

Chelmsford Care Centre Ltd

Chelmsford Care Centre Ltd

Inspection report

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Date of inspection visit:
25 September 2023

Date of publication:
23 October 2023

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

Chelmsford Care Centre is a nursing home providing accommodation with nursing care and treatment disease and disorder to up to 70 older people, those with dementia, a physical disability and sensory impairment. At the time of the inspection there were 26 people living at the service, the majority of people were living with dementia. The building was purpose built over 3 floors, but people were accommodated on the ground floor in two units called Garden and Lillibet.

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

People and their relatives were very positive about using the service and feedback from them was good.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these procedures. Risks to people were identified and managed to prevent people from receiving unsafe care and support.

Medicine arrangements ensured people received their medicines as prescribed. People were protected by the provider's arrangements for the prevention and control of infection.

There were enough staff to meet people's needs. Staff were recruited safely. Suitable checks were undertaken to ensure the right staff were employed to care for people. Arrangements were in place for learning and making improvements.

Suitable arrangements were in place for staff to receive a robust induction, appropriate training, and regular supervision. People's dining experience was positive, and their nutrition and hydration needs were met. The service ensured people received appropriate healthcare support from healthcare services. The service worked together with professionals and other organisations to ensure people received coordinated care and support.

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

People were treated with care, kindness, dignity, and respect. People received care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs, how they wished to be cared for and supported. The rapport between staff and people using the service was positive.

People had a plan of their care describing their specific needs, wishes and preferences. Information about people such as the story of their life, their experiences and personalities had been reviewed and updated.

Activities and events were provided by the staff to meet people's social and leisure needs and to reduce

isolation. Systems were in place to ensure people were cared for at the end of their life.

Complaints were investigated and managed. People and their relatives were involved in people's care arrangements. Robust systems were in place for the oversight of the service and to monitor the quality of the care provided.

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

Rating at last inspection and update

This service was registered with us on 10 November 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service is good based on the findings of this inspection.

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.

Chelmsford Care Centre Ltd

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. 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 completed by 2 inspectors, a bank 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

Chelmsford Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chelmsford Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, the registered manager was on annual leave and the director for the service was available to support the inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 September 2023 and ended on 30 September 2023. We visited the location's service on 25 September 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and health and social care professionals who work with the service. The provider had not been requested to complete the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 10 relatives about their experience of the care provided. We spoke with 11 members of staff, which included the care and domestic staff, unit managers, nurses, the clinical lead trainer, and the director of the service.

We reviewed 7 people's care plans and 2 staff recruitment files. We also looked at the service's quality assurance systems, arrangements for managing medicines and staff recruitment and training records. We received information by email from 4 health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "I am happy living here, I like the food and feel safe." A family member said, "[Relative] is definitely safer than they were at home. I feel a lot better knowing they are here." Another family member told us, "We know [relative] is safe and doing things. [Relative] is quite active and does a lot with the staff."
- Staff had received training on safeguarding people from abuse. They understood and had an awareness of the different types of abuse, how to respond where abuse was suspected and how to escalate concerns.
- Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse. A staff member told us, "I would report to the manager and wait for them to take action. If not, I would escalate higher and even higher if no one is listening."
- The director was aware of their responsibility to notify us and the local authority of any allegations or incidents of abuse and the action they should take.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded. These included risks relating to people's mobility, falls, using a hoist, skin care, choking, use of bedrails and eating and drinking.
- However, information about managing risks related to diabetes and Parkinson's was not as robust as it could be. This was discussed with the director during the site visit. The director provided evidence that people's care plans had been fully reviewed and all relevant information incorporated and cascaded to staff.
- Staff were visible in all areas of the service to ensure people were safe. We observed staff monitoring, supporting and interacting with people, enabling them to be as independent and free as possible.
- Environmental risks, for example, those relating to the service's health and safety and fire arrangements were in place and these included individual personal emergency evacuation plans for people using the service.
- Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective.
- Call bells and the deployment of staff were monitored by the provider and kept under review. Calls bells and sensor mats were on one alarm system meaning that they could be answered quickly.
- Health and safety audits were completed to ensure the service was safe and well maintained.

Staffing and recruitment

- There was enough nursing and care staff deployed within the service. Staff had the correct skills and knowledge to provide personal and nursing care to people with high support needs.

- The process of recruiting staff was robust, and all the required checks were in place to ensure staff were employed to provide safe care.
- The Provider had an overseas sponsorship licence and a number of staff had been recruited from abroad using this scheme.
- Nurses qualified in their country of origin underwent specific training and examination to be able to be registered with the Nursing and Midwifery Council (NMC) UK.

