

Elizabeth Finn Homes Limited

Halliwell

Inspection report

Kingswood Road
Tunbridge Wells
Kent
TN2 4UN

Tel: 01892525909
Website: www.efhl.co.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Halliwell is a care home providing personal and nursing care to 58 people aged 65 and over at the time of the inspection. The service can support up to 64 people.

The care home accommodates 58 people across three floors, each of which has separate adapted facilities.

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

People told us they received exceptional and outstanding care and support. People's dignity was promoted and respected at every turn. Staff encouraged people to make decisions about the care and support they received, enabling people to have control over their lives. People's independence was promoted where safe to do so.

Care plans were person-centred and regularly reviewed to reflect people's changing needs. People spoke of the outstanding activities available and were supported to engage in these both in a group setting or on a one-to-one basis. The registered manager was aware of the provider's complaints policy and adhered to this. People's end of life wishes were adhered to and people received exceptional care and outstanding support at the end of their lives.

Staff received comprehensive training to enhance their skills and knowledge. Staff were encouraged to reflect on their working practices to drive improvement. People spoke positively about the food provided, which met their dietary needs and preferences. A wide range of healthcare professional services were available to monitor and maintain people's health and well-being. People's cultural and spiritual needs were encouraged and respected.

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's administration of medicines was monitored and the provider took prompt action to remedy minor concerns we found at this inspection. People continued to be protected against the risk of harm and abuse, as staff received safeguarding training and knew how to identify, report and escalate suspected abuse. Risk management plans were comprehensive and gave staff clear guidance on how to keep people safe. People were protected against cross contamination, as there were robust infection control measures in place. Sufficient numbers of staff were deployed to keep people safe.

People, their relatives, staff and healthcare professionals confirmed the service was well-led. Regular audits were carried out to drive improvements. The registered manager placed emphasis on partnership working to ensure people received appropriate care and support in line with their needs and wishes.

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 this service was Good, with Outstanding in well-led (published 30 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Halliwell on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Halliwell

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 Care Act 2014.

Inspection team

The first day of the inspection was carried out by one inspector, an Expert by Experience and a Specialist Advisor who was a nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The second day of the inspection was carried out by one inspector.

Service and service type

Halliwell is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We notified the service we would return to complete the inspection the following day.

What we did before the inspection

Prior to the inspection we reviewed information we held about the service since the previous inspection. We also 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.

During the inspection

We spoke with 13 people, four relatives, four visiting healthcare professionals, 16 members of staff including care workers, senior care workers, registered nurses, maintenance staff, food and beverage staff, hospitality staff, the clinical care manager, the registered manager and the Chief Executive Officer.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information relating to one-to-one activities and design of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- During the first day of the inspection we identified there had been instances whereby people had not received their 'time specific' medicines at the prescribed time. We shared our concerns with the registered manager and clinical care manager, who were unaware of this issue. On the second day of the inspection, the registered manager had taken responsive and robust steps to mitigate repeat incidents. For example, a specialist alarm was provided to nurses administering medicines, to ensure they were reminded of precisely when the medicines should be administered. The registered manager had also set up a reminder and flag on the electronic monitoring system. We were satisfied with their response.
- Notwithstanding the above, people's medicines were managed appropriately. Medicines were kept securely in locked trolleys and clinical rooms and were administered by trained staff.
- Medicine Administration Records (MARs) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and stocks checked tallied with the balances recorded. There were checks of medicines and audits to identify any concerns and address any shortfalls. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.
- We reviewed the medicines audit for July and August 2019 and found where errors had been identified, the registered manager had taken action to support staff to minimise the risk of repeat incidents. This included individual supervisions and reflective accounts.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and healthcare professionals told us they felt the service was safe. One person told us, "I am safe because I receive all the support I need." A relative said, "I know my father is safe here."
- People continued to be protected against the risk of abuse, as staff received on-going safeguarding training, knew how to identify, respond to, report and escalated suspected abuse.
- The registered manager was aware of the provider's and local authority safeguarding policy. At the time of the inspection there were no open safeguarding concerns being investigated.

Assessing risk, safety monitoring and management

- People were protected against the risk of avoidable harm as the registered manager carried out robust risk management plans to keep people safe.
- A staff member told us, "We assess people every day and if we notice any difficulties or changes we would then share that with the senior staff. The paper 'handover' will then be shared with staff to ensure they know all of the changes." Staff used electronic mobile devices that were updated regularly to ensure they were abreast of any changes to people's care needs and risk management plans, in order to deliver timely and

safe care.

