

Bupa Care Homes (BNH) Limited

Ashby Court Care Home

Inspection report

Tamworth Road
Ashby De La Zouch
Leicestershire
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Tel: 01530560105

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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

Ashby Court Care Home is a nursing home providing personal and nursing care to 53 older people at the time of the inspection. The service can support up to 60 people.

The service is provided over two floors. On the ground floor there are bedrooms for people receiving residential care, a large dining room and two communal lounges. On the first floor, there is a separate unit for people living with dementia with bedrooms and there are bedrooms for people receiving nursing care. The service also has a hairdressing room, sensory room and a dedicated room for relatives who want to be near family members when they are ill or receiving end of life care. The service has a garden for people to use with features that have been designed for people living with dementia.

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

People felt safe and risks had been identified and managed to reduce the risk of harm. There was suitable staffing to meet the needs of people and staff understood their role and how to support people safely. People received their medicines at the right time and systems were in place to ensure medicines were managed safely. Accidents and incidents were recorded appropriately, and steps taken to minimise the risk of similar events happening in the future.

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 supported to make decisions about their care and support. Where people had restrictions placed upon them, these had been identified and applications had been made to ensure these restrictions were lawful.

The staff received training to help them support people in line with best practice guidance. They had support to enable them to identify personal development opportunities and to raise any concerns they had. People were encouraged and supported to eat and drink and there was a varied choice of meals. Special dietary requirements were met and where concerns were identified, people's weight was monitored, and specialist diets catered for. Health care was accessible for people and appointments were made for regular check-ups as needed.

The staff team were committed to ensuring people's views were respected and they had opportunities to engage in meaningful activities that interested them. People chose how to spend their day and staff created opportunities for people to be involved with activities to fulfil their wishes. Staff recognised people's individual preferences and organised care that reflected their individual cultural preferences. People felt well looked after and supported and had developed good relationships with staff who they felt were kind and caring and were dignified and respectful when providing their care. Staff worked in partnership with other organisations to ensure they could support people whilst receiving end of life care. People could express how they wanted to be supported during the end of their life and the service had developed a room

where friends and family could stay in the home to be near people when ill or at the end of their life.

People felt listened to and any concerns or issues they raised were addressed. Quality assurance reviews were completed in the home and monitored by the provider to measure and monitor the standard of the service and drive improvement.

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. (This report was published on 1 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Ashby Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

An inspector, an assistant inspector and an Expert by Experience carried out this inspection. 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

Ashby Court Care Home 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with seven members of care staff, the activity co-ordinator, the registered manager, the regional manager, the compliance and governance inspector and the deputy clinical lead. We also spoke with a GP who supported the service.

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

After the inspection

Following the inspection we spoke with one relative. The registered manager provided further evidence to demonstrate how the service was managed, staff received training and views of people and health professionals.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect.
- The staff knew the procedure to report any concerns and were confident these would be dealt with by the registered manager. All the staff we spoke with confirmed they would have no hesitation in reporting any concerns, were aware of whistleblowing procedures.
- Where safeguarding concerns had been identified, these had been reported to the local authority safeguarding team to ensure these could be investigated.

Assessing risk, safety monitoring and management

- People felt safe and potential risks for people had been identified. Staff had a good understanding of people's needs and how to reduce any risk of potential harm.
- Where people needed support to move using a walking frame or stick, the staff ensured the equipment was placed in front of them and their feet were correctly positioned on the floor before they attempted to stand. One person told us, "Staff are extremely good and there if you need them. The staff got me to walk again using a walking frame. They are friendly and listen."
- Where mechanical equipment was used, this was assessed to ensure this was the most suitable equipment to maintain people's independence. The staff received training to use equipment safely and one person told us, "The staff keep a close eye on me. I have a walking frame. Staff lift me safely into bed and into the bath. I don't have any bruises."
- The staff were proud of how they supported people to prevent skin damage or soreness. We saw where people were a risk of developing sore skin, preventative measures including repositioning, use of pressure relieving equipment and medicinal creams were used to ensure people stayed well.
- There were personal emergency evacuation plan documents in people's care plans. The staff were knowledgeable about people's individual needs and told us what support would be provided.
- Accidents and incidents were analysed to help ensure that care plans were updated. The provider had an oversight of accidents and incidents and ensured people care was reviewed and action taken to keep people safe.