Using medicines safely

- Medicine practices ensured the proper and safe use of medicines in line with good practice standards and relevant national guidance. We observed staff administering medicines at lunchtime and these were given correctly and safely.
- Medicine records were maintained to a good standard, and demonstrated people received their medicines on time and as prescribed. People were also given choice about taking their medicines. For example, a person liked their medicine after their meal and this was adhered to.
- A computerised medicines system was in place which was efficient, and staff told us was easy to use. The service had changed the pharmacy provider, and the new system was in place and working well on the day of inspection.
- Staff who administered medicines were trained and had their skills and knowledge assessed to ensure they remained competent to undertake this task safely. Staff approached people in a kind and quiet manner, allowing them to take their medicines without rushing.
- Audits of medicine were undertaken. Any errors were highlighted immediately to enable the appropriate action to be taken.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely. Staff confirmed there were always sufficient supplies of PPE readily available.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Family members were able to visit their relatives without restrictions imposed and in line with government guidance. A family member told us, "I visit my [relative] every day." Another family member said, "It's always easy to visit at any time and the staff are helpful and have been supportive in every way."

Learning lessons when things go wrong

- Effective arrangements were in place to investigate and learn when things went wrong.
- Accidents and incidents were logged and analysed to identify potential trends and themes. This was to mitigate risks and ensure people's safety and wellbeing needs were met.
- Information was cascaded to staff through good communication with staff at all levels to share lessons learnt and increase their knowledge and skills.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The director told us the registered manager kept up to date with guidance and information to deliver care in line with standards and good practice. For example, all staff were expected to have an awareness of people's right to accessible information.
- Effective arrangements were in place to assess people's needs prior to their admission to ensure the service was suitable to meet their needs.
- People's protected characteristics under the Equalities Act 2010, such as age, gender, disability, religion, and ethnicity were identified as part of a person's assessment so that their needs could be met appropriately.
- People's sexual orientation was not discussed as part of the assessment. The director added this to the assessment process before the end of the inspection. We were informed that a learning session had taken place with staff about people's sexual orientation, gender and preferred pronouns (for example she/her, he/his, them/they) so that all assessments took into account everyone's different needs so the service could meet them.

Staff support: induction, training, skills and experience

- Staff received an induction to the service and had the opportunity to 'shadow' more experienced staff to ensure they understood the day to day running of the service and their roles and responsibilities.
- There was a thorough training programme in place which covered mandatory and specialist training needed to care for people well. It was used to monitor when staff needed their training to be updated and refreshed.
- The provider supported staff to gain qualifications. For example, 2 nurses had recently got their pin (registration) from the NMC.
- Training provided was both online where staff could do this at their own pace and face to face where practical skills were needed.
- The service had their own training facilities which were fully equipped. Specific equipment was available including mannequins to practice catheterisation, blood taking and cardiopulmonary resuscitation (CPR). Posters and information were also available.
- The provider was in the process of designing a new dementia training room so staff could understand some of the effects people with dementia experience.
- Observations of staff practice and random knowledge tests were undertaken to ensure they were able to meet people's needs.
- Staff confirmed they received regular supervision and updates to support them at work. They felt

supported and valued. A staff member told us, "The experience wasn't stressful when I started, and I have learnt a lot here. The staff team are good, and I am not left alone. I feel confident to ask about anything and all the management are open and supportive."

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

- People's comments about the quality of the meals provided were positive. A family member said, "When I'm in, I always help [relative] with their lunch and they are happy for me to do that. The food is lovely in my opinion and [relative] eats well." A compliment sent from a family member said, "[Relative] has enjoyed all the meals you have provided especially all the toasties! Thank you for the gluten free cake and other dietary requirements, you have set a high bench mark!"
- The dining experience for people was very positive. The dining area was inviting and well presented.
- People's dietary needs were assessed. Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as the dietician and speech and language therapy team [SALT] were consulted for advice and support.
- People were offered different options of food and drink. For people unable to verbalise their preferences, picture cards enabled them to make a choice. Meals were well presented, considering people's individual food and dining preferences.
- If people required staff assistance, this was provided in a respectful and dignified way. People were not rushed to eat their meal and staff supported and encouraged them. Staff were attentive but allowed people to try themselves and intervened, when necessary, which promoted their independence.

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

- Staff worked well with other organisations to ensure they delivered good joined-up care and support. A healthcare professional told us, "I find the staff to be very approachable and knowledgeable about the people that they care for. Importantly, I feel they do follow up on any recommendations that are made during reviews."
- People's healthcare needs were met, and they received appropriate support from staff. Staff told us they worked well as a team at all levels to ensure good communication and outcomes for people.
- Specialist professionals were consulted as required, Information in the care plans and daily notes for example showed contact with the Parkinson's nurse, the mental health team and the SALT team.
- Some family members told us they were kept informed about their relative's healthcare needs. One family member said, "Staff let me know if anything happens. They called an ambulance once and a staff member went with [relative] so they were not on their own." Another family member told us, "If I have any concerns the staff pass it on, and it's resolved for me. The nurses are very good that way."

