

#### Preventing and controlling infection

- We carried out checks of the cleanliness of equipment used to support people such as hoists and wheelchairs. We saw they were stored safely and were visibly clean. The home was clean and tidy in almost all areas. We did note a privacy curtain used to protect people's privacy during personal care was stained and required replacement or cleaning. We also noted a toilet had debris from maintenance work that had been carried out the previous day. This was not cleaned away during our inspection. The registered manager took action to rectify these issues.

- Staff were aware of the actions needed to prevent the spread of infection. We observed safe food hygiene practices both in the kitchen and in the communal areas. We observed staff using personal protective equipment (PPE) appropriately and staff said there was a good supply of PPE. There were effective systems in place that ensured clean and dirty laundry were kept separate to reduce the risk of the cross-contamination.

- Domestic staff completed cleaning schedules which informed them which parts of the home required cleaning and when. This included more thorough deep cleaning at regular intervals. Staff had received infection control training. This meant the risks associated with the spread of infection were reduced.

#### Learning lessons when things go wrong

- There was a process in place that ensured accidents and incidents were investigated. Post-incident reviews were carried out to help the registered manager to identify any trends or themes.

- Where needed, referrals had been made to other professionals such as occupational therapists, falls teams or other relevant agencies to obtain assessments of people's mobility. This helped to guide staff to reduce the number of incidents that occurred and to keep people safe.



## 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

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 received care from staff that reflected their needs and personal choices. When people were living with long term conditions such as diabetes, the person's care plan provided information of action for staff to complete daily to monitor their health, identify signs of deterioration and action to take to involve medical professionals when required.
- ☐ People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Staff had access to national and local best practice guidance which supported them to carry out their roles effectively. We saw guidance in relation to diabetes and safe medicines management had been used to help form care plans.

Staff support: induction, training, skills and experience.

- ☐ People and relatives felt the staff had the skills and experience to care for them or their family member effectively. People felt staff understood their needs and were sufficiently trained to provide them with the care they needed. One person said, "Yes, most of the staff know me, I like my bed covers rolled back so I can get in on my own at night, the staff all know that now." A relative said, "Yes, they know my relative well, they have new staff but they work with someone who knows [my family member] well."
- ☐ Staff felt well trained and supported which enabled them to carry out their role effectively. Staff who had recently been recruited told us they had completed on-line mandatory training and some face to face training before they commenced their role. They also told us there was additional training provided when needed.
- ☐ Records showed staff had completed training deemed mandatory by the provider for their role. Most of this training was up to date with refresher training courses booked for those that needed them. This would ensure staff continued to provide effective care in line with current best practice guidelines and legislation.
- ☐ Staff received supervision of their practice to ensure they continued to carry out their role effectively. Records showed staff had received at least three supervisions each within the past year, with some receiving more when needed.
- ☐ Staff praised the induction process. They told us they shadowed experienced staff until they were

confident to carry out their role independently. Some staff had been supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and forms part of a robust induction programme.

- Our observations throughout the inspection confirmed staff carried out their roles with skill and expertise. This meant people received effective care and support.

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

- People received the support they needed to maintain a balanced diet and good nutritional health. We observed staff offer fluids regularly to two people who were cared for in bed and needed full assistance with eating and drinking. As a result, they received at least their minimum recommended daily fluid intake.
- Where people were at risk of weight gain or loss, they were weighed regularly to help staff identify any significant changes. Referrals had been made to GP's and/or dieticians to offer specialist guidance for staff to support people effectively.
- Safe food hygiene practices were in place. Catering staff were suitably qualified to ensure meals were prepared and served in a hygienic environment. The Food Standards Agency had inspected the home on 5 June 2018 and rated it as '5 – Very Good', this is the highest mark available.
- The cook was knowledgeable about people's dietary needs. They had a five-week rotating menu, but told us that people could also make requests that were not on the menu. This meant people received their meals in line with their personal dietary requirements and had a choice of meals.
- We observed lunch being served. Staff remained in the dining room throughout lunch and people were supported with their meals where needed. People were offered a choice of two main meals although we noted a choice was not always offered for dessert. Meals were taken to people who were in their bedrooms at the same time as others. This meant people who resided within their bedrooms received their meals in a timely manner. Staff had time to chat with people, they also encouraged people to take fluids to ensure people were suitably hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to their GP and other healthcare agencies to support them with receiving consistent and timely care.
- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

Supporting people to live healthier lives, access healthcare services and support

- People's daily health and wellbeing was recorded in their daily running records and there was evidence of appropriate referrals to health and social care services when needed. Any areas of concern were reported immediately by staff to the registered manager or senior care staff and they were acted on accordingly.

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.
- Consent to aspects of people's care and support was obtained. When people lacked the capacity to make specific decisions mental capacity assessments and best interest decisions were documented. This included

decisions relating to people's medicines and personal care. This documentation is important, as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected.