- Risk management plans covered, for example, falls, mobility, oral and dental and bedrails. Risk management plans were regularly reviewed to reflect people's changing needs.
- The service ensured the environment was safe, through regular audits and maintenance checks. The provider ensured Personal Emergency Evacuation Plans (PEEPs) were updated daily to ensure they reflected people's changing needs. PEEPs are personalised guidance for staff to safely evacuate people in the event of an emergency.

Staffing and recruitment

- People continued to receive care and support from sufficient numbers of staff to keep them safe. One person told us, "Help is always on hand, you have only to press your button and someone comes as quickly as possible." A healthcare professional said, "As far as I can see there are enough staff."
- Throughout the inspection we observed staff supported people swiftly and had sufficient time to sit and speak with people.
- The service continued to ensure robust pre-employment checks were undertaken to ensure suitable people were employed. Staff files contained photographic identification, proof of address, application forms, full employment history and a Disclosure and Barring Services Check. A DBS is a criminal records check undertaken by employers to make safer recruitment decisions.

Preventing and controlling infection

- The service continued to have robust procedures in place to minimise the risk of cross contamination.
- One person told us, "They [staff members] make sure I'm safe from germs and infections. They always wear aprons and gloves when attending to tasks." Staff continued to receive infection control training; and were aware of the provider's policy in supporting people who had infections.
- There were clear guidelines for staff to follow in the robust cleaning schedule for the kitchen. The service had received a five star rating from the Food Standards Agency in March 2018.

Learning lessons when things go wrong

- The registered manager was emphatic about learning lessons when things went wrong and using those opportunities for staff to learn and minimise the risk of repeat incidents. For example, incident and accidents were regularly reviewed by the registered manager to mitigate further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to moving into Halliwell. Senior staff carried out a pre-admission assessment of people's needs to ascertain as to whether they could meet their needs. The pre-admission assessment included, for example, Mental Capacity, medical history and medical conditions, communication, oral health, falls and mobility, pain, eating and drinking and social and spiritual activities and interests.
- The service worked closely with other healthcare professional services and voluntary organisations to ensure people received consistent, person centred and effective care.
- Systems in place ensured information was shared swiftly between services when needed. A healthcare professional confirmed this.

Staff support: induction, training, skills and experience

- Staff continued to receive comprehensive training to enhance their skills and knowledge. One person told us, "Staff are very professional and extremely well trained." All staff spoken with confirmed they received sufficient training to carry out their role. One staff member said, "The training shows us how to do things correctly and highlights what we shouldn't do. It allows us to increase our knowledge and be up to date with the regulations."
- We reviewed the training matrix and found training included, for example, safeguarding, Mental Capacity Act 2005, falls prevention, infection control, fire safety and health and safety.
- In addition to the above, the registered manager sourced training to enable designated staff to have advanced skills in specific fields. For example, the service had air syringe, oral care, diversity, tissue viability and diabetes champions.

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

- People and their relatives spoke positively about the food and drinks provided at Halliwell. One person said, "The food is five star hotel style." A second person said, "The food is amazing." A relative told us, "The restaurant is brilliant."
- People continued to receive sufficient food and drink that met their dietary needs and requirements. The kitchen staff had clear and robust systems in place to ensure people who had specific dietary needs, for example, allergies and diabetes, were catered for.
- Meal times at Halliwell were a pleasant experience and people were observed interacting with staff and their peers. The atmosphere was relaxed and inclusive. People were also supported to eat their meals in their rooms, should they so wish.

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

- People, their relatives, staff and healthcare professionals spoke highly about the environment at Halliwell. One relative said, "It isn't very often that you get good décor and great care, but you do here."
- There were a variety of areas within the service premises in which people could socialise, for example, the lounges, dining areas, craft room and library. The service was decorated to a high standard.
- The layout of the service meant that people could easily access all areas of the service, whether they were able to so independently or with mobility aids. The service had also ensured there was appropriate equipment in place, for example, specialist baths, to support people with mobility difficulties.