Staffing and recruitment

- The number of staff on each shift was kept under review to ensure there were sufficient numbers of staff to meet the needs of people and to ensure their safety.
- There were staff present in communal areas and people could summon support through a call bell or sensor mat when they were in their bedroom or chose to be alone.
- Where people were at risk of falling, we saw staff were available so when they wanted to stand to move

around, staff could support them.

- Staff absences through sickness or annual leave were covered by the existing team where possible, to ensure consistency for people.
- Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service.

Using medicines safely

- Where people received nursing care, medicines were administered by trained nursing staff, and people receiving residential care were supported to have their medicines by trained care staff. We saw people received these when they were expected, and they were offered a drink and given time to take their medicines.
- There were suitable arrangements for the safe storage, management and disposal of medicines.
- Staff completed competency checks and a knowledge check to confirm their competency to administer medicines safely.
- We checked a sample of boxed medicines and found that stocks agreed with the records maintained which demonstrated safe systems were followed.
- Where people had medicines given covertly, we saw that this had been agreed by the GP and best interest decisions were in place. Covert medicines is where they are disguised in food and drink, where people find it difficult to swallow or refuse to take medicines that are important to maintain their health.

Preventing and controlling infection

- People were satisfied with how the home was maintained and the home was looked clean.
- The staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- All staff received training in infection prevention and control and there was information on how to prevent the spread of infection including effective handwashing.
- There was an 'outbreak box', which contained protective equipment and information in order that staff could react promptly to manage any potential outbreak.

Learning lessons when things go wrong

- Lessons were learned when incidents or accidents happened and shared through the staff team.
- Risk assessments and care plans were updated after accidents and incidents to help ensure that the measures in place were effective.
- Safeguarding incidents were reviewed including reviewing how people's valuables and important possessions were recorded and kept safe.

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 Requires Improvement. At this inspection this key question improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- On our last inspection we found it was not clear what action had been taken to gain people's consent. On this inspection we found improvements had been made.
- Some people lacked the capacity to make important decisions for themselves. When needed, mental capacity assessments had been completed for people and decisions made in people's best interests.
- Staff understood how to complete assessments and recorded how each decision had been reached.
- The provider had identified where restrictions were placed on people and had made applications for approvals to the local authority as required. The staff identified people who may have restrictions and understood how to apply these to ensure people's safety.

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

- Before providing a service, assessments were completed to establish if people's needs could be fully met in the home.
- People were consulted about how they wanted their care to be delivered and care plans were developed to ensure staff had clear guidance on how to meet those needs. These were regularly reviewed to ensure where people's needs changed, this was reflected in care the care plan.
- People were satisfied with the care and support they received which we saw care and support was delivered in line with best practice.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction programme at the start of their employment. All staff in every role completed the same induction. One member of staff told us, "This means we all know the same thing and we all know what is expected of us all."
- New staff shadowed experienced staff until they, and the management team were satisfied they were competent to work unsupervised. One relative told us, "They seem to be capable enough and know how to lift people. Usually an experienced staff will work with a junior one."
- Staff received training and support to enable them to carry out their roles effectively. For example, some people were living with dementia and staff had received interactive training about dementia to help them understand what living with dementia may be like. Staff also had the opportunity to develop areas of interest and received additional training to become 'champions' in these areas. For example, to prevent hospital admissions, the some registered nurses were trained to fit new catheters and care staff had specific champion roles, for example, in sexual awareness or for staff engagement. Staff spoke positively about the opportunities provided which the registered manager reported empowered staff.
- Staff also participated in role play scenarios to aid learning. For example, observing staff response to a role play of an unexpected death. The response from staff was reviewed and feedback regarding improvements were provided to the staff team.
- Staff were supported through the supervision process where they could speak with managers regarding their work and professional development. The staff were confident to approach the management team for additional support at any time. One member of staff told us, "I'll always sing the manager's praises. She's got an open-door policy. The only time she will close the door is if they are with a relative."