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

- Chelmsford Care Centre is purpose built and consisted of three floors, with a lift to all floors. At the time of the inspection only the ground floor was being used by people.
- There were spacious dining and shared areas for people to use and choose from. This included quiet open spaces around the building, including a library and a florist and a sensory space with a large TV screen for showing relaxing scenes with lighting that could be dimmed to help people relax.
- People's bedroom doors had their names on them and were different colours. There was good signage especially for people with dementia.
- People had access to both units should they wish to see other people and attend activities in different areas. The service had well-maintained gardens and a large field at the back which people and their families used. A family member said, "The staff here are so lovely plus the surroundings are so good. [Relative] can go for a long walk because they have the field at the top too and they so enjoy being outside."

- People's rooms were not as personalised as they could be. We asked the director about this, and they told us. "People tend to come to us from hospital. We have recently sent a letter to relatives asking them to bring in personal items so that we can make people's bedrooms more about them and their life."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff ensured consent was always sought and people were involved in making decisions about their care so that their rights were upheld. The provider had developed easy read consent forms to help people and family members to make those decisions.
- We observed consent being obtained throughout the inspection for example during mealtimes, medicine administration, personal hygiene and where the person wanted to be.
- People's capacity to make decisions for themselves had been assessed. These included people's medicines, restricted access, and personal care. Any risks to people's health and wellbeing were identified and applications to restrict people of their liberty were made to the local authority in a timely way.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and how this impacted on people using the service.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People and their family members told us they received good support from staff and were treated with care and kindness. A person told us, "The care staff look after me well and are very nice." A family member said, "[Relative] has had a few falls and they've had him checked over and now he has got extra care which is really working." Another family member told us, "If it hadn't been for them, I would be in here too! They are very caring and supportive."
- We saw many examples of how warm, friendly, and respectful the staff were to people. They had a good rapport and had developed important relationships. Staff were not rushed and gave people the time they needed.
- Where people became distressed or experienced discomfort, appropriate, gentle, and encouraging responses by staff reduced people's anxiety and confusion and improved their wellbeing.
- Staff spoke about how they cared for people and what was important in their work. A staff member told us, "People here get lovely support as there are a lot of staff who really care. People are cared for individually and I am very happy working here."

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

- People and those acting on their behalf were given the opportunity to provide feedback about the service through good communication, an open-door policy by the management team, relatives and residents meetings and the completion of a satisfaction survey. All results and improvements were fed back to people and their family members and staff, so they knew what had happened when sharing their views.
- The director told us how the registered manager was very proactive at ensuring people could share their views and were listened to. This meant issues could be discussed and resolved quickly and we saw evidence which supported this.
- Easy read documents were used to help people and relatives feel included and involved in their care, such as an easy read consent form. The director told us, "We try to cater for everyone's access needs, including relatives and this has been helpful in involving them."
- People and family members told us they felt listened to and included in their relatives' care arrangements. A family member told us, "[Relative] needs a lot of support which we discussed and they've [staff] done really well in helping them cope. It's the care and the ways it's given that has worked."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence. Information from people's daily care notes demonstrated people were supported to complete their own personal care tasks where appropriate and how to maintain their physical and psychological independence and well-being.

- People and family members told us their relatives were treated as individuals with respect and dignity. A family member told us, "[Relative] has been moved to a much bigger room because there was a leak in his old one and it's worked out well. They have got more space now." Another family member said, "I come here every day and am always welcomed and made to feel at ease, I know [relative] is well cared for and know they [staff] understand. I want to give back the care [relative] gave me for so many years."
- Compliments received by the service included, "The staff organised a cake and decorations and private dining area for us to use to celebrate [relative's] birthday. Everyone is very caring and supportive of [relative]." And, "Thank you for your professional skills that have enabled [relative] to regain their mobility and independence. Your support has been much appreciated."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People who used the service had a care plan in place describing their individual care and support needs. This included their physical, psychological, emotional and mental health.
- Some of the care plans we looked at lacked advice to staff relating to specific conditions and how to manage them. We discussed this with the director, who agreed to correct this. They provided evidence that this was now fully completed.
- Information about people's life story and what was important to them was being updated to ensure care provided was person centred and staff were able to engage in ways that were responsive.
- Staff demonstrated a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes, and personal preferences. A professional told us, "It was nice and reassuring working with the team at Chelmsford Care Centre as it was a caring environment, and the staff were very friendly and professional."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been considered and care plans were available in a range of formats depending on the needs of the person.
- Care plans included people's sensory needs such as use of glasses and hearing aids to ensure they were able to understand information given to them.
- The Director was very knowledgeable about the AIS and people's right to be supported with their communication and to make informed choices. For example, the provider's sex, sexuality, and relationships policy was in an easy read format.