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

- People continued to receive access to a wide range of healthcare services to monitor and maintain their health and well-being.
- People spoke positively about the support they received in relation to their health. Comments included, for example, "I have been to the dentist", "The G.P comes on his bike regularly, from the village", and "They have an optician and hearing company who come to see me."
- A healthcare professional told us, "They [the service] contact us and it feels easy, they fax or phone. And I come round once a week. They'll always ask for advice and communicate any issues. They will make changes on what I've suggested."
- Staff members were aware of the importance of monitoring people's health and seeking medical guidance should they identify any concerns.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not deprived of their liberty unlawfully. Staff were consistent in seeking people's consent to care and treatment prior to it being delivered. One person told us, "Oh yes, staff are respectful of my decisions." A staff member said, "You need to evidence to show people do not have the capacity, you must assume they do."
- Staff had received MCA and DoLS training and were fully aware of their responsibilities.
- During the inspection we identified that where people were unable to make decisions for themselves, this was clearly recorded in their care plans and DoLS authorisations had been sought and received.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Everyone we spoke with during the inspection told us their quality of life had improved since living at Halliwell.
- People at Halliwell continued to receive support from all staff members, that treated them with the upmost respect, compassion and kindness. One person told us, "All the staff are brilliant. They will do anything to ensure you are looked after in every respect." A relative said, "I am secure in the knowledge [my relative] is safe. [Staff members] are outstanding in every possible way." Another relative said, "We all received such wonderful care and consideration. This is a wonderful place to stay, everyone is aware of the different needs of every individual and also the needs of their families." A third relative told us, "This is an amazing place for my [relative]. There is no rehearsal for it but the team support is excellent."
- Healthcare professionals also consistently told us how positive the care and support people received at Halliwell was. For example, one healthcare professional said, "Overall the standard of nursing care is amazing. The standard of care is quite incredible."
- Throughout the inspection we observed staff positively interacting with people in a kind and caring manner. Staff were clearly aware of people's individual needs and offered emotional support and physical reassurance when communicating with people, in a safe and appropriate manner. During the two-day inspection, we observed staff supporting one person who was anxious, but getting to their eye level, speaking gently, reassuring them they were okay and that the staff were there to support them. Staff were compassionate when interacting with this person, which instantly put them at ease. It was clear from our observations, staff were aware of what could trigger people's anxiety and discomfort and staff endeavoured to support people through that difficult time, with respect whilst maintaining their dignity.
- People continued to have their diverse needs catered for and were treated equally. Staff were aware of the importance of supporting people to follow and acknowledge their spiritual and cultural needs. At the time of the inspection, the hospitality manager confirmed the service were planning designated world celebration days, whereby they would pick a country and celebrate all aspects of the country. Staff told us they received equality and diversity training and records confirmed what staff told us. Records confirmed the service was visited weekly by the local church and where people wished to, they were supported to attend services that reflected their spiritual needs.

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

- The embedded culture at Halliwell meant that gathering people's views was paramount and where possible, action was taken to encompass people's views in the delivery of care and service as a whole.
- People continued to be encouraged to share their views through a variety of mediums, for example,

general discussions, questionnaires and regular house meetings. People confirmed staff members were respectful of people's views. Comments received included, for example, "Oh yes, staff are respectful of my decisions."

- Comprehensive care plans detailed people's preferences and gave staff clear guidance on how to effectively communicate with people, to ensure they met people's needs in their preferred ways. For example, during the inspection we observed staff referring to people in their preferred name; and for one person, speaking softly at eye level which was detailed in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy continued to be respected. One person told us, "I'm always treated with respect. I can do most of my own personal care but they are always on hand when I shower and they are very discreet. Dignity and respect are their watch words."

- Throughout the two-day inspection, we observed staff members knocking on people's bedroom doors awaiting authorisation to enter, prior to doing so.

- Through discussions with staff, they were able to give us examples of how they maintained people's privacy. For example, speaking softly to ensure conversations were not overheard.

- The service had a culture of promoting people's well-being including their mental health well-being. Staff were frequently observed supporting people and ensuring they complimented them in a way to boost their self-esteem. Staff's approach gave people confidence and made them feel valued, which resulted in them wanting to continue to participate in activities and try new things. For example, one relative told us, "We visited the poetry sessions and my relative recited a poem. She received a round of applause, it was wonderful."

- Care plans detailed people's dependency levels and gave staff a clear, current and robust understanding of the level of support people required in all aspects of their life. Care plans were regularly reviewed and healthcare professional guidance sought to ensure the correct level of support was provided. Staff spoke emphatically about supporting people to retain their independence where possible. With one staff member saying, "You know what [the person] can do for themselves and encourage them to do it, but what they can't do, we will give them a hand with."