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

- People had a choice of what to eat and drink and a pictorial menu was prepared informing people of the choices.
- People could choose to eat in their bedroom or in the dining room and where needed, were provided with individual support.
- People were provided with support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence. Staff interacted with people in a kind and considerate manner and talked with people about the food they were eating.
- Assessments had been undertaken to identify where people were at risk from poor nutrition or hydration. These assessments were kept under review and amended to reflect changes in people's needs.
- Where people needed a specialist or blended diet; this was provided and attractively presented. A record of food and drink consumed was recorded where this was identified as a risk to ensure people had enough to eat and drink.
- Some people had food through a tube in their stomach. Staff had received bespoke training to ensure they understood how to prepare and administer the liquid food.
- People were offered drinks and snacks throughout the day and where people were in their rooms jugs of cold drinks were provided.

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

- Staff worked in partnership with social and health care professionals to ensure people received effective care.
- Staff knew people well and identified where people's needs changed and sought advice. One health care professional told us, "The staff are very good at identifying when things change and when a referral needs to be made. I trust their decision."

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

- The service was purpose built and all accommodation was over two floors. The home had been designed

to enable people to move around the home safely with wide corridors and hand rails.

- There were comfortable lounges and dining rooms with different seating for people to choose from.
- People's individual bedrooms included personal items to help create a homely feel.
- Clear signage was displayed to help people move around the home and identify different rooms.
- The dementia unit had been designed with memorabilia for different eras and there was the frontage of a sweet shop and interactive displays.

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

- People felt they received the support they needed to stay well. One person told us, "I can dress myself. I brush my own teeth. My glasses were replaced recently by an optician who came here, and someone comes and does my feet." Another person told us, "The nurses here take good care of me."
- People's day to day health needs were met by the nursing team in the home or through the district nursing team to help them live a healthier life.
- A local GP practice provided support to the home and a GP visited each week to monitor and review people's care where needed. This included a review of medicines to ensure people were prescribed medicines that were needed to support their well-being.
- Information was available for when people needed to go to hospital so important information could be shared to ensure consistent care.

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 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

- People were happy with the staff that provided their care who were courteous and kind to people. Staff had developed positive and caring relationships with people they clearly knew well.
- There was a relaxed and caring atmosphere and we saw people were comfortable and happy around staff. The staff encouraged people to express their views and listened with interest and patience to their responses. We saw staff sat next to people so that they were on eye level which helped with communication.
- The staff took time and care when they carried out tasks and activities and explained what they were doing and why.
- The staff visited people who spent most of their time in their bedrooms to ensure that they were comfortable and well, to offer drinks or snacks or carry out personal care activities.

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

- There was good communication and staff offered people choices such as where they wanted to spend their time and what they wished to eat and drink. One person told us, "They ask me what I would like. They don't just come and do things." One relative told us, "Everyone respects their decisions."
- People and relatives were involved in planning their care. The care plans included information about how staff could encourage people's involvement by offering choices and supporting them to live independently where possible.
- People were relaxed and comfortable to approach and talk with staff and we saw staff listening to what people had to say and taking action where needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and made sure that they supported people in the way they wanted whilst encouraging them to remain as independent as possible. One person told us, "They stand behind me but let me do as much as I can to keep me independent. They have got me walking again."
- Staff promoted people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. One person told us, "They make sure I'm alright. When I'm washing they close the door and curtains for me."
- Some staff were dignity champions and held meetings with people, their relatives. The last meeting considered what dignity meant to people and how they could promote this.
- We saw that when staff went into people's rooms when they were resting, they gently woke them where necessary, so that they could offer them a drink or support.
- People's care records were stored securely, and staff understood the need to maintain confidentiality.