- When people had a lasting power of attorney (LPoA) the type of LPoA was recorded and details of the person appointed as their attorney. A LPoA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on your behalf. This meant the registered manager had ensured that decisions made for people were always done so in a way that protected their rights.
- The registered manager made DoLS applications where necessary. DoLS authorisations we checked were within their review date and had no conditions attached.

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

- The premises had been adapted to provide people living there with a safe but homely environment. People living with dementia and/or who had a physical disability could lead lives that were not restricted by their environment. There were signs in place to help people to orientate themselves around building. Handrails were in place to offer people support when walking independently of staff. Bathrooms, toilets and showers had been adapted to ensure they were accessible and usable for all people, despite people's disabilities. Regular maintenance of the building was carried out. This was done effectively. The maintenance person told us they had sufficient resources that ensured they could complete all work as required. We did note that the flooring in one communal area had started to form a 'bubble' like effect, which meant there were raised areas of the floor. This could pose a risk to people's safety. The registered manager told they would ensure this was rectified.



## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 felt staff were caring and kind. They praised the approach of staff and felt well treated and supported. One person said, "Oh yes they are very caring, always asking if I need anything." Another person said, "They are both caring and kind they are polite to me, they help me dress in a morning and they always ask what I want to wear, that means a lot to me." A relative said, "The staff here are excellent, my relative always looks well cared for and they make me feel welcome when I visit."
- ☐ People's diverse needs were discussed with them when they first started to use this service. Where people had religious beliefs, staff did all they could to support people with practicing their chosen religion. For example, a Catholic priest comes to the home to provide mass. Additionally, The Salvation Army attends to sing songs with people and to say prayers with those that wish to join in.
- ☐ Staff told us they enjoyed working at the home because they were given the time to talk with people and to make them feel important. One staff member said, "Everyone interacts with the residents, we don't walk by them without speaking." An experienced member of staff told us how the new staff were lively and upbeat and people using the service appreciated that and the atmosphere was light hearted and positive. Our observations throughout this inspection supported this view.

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

- ☐ People and relatives were encouraged to become involved with decisions about their or their family member's care. Records viewed confirmed this. One person said, "When I first came to live here they asked me about my life and health, to put it in my plan." A relative said, "They involve me in my relative's care, they contact me at home or when I visit if things change."
- ☐ Care records contained evidence of involvement of people and/or their relatives in the regular review of their care plans and staff told us they invited people or their relatives to review their care plans quarterly. When people had difficulties in communicating verbally, tips for staff on how best to communicate with the person and to enable them to make their wishes known were documented in their care plans. We observed staff communicate effectively with people throughout the inspection.
- ☐ Information about how people could access an independent advocate was provided. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an

appropriate family member or friend to speak on their behalf. This ensured that people were offered support with having their voice heard.

#### Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. People's privacy was respected. One person said, "Staff always knock on my door before they come into my room." When I go in the bath the staff say, "I will close the door so no one looks in when they are passing."
- Staff had received 'privacy and dignity' and 'dementia awareness' training. Staff told us this helped them to understand people's needs and to ensure they were treated with dignity and respect. People were given the option of a male or female member of staff to support them with personal care. We observed staff respond quickly when people showed signs of anxiety, agitation or distress. Staff were compassionate, empathetic and showed a good understanding of the things that could upset people.
- People's independence was promoted wherever possible. One person said, "They give me the flannel and I wash myself, they do help but I do most myself." Another person said, "I use a walking frame, the staff help me to keep my legs going." People's care records included guidance for staff on the level of support people needed with personal care and their ability to carry out other daily tasks. We observed staff encourage people's independence throughout the inspection.
- People's care records were treated appropriately to ensure confidentiality. Where electronic records were used, these were password protected to prohibit unauthorised people from viewing them. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.



## Our findings

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

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

- ☐ During our inspection on 25 January 2018 we identified a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's personal preferences were not always considered and acted on. This included a lack of activities for people and staff awareness of people's preferences.
- ☐ After the inspection the provider forwarded us an action plan which explained how they would make the required improvements. At this inspection we checked to see whether these improvements had been made. We found improvements had been made.
- ☐ People now received their support from staff in the way they wanted, considering their likes, dislikes and personal preferences and interests. Relatives felt involved. They were informed of important developments and changes about their family member's care. One relative said, "We are fully involved in our relative's care planning, [my family member] has had a lot of changes recently and they always discuss this with me."
- ☐ People were now supported to follow their hobbies and interests. One person said, "The staff help me to get the books I like to read." Another person said, "I go along when they have an entertainer, I've always enjoyed singing" A third person said, "I like to look nice, the staff make sure I get to the hairdressers each week."
- ☐ People had care plans for social activities that provided information about their interests. We observed a variety of activities taking place throughout the inspection which were well attended and enjoyed by many. Two activities coordinators were in place. They worked together and individually to provide people with meaningful and stimulating activities. Technology was also used during activities. An interactive WIFI speaker was in place. This was used to provide music of people's choice, but also used to inform people of current news, entertainment and weather. We observed people using this during an activity and people requested songs they liked.
- ☐ Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. The care plans we looked at were detailed and contained sufficient personalised information that enabled staff to provide people with care in line with their preferences. Staff had a good understanding of the people they cared for and knew their individual needs and preferences. A staff member we spoke with could explain how they supported a person living with dementia to understand the needs for personal care.
- ☐ People were given a variety of ways to maintain relationships with family and friends when they were