- Throughout the inspection we observed staff encouraging people to do things for themselves, for example mobilise and eat and drink. Staff were patient with people, encouraging and complimentary.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- People received outstanding end of life care and support in their final days at Halliwell. The service worked closely with Hospice in the Weald.
- One professional said, "The end of life care here is good. I would be very happy for my mother to be here. One staff is particularly experienced at end of life care." Another healthcare professional, "Staff always contact us to discuss residents if needed and I think they are caring. I have no concerns. They seem to know the residents."
- Halliwell had secured the platinum status for end of life care from the Gold Standards Framework (GSF). The GSF 'is a systematic, evidence-based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care staff and providers. Platinum status is given to services that have sustained re-accreditation.
- At the time of the inspection there were people receiving end of life care, who were treated with the upmost dignity, respect and compassion. During the first day of the inspection, we were made aware of one person receiving end of life care. A pool of designated staff were allocated to the person, under 'protected time' to deliver care and support in the way the person wanted and to ensure they weren't interrupted during this sensitive time. Staff were also observed supporting one another.
- The registered manager told us, and staff confirmed, frequent reflection meetings were held. One staff member told us, "We have reflection day and we all talk about people who have passed away and how this has impacted on us." Reflection days enabled staff to speak as a team about loss and how to support one another through bereavement. The registered manager had completed a staff mental health course, to further support the team.

Supporting people to develop and maintain relationships to avoid social isolation

- People living at Halliwell continued to be supported to participate in a wide range of personalised and group activities that met their social and sensory needs. Halliwell placed significant importance on encouraging people to play an active role within the local community, for example attending places of worship, which was achieved, by the embedded culture found at Halliwell.
- Activities provided at Halliwell included for example, hospitality services forum, poetry group, music and movement, musical entertainment, flower arranging, project groups, film club, gentleman's club, Pat the dog and the library group. During the inspection we observed people participating in planned activities and people looked to be thoroughly enjoy these. This was further cemented from the numerous positive comments we received. Comments included, for example, "The activity programme is amazing, I join in everything", "I went to London. I returned in a taxi and they [staff members] waited up for me, to make sure I was safe and see me safely to bed", and "One couple here had a golden wedding anniversary. They [the

service] arranged a special table in the garden with a bottle of champagne."

- Staff had comprehensive and robust knowledge about the people they supported and confirmed they were able to ascertain if people were at risk of social isolation. For example, during the inspection we observed staff encouraging people to attend the activities provided. One staff member told us, should they have any concerns about someone, they would in the first instance speak with them and then inform the registered manager.
- People who received care and support in their rooms were afforded the same opportunities to participate in activities as their peers. One-to-one sessions were provided for people in their rooms. The one-to-one sessions were given protected time with a designated staff member. In addition to this, the service had 16 volunteers who visited the service to provide additional meaningful activities and companionship.
- People also continued to be encouraged to maintain relationships with people that mattered to them. An example of this, was the service had arranged a reunion for someone celebrating their 100th birthday, inviting people that mattered to them. Care plans clearly indicated important people and throughout the inspection we observed a plethora of relatives visiting the service. Visitors confirmed they were welcome to visit at any time.

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

- People living at Halliwell received outstanding personalised and coordinated care from a comprehensive staff team that had substantial knowledge of their cultural, social, medical and emotional needs. It was evident during the two-day inspection that staff members had developed positive and meaningful relationships with people living at Halliwell and they were knowledgeable of their changing needs. Staff were highly skilled in identifying people's changing needs, through not only verbal but also non-verbal communication. For example, during the inspection we observed staff talking to one person who appeared agitated. Staff were able to read their body language they were able to identify the person required support and reassurance. The person then appeared relaxed whilst being comforted.
- Once people had been assessed and confirmed their needs could be met by Halliwell, the assessment process was used to devise their care plan. Care plans detailed people's health, emotional, physical, medical and social needs and gave staff clear, succinct and comprehensive guidance on how to meet people's needs, in line with their wishes and preferences.
- Care plans were regularly reviewed to ensure people's changing needs were documented and information shared swiftly with staff, who would then adapt the support provided. People, their relatives, advocates and healthcare professionals were encouraged to participate in the care plan reviews. A relative told us, "Recently I asked for a review of [my relative's] care plan. It took place at once, it was very relaxed. We discussed bathing, additional care and attention to grooming it was an outstanding meeting." By ensuring people were involved in planning their care, this enhanced their empowerment and gave them control of their lives, whilst making them feel valued.