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

- People were supported to maintain relationships that were important to them, for example, with family members and friends. Several relatives were visiting people on the day of the inspection. We observed people sitting together over lunchtime eating a meal, with good social interaction.
- People were supported and encouraged to participate in social activities in a group or on a one to one

basis.

- Care staff provided activities for people. The provider was in the process of advertising for an activities coordinator and told us that this had been difficult to recruit to so had allocated 2 staff members to undertake this.
- People told us they enjoyed what was on offer. A person told us, "I enjoy my walks just now. We went into the field and I'm going again after lunch with [staff member]. This afternoon I'm looking forward to some bowling but what I like best is being in the garden and sitting in the shade outside." A family member said, "[Relative] goes for their long walks which they likes and they've got large grounds that are safe. [Relative] loves the crafts like they did at home, and they are doing them now."
- There was no activities programme for people to see what was available. A family member said, "It would be good to know what is on if [relative] wants to join in." A staff member told us, "We try to work with people and consider their needs and interests. We do catching games, armchair exercises for the hands, wrists and arms, indoor and outdoor bowling and parachute games. Today we are having a sing along in the garden. One person loves to go to the field and sit there and read their books, so we accommodate that for them and also take them up drinks and snacks."
- The provider had plans in progress to improve people's social and leisure experiences. For example, activities to celebrate different cultural days, the purchase of a mini bus to enable people to go out to places of interest and animals such as chickens and alpacas in the top field for people to see and touch. The director told us, "We think this will be very therapeutic and stimulating for people to enjoy."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place for people to use if they had a concern or were not happy with the service. We saw the outcomes from complaints which had been dealt with satisfactorily.
- Improvements were made as a result of people's views, for example, changes made to the laundry system to reduce misplaced and lost items of clothing.
- People using the service and family members told us they felt able to raise any worries and concerns with the management team and/or staff. A person said, "If I say about something, the staff do something about it." A family member said, "Yes the bottom line is the management are very good and I'm not slow coming forward and I tell them, but everything I would say is positive for us."

End of life care and support

- People's preferences about their end of life wishes was discussed with them and their family members. Any wishes and arrangements were recorded in their care plan.
- Information demonstrated the service worked with healthcare professionals, including the local hospice team. This was to ensure appropriate support was in place for people to be comfortable and their care to be dignified and responsive.
- Staff were trained in providing palliative and end of life care to people when they needed it.
- A personalised comprehensive bereavement pack was given to family members after the death of a relative. This provided valuable information and advice to assist and support them with making arrangements and dealing with official matters.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The management team and staff worked together to promote a positive, caring, and open culture committed to providing good quality care to people. A family member told us, "Management are excellent here and excel in every area."
- The service was well managed and well led. The provider demonstrated their values through inclusive systems and processes and effective and responsive training and support for staff. We saw they worked inclusively in their interaction with people, family members, staff and visiting professionals.
- Staff felt well supported by the management team. They told us they were confident to raise concerns and felt these would be acted upon and addressed. A staff member told us, "It's a good place to work. If there are any complaints or safeguarding concerns and any learning outcomes, the company is open and honest about it." Another staff member said, "People get good care and there are plenty of staff. I am very happy working here. The support network between staff is good."
- The provider had good support systems in place for staff. For example, providing support and accommodation for staff from overseas, a car service from Chelmsford train station for staff who do not drive, an employee assistance programme and a 'staff member of the month' award.

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

- The provider understood their responsibility to be open and honest when things went wrong.
- Statutory notifications were submitted to us for significant events that had occurred at the service, for example accidents and incidents.

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

- The management team understood the importance of their role and responsibilities. There was a clear organisational structure and lines of accountability.
- The quality assurance arrangements monitored the experience of people being supported through its internal auditing processes both at provider and service level.
- Audits provided a thorough review of all aspects of the service which was used to help the provider and registered manager to drive improvement. This included the monitoring of trends and lessons learned and, where corrective actions were needed, these had been picked up and addressed.

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

- The provider recognised the importance of seeking the views of people, their family members, staff and professionals about their experience of Chelmsford Care Centre. This was through reviews of people's care, communication with family members, feedback and the completion of an annual satisfaction survey. Outcomes were considered and improvements made as a result.
- People and family members were given the opportunity to attend meetings to discuss their views. We saw the notes of discussions held and actions taken.
- Staff meetings with all departments were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service. This ensured all aspects of the service were coordinated. Cascading of information ensured all staff were included in the development of the service.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the local authority, integrated care board, healthcare professionals and health services to enable care to be coordinated.
- The management team were very committed to ensuring good relationships were maintained with health and social professionals, so people received joined up care at the right time.
- Staff liaised with specialist nurses and advice was acted upon so people had individualised support. A professional told us, "The support provided by the team was helpful, all their care plans, and risk assessment were up to date, and there was always someone to provide you with any other information that you required."