unable to visit. Use of telephones is available free of charge as well opportunities for people to use computer based communication methods such as Skype. However, the registered manager told us that people had not yet decided to use this facility.

- A closed social network page is available for people and friends to see what has been happening at the home. This includes seeing photos of events that have taken place. One relative we spoke with told us they found this a positive tool to be able to see what is happening at the home when they are not there. The registered manager assured us that appropriate steps had been taken to maintain people's privacy, respecting people's rights if they did not wish to be on the home's social network page.
- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.

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

- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. Staff told us they would report any concerns to the registered manager and encouraged people to speak with the manager if they had a complaint. They told us they received feedback from the manager about things that needed to improve or any changes.

#### End of life care and support

- A basic end of life care plan was in place for people. They contained some basic information about their wishes. We discussed these records with the registered manager and they agreed that more detailed person-centred care planning and staff training was needed. This would ensure that people's personal preferences were considered as they neared the end of their life.





## 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.

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, continuous learning and improving care.

- ☐ During our inspection on 25 January 2018 we identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems to monitor and improve the quality of the service were not consistently effective. People's records were also not always comprehensively completed and accurate.
- ☐ After the inspection the provider forwarded us an action plan which explained how they would make the required improvements. At this inspection we checked to see whether these improvements had been made. We found improvements had been made.
- ☐ Care planning records were now more thoroughly completed. The records reflected the people's needs and were used effectively to provide people with good quality care and support.
- ☐ Improvements had also been made to the quality assurance processes. Regular checks were carried out in a wide variety of key areas within the home such as care planning, medicines and the environment. These audits focused on all parts of the home that could have an impact on people's safety. The registered manager delegated responsibility for some of the audits to other senior care staff. All understood the importance of robust quality assurance.
- ☐ A service improvement plan was in place. This was used to record risks to the people and the service and agreed actions were in place. These actions were then assigned to the appropriate staff member and they were held accountable for their completion. The performance of the registered manager was monitored by the provider, with provider-led audits completed. Feedback from these audits was used to generate actions for the registered manager to address. These were reviewed on an ongoing basis which ensured continuous learning and improvement at the home.
- ☐ The registered manager and all staff had a clear understanding of their role and how they contributed to ensure risks were mitigated and regulatory requirements were met. The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager would continue to operate in an open and

transparent manner.

- It is a legal requirement that a provider's latest CQC inspection is displayed at the home where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home and on the provider's website.

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

- People, relatives and staff praised the approach of the registered manager. One person said, "She is always around the home and I have a chat with her." Another person said, "She is very friendly, always busy around the home, she comes to see me in my room sometimes, I tell her if I am unhappy with something. A relative said, "The manager always makes us feel welcome, she comes and chat when we are visiting and she is very knowledgeable about my relative's needs, I can ask her anything."
- Staff felt valued and supported by the registered manager. Staff said the registered manager dealt with concerns and maintained confidentiality if they reported something. They praised the approach of the registered manager, commenting on the fact that she regularly supported them with providing care. They welcomed her 'firm but fair' approach as this promoted high standards. We found the registered manager to be passionate about making continual improvements to the quality of the care provided as well maintaining compliance with fundamental CQC standards.
- The registered manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made. People told us they found the approach of the registered manager warm and welcoming and were pleased with the quality of the care provided.

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

- People, relatives and staff were given the opportunity to provide feedback about how the service could develop and improve. In February 2019 a survey was sent to people's relatives asking them for their views about the home and the quality of the care provided. The results were largely positive with all relatives stating they would recommend this home to others. The registered manager told us people could give their views in meetings with staff and them; however, plans were being developed to find innovative methods of obtaining the views of people living at the home. This will aid the registered manager and the provider in further improvement and development of the home.
- Staff felt able to give their views. They felt their views were respected and acted on. Newer staff members praised the warm atmosphere and they welcomed the support provided that enabled them to provide people with good care.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide high quality care and support for all. We found recommendations made by other agencies had been acted on, resulting in a cohesive approach to the care provided.