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.

- Halliwell had a strong embedded culture that focused on treating people equally and ensuring they were involved in making decisions about the care and support they received.
- The service had an AIS policy in place which followed the five steps of AIS, 'Identify the need, record the need, flag people's needs in their records, share the information and meet their needs.' This meant where required, the service would provide communication in easy read formats, for example, audio, braille or large

print. They would also provide a British Sign Language interpreter and Text Relay service.

- At the time of the inspection the service had made a referral to a speech and language therapist who had provided a communication passport for someone who was unable to communicate verbally. A communication passport is a set of pictures and photographs that enables the person to point to, to express their needs. This enabled the person, to effectively communicate their wishes, needs and desires and minimise the risk of frustration.
- The clinical care manager also told us, "We work closely with the Motor Neurone Team, who will provide us with an electronic tablet, which is an electronic communication tool that enables people to verbally communicate with us." However, at the time of the inspection, no one required the use of the electronic tablet.

Improving care quality in response to complaints or concerns

- The service had a robust complaints policy in place, that detailed who to complain to, what to expect and what to do if they were dissatisfied with the outcome.
- One person told us, "You never have to complain here, everyone can discuss issues with the [registered] manager or senior carers and everything is resolved. They [staff members] take time to listen and act." A relative said, "I know I can talk to [named registered nurse] about any concerns and she will take it on board."
- People were provided with the complaints policy and were encouraged to share any concerns and complaints with their keyworker and/or other members of staff. The registered manager told us they spent time during lunch to sit with people, thus enabling them further opportunities to share any concerns or complaints. People confirmed what the registered manager told us.
- At the time of the inspection the service had not received an official complaint in the last 12 months. Other concerns raised by people or their relatives were acted on swiftly to reach a positive resolution as quickly as possible, and to mitigate against repeat occurrences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Good. This meant 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 and 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 registered manager and senior staff carried out regular audits of the service to drive improvements. Audits included, for example, medicines, fire safety, care plans, risk assessments and staff training. However, during the first day of the inspection we identified the medicines audit had failed to highlight instances of a specific medicine being administered later than intended. We shared our concerns with the registered manager who took immediate action to ensure there were no repeat incidents. We were satisfied with the registered manager's response. We will review this at our next inspection.
- We received positive feedback about the management of the service. Comments included, for example, "The manager is outstanding", "The manager is excellent, brilliant, and quite outstanding", "The new manager has extraordinary warmth and empathy, she involves herself daily and not just in paper-work" and "She [the registered manager] has made this place unique. I should have come in earlier."
- Staff also spoke positively about the registered manager, commenting on how she had supported them not just professionally but also personally. For example, one staff member told us, "The [registered manager] is very good and supportive, she has an open door all the time and you can go and visit her at any time. What's nice is that she doesn't sit in her office and will chat with the service users and staff. The clinical care manager is the same. She understands staff cultural and spiritual needs."
- The registered manager was keen to ensure the service had an open and transparent environment whereby people, their relatives and staff could speak freely about any concerns they may have. Feedback confirmed the registered manager had achieved this.
- The registered manager was aware of their responsibilities in line with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively encouraged feedback. This was done in a variety of ways, for example, through house meetings, keyworker sessions and questionnaires. We reviewed the most recent returned questionnaires and found comments included, 'The staff are all very considerate and obliging', 'The food is very good and tailored to all digestions', 'The care is exceptional and everyone is very kind' and 'Everyone is very friendly

and helpful and there's a general atmosphere of calm and peace.'

- Staff told us there was a good morale amongst the staff team and that any issues were managed swiftly. Staff also said the registered manager was invested in people and staff's wellbeing and was a positive source of support.
- Throughout the two-day inspection, we observed staff approaching the registered manager seeking guidance and support, which was offered without hesitation.

Continuous learning and improving care

- Records confirmed the registered manager was proactive in responding to issues identified to ensure action was taken swiftly and lessons learned.
- The registered manager and Nominated Individual worker cohesively to ensure there was oversight of the service and drive improvements.

Working in partnership with others

- The registered manager encouraged partnership working wherever possible. This was confirmed by three healthcare professionals we spoke with and records we reviewed.
- Records confirmed the service sought guidance and support through partnership working, with dentists, speech and language therapists, dieticians, GP, tissue viability nurse, hospice, stoma nurses and the Parkinson nurse.