- Staff recognised the importance of personal relationships and people were encouraged maintain relationships with friends and family who were encouraged to visit at any time and told us they felt welcome. One member of staff told us they ensured people had photographs of family, so they could think of them and remember experiences.
- Information about local advocacy services was available and displayed in the home to inform people of the support they could access.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's care was delivered consistently and responsively after having their individual needs agreed at assessment. This ensured people remained at the centre of the care, with all aspects of their care being detailed in the care plan. People and relatives were extremely positive about how staff had gone above and beyond to enable and empower them.
- The staff were extremely motivated and committed to enhancing people's lives through engagement and stimulation. There were an extensive range of opportunities for engagement based around what was important for people who were asked what interested them. The staff worked with people to help them record important information and if they would like to try experiences or visit new places, to live a full life doing what they enjoyed.
- Staff were innovative in involving people and their family in determining precisely what care they needed and what outcomes they wanted to achieve. This had resulted in people being helped to achieve any wishes they had, and staff had arranged for special trips or occasions. One person wanted to visit the beach, another person wanted the experience of looking after a dog and this had been arranged. Relatives of people praised the way that people's previous interests were respected and supported.
- There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided. People had opportunities to positively influence the service they received. This included consultation about the decoration and design of the home. This has resulted in two different lounge areas being decorated to meet people's different preferences. One member of staff told us, "One room has now been decorated in the style of a gentleman's lounge. People have been really pleased with the look and design." People were involved with decorating the home and staff spoke positively about how this had supported people to be involved with meaningful activities. One member of staff told us, "Many people thoroughly enjoyed this as they had always been involved in decorating their home, so it was lovely to see people doing and enjoying this." Photographs were displayed of people wallpaper stripping and painting their home.
- A range of different clubs had been developed which supported people to be involved with gardening, knitting, reading and baking. Staff explained that it was important for people to be involved with meaningful activities and continue to follow their hobbies and interests. For example, the garden had been designed to engage people and people were growing their favourite plants and took responsibility for tending these. We saw one person had recorded, 'I planted my own beetroot and various other plants. Everyday it gives me something to wake up and look forward to now as I go and water them and watch them grow... I feel so happy and at home again now.'
- The registered manager had worked closely with the local community for the benefit of people who used

the service. Links had been developed with local schools who visited each week. People told us how they carried out shared art sessions and enjoyed speaking with the children. This was welcomed by people and helped them to feel part of their community.

- After consultation, people had been involved with incubating and hatching chickens in an incubator. People enjoyed watching this experience and discussing the chicks progress and we saw photographs of how people had cared for the chicks. One person told us, "We loved this, animals are important to us."
- The staff recognised that people had different experiences and views and this influenced how they wanted to be supported. People who used the service were from the local community and many people had close links with the mining industry. One person told us, "Staff know I am a local person and what interests I had. We share our pasts at coffee mornings."
- People were supported to continue to practice their faith. One person told us, "I used to be active in my old church. I go to church meetings here." Another relative told us, "The curator from their own church comes here to share communion with them." Another person told us, "I am religious. I go to my local church just up the road." One member of staff told us, "We recognise different cultures and faiths and help people to understand these but also celebrate local events and its history which are important to people."
- The staff recognised the importance of social media in connecting with other people and electronic tablets were used so people could talk and see relatives and friends. Staff explained how this had been used to enable one person to virtually attend a wedding they could not attend in person.
- For people who were cared for in bed a member of the activity team visited them to engage with a favourite past time or to sit with them reading. The activity staff recorded information about the activities people did to identify people that did not participate in as many activities as others. They told us this meant they could easily recognise where people would benefit from further interaction to support their well-being.
- The dementia unit had been designed to enable people to interact with the environment and included specially designed features such as fidget boards for people to touch and use. For example, there were different forms of locks for people to touch. Touch based activity boards have been shown to reduce agitation for people living with dementia who may show agitation through fidgety hands. A quality monitoring report recorded that this part of the home, 'is particularly impressive and you have clearly worked hard to ensure the environment is suitable for residents with dementia.'
- People and relatives were supported to be involved in their care decisions and the development of the care plan and attended regular care reviews to ensure they continued to reflect people's needs. One person told us, "I do have a care plan. I was involved with it."
- Where significant events occurred, with people's consent, the staff informed relatives to ensure they continued to be involved with their care.

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.

- Care plans contained important information about people's communication needs. The provider ensured people had access to the information they needed in a format they could understand, we saw these could also be offered in larger print, or easy read format if required.
- Technology was used to enable people to understand information. The staff recognised how this could be developed to ensure people were knowledgeable about their care and support as well being used as a communication aid.
- The registered manager was knowledgeable about their responsibilities to ensure information provided to people was in an appropriate format to enable them to read and review it. At the time of our inspection

there was no one using the service whose first language was not English. Where people needed support to access and understand information, for example when a decision was needed, the provider had arrangements in place to ensure information could be interpreted.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure clearly displayed in the home including a pictorial complaints procedure to support people to understand the process.
- People felt concerns raised were addressed by staff without delay and staff were responsive to what they told them. One relative told us, "In general, I would speak to staff and I'm confident that they would listen." Another relative said, "We raised a concern with the manager and she took action."
- People were confident to raise any concerns with the registered manager or staff. Where concerns had been raised these had been investigated and resolved and an apology offered where it was identified improvements could be made.

End of life care and support

- People's needs had been considered as part of their end of life planning. Their expressed views or wishes was detailed in their care plan. This included where people did not want to receive active treatment made with healthcare professionals.
- The staff worked in partnership with a local hospice, who provided training for the staff team to ensure people were supported to receive care in a dignified way and for staff to understand the importance of experienced a dignified death, having an opportunity to reflect on this experience and to recognise staff's feelings when supporting people.
- The staff had listened to relatives and created a bedroom for friends and relatives to stay when people were ill or when receiving end of life care. The room had been designed to enable relatives to share private time with others and to be near to their relative. The staff had ensured there was a stock of personal items such as a toothbrushes and toiletries for them to use.

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 Good. At this inspection this key question has remained the same. 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 registered manager was respected and valued by people. One person told us, "I've had a meeting with the manager. She was kind and caring." Another person told us, "I know the manager by sight. She pops in all the time. She comes to ask if I'm alright." Another person told us, "I do think it's well managed. In how many places does the manager go around to keep an eye and observation on everyone?"
- The registered manager respected and valued the staff and had a clear vision and set of values for the service.
- The staff were committed to ensuring people's needs were met or exceeded and people were respected and valued. The staff were proud of the standards they maintained and told us they worked closely together as a team to ensure standards remained high. They were motivated in their work.

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

- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.
- There was a system of checks to be carried out in the home to ensure that good care was being delivered in a safe environment. This included regular checks on medicine records and checks on the competency of staff to ensure medicines were administered safely. Other checks included analysis of people's falls and people's nutrition. The results were analysed to determine trends and introduce preventative measures. For example, the registered manager explained how for one person this meant introducing a seat sensor mat which resulted in a significant reduction in falls for this person.
- The provider monitored how the registered carried out these checks and how the service developed.
- The registered manager met with other managers from within BUPA to review new or different care practices, to reflect on care practices and consider lessons that could be learnt.

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

- The provider sought feedback from people and staff through questionnaires. People confirmed they had been consulted about the quality of service provision. The registered manager confirmed that, where any concerns were identified, this was discussed with people who used the service and improvements were made. The registered manager reported an example of this was that they, 'engaged with the residents and

relatives and involved them and the staff with developing the garden area. This had a significant impact on the people's wellbeing with a greater number of people involved in outside activity.'

- Resident meetings were conducted in the home and people were supported to raise their views. One person told us, "They do have resident meetings. I think they are useful."
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. There was a culture of openness and honesty to ensure better protection for people.

Continuous learning and improving care

- There was an open and transparent culture in the home where people felt able to share their views and concerns. People and relatives told us they were happy with the quality of the service and their views were listened to. We saw people had praised the service provided in the home on public websites. We saw comments included, 'The staff have been caring, considerate and welcomed us all into being involved. They spoke to us as a family in a very friendly manner.' The registered manager observed children and babies visiting the service and provided changing tables and high chairs, so they could enjoy mealtimes with people.
- Accidents and incidents were reported, monitored and patterns were analysed, so measures could be put in place when needed. This information was used to review the care provided and where necessary to gain support from health care professionals to reduce any identified risk.
- The registered manager was continually reviewing the quality of the service to make improvements and put people at the heart of the service.

Working in partnership with others

- The staff were passionate about working in partnership with groups and hospitals to develop relationships and have a greater understanding of how they could support each other included joint training.
- The service worked closely with the local clinical commissioning team who had recently completed a quality monitoring visits and the service achieved a high score.
- The registered manager had considered how they could learn and implement innovative practices to enhance people's care. They were proud of how the home had been developed and welcomed sharing experiences with others.