Total Support Solutions Limited

St Margarets Care Home

Inspection report

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Date of inspection visit:
25 November 2019

Date of publication:
19 December 2019

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
St Margarets Care Home is a residential care home providing care and support to 19 people aged 65 and over at the time of the inspection. The service can support up to 22 people living with dementia, frailty and physical disabilities.

People's experience of using this service and what we found:
Fire safety was assessed and people had personal evacuation plans in place. These lacked detailed on how a person would be safely evacuated. Guidance was not always available on what equipment a person would require to aid a safe evacuation and the number of staff required. Accurate documentation was not always maintained. For example, policies referred to out of date legislation and care plans were not always updated following a change in a person's care needs.

Systems were in place to manage infection control. However, these systems were not always effective and best practice guidelines were not always followed. For example, the provider's clinical waste bin was unlocked.

There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service. People had access to healthcare services and input from specialist professionals when required. Their needs in relation to their personal care, nutrition and medicines were met.

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 felt staff were caring, kind and respectful when supporting them. People told us they felt their opinions mattered and they were listened to. People's cultural and spiritual needs were encouraged and respected. The registered manager recognised the importance of meeting people's psychological and emotional needs. The service had a range of animals including a cat, chickens and a budgie. People were observed making a fuss of the cat. People's privacy and dignity was respected. Friendships had blossomed between people and people were observed chatting and nattering away.

There was also a positive, friendly and caring culture amongst the staff. Links with the local community had been established and people had access to a range of activities. People's wishes around end of life care were respected and staff worked in partnership with healthcare professionals to achieve positive outcomes for people.

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

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

Rating at last inspection:
The rating for the service was Good (report published 8 March 2017)

Why we inspected:
This was a planned inspection based on the previous rating.

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 Responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always Well-Led. Details are in our Well-Led findings below.	**Requires Improvement**

St Margarets 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:
The inspection team consisted of one inspector and a specialist dementia advisor.

Service and service type:
St Margarets 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:
Our planning considered information we held about the service and included information about events and incidents the provider must notify us about. We asked commissioners, the local authority and professionals who worked with the service for their experiences of 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 and in making our judgements in this report.

During the inspection:
We spoke with seven people who used the service and four visiting relatives about their experience of the care provided. We spoke with the registered manager, senior care worker, two care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection:
We continued to seek clarification from the provider to validate evidence found. Further information was emailed to the inspection team. We obtained feedback from two healthcare professionals via email.

Good

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:
● People were protected from the risk of harm, abuse and discrimination. People told us that they felt safe living at the service. One person commented, "I'm definitely safe here. I have my own room and the staff are there if I need anything." Relatives confirmed that they felt confident leaving their loved ones in the care of St Margarets Care Home.
●There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. Staff understood the possible types of abuse people could be subjected to, and how to report it both internally and externally. One staff member told us, "Abuse could be physical, emotional or neglect."
●There had not been any safeguarding incidents for a period of time, however the registered manager demonstrated they understood the reporting process.

Assessing risk, safety monitoring and management:
● People were supported to stay safe while their rights were respected.
● Risks associated with moving and handling and falls were assessed, and management plans implemented. For example, falls risk assessments were in place which considered factors which may increase a person's risk of falling, such as medicine, mobility, sensory impairment and environment. Where people were identified at high risk of falls, falls care plans were in place to further mitigate the risk and provide guidance to staff. One staff member told us, "We recognise the impact that falling can have on a person, so we try and take steps to help manage their risk of falling."
● The service's environment and equipment were maintained. Records were kept of regular health and safety and environmental checks. Fire alarms and other emergency aids were regularly tested and serviced.

Staffing and recruitment:
● People felt there were sufficient numbers of staff to meet their needs. People said there were always staff available to support them. We saw examples of this during the inspection. One person told us, "They are always around if I need them."
● The registered manager had a dependency tool as an aid to determine staffing levels and staffing rotas were forecast in advance. Staffing levels were based on the needs of people living at the service alongside the skill mix of staff.
● Agency staff were used to cover staff shortfalls such as sickness. Where agency staff were required, the registered manager sought a profile of the agency worker before their shift at the service and conducted an induction to the service with the agency staff member.
● Staff were recruited safely. Checks included references from previous employers and the Disclosure and

Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Using medicines safely:
● There were safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly.
● Medicine Administration Records (MARs) were completed and audited appropriately.
● Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when they should be offered to people.
● People received their medicines in a dignified manner. The staff member clearly explained the purpose of the medicine, ensured the person had a drink of their choice to hand and remained with the person whilst they took their medicine.

Preventing and controlling infection:
● Staff used personal protective equipment (PPE), such as disposable aprons and gloves, when providing personal care to people. A person told us, "The girls always wear gloves when needed."
● Clothes and bedding were washed onsite in a laundry room, staff recognised the importance of managing infections and confirmed if anyone had an infection, they would keep their laundry separate.
● Staff understood the importance of food hygiene. Food hygiene at the service was rated five, the highest available rating from the food standards agency.

Learning lessons when things go wrong:
● There was a system in place to ensure accidents, incidents and complaints were monitored as a way of learning and improving practice. The registered manager told us that they were open to learning and making improvements.
● The registered manager completed a falls analysis monthly. This considered the number of falls that month, the date, time and location of the fall. Each fall was analysed to identify any trends, themes or patterns alongside learning points and actions to take forward.

Good

Is the service effective?

Our findings

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

At 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:
● People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured staff were able to meet people's needs. One relative told us, "The registered manager met with myself and my loved one before they moved into the service and gathered lots of information. We were also able to provide information on what my relative enjoys doing."
● The provider was using nationally recognised, evidence-based guidance to track and monitor people's health outcomes, such as Waterlow (tool to assess risk of skin breakdown) and MUST (malnutrition universal screening tool) tools to monitor people's nutritional needs.

Staff support: induction, training, skills and experience:
● People were supported by staff who had knowledge and skills to meet people's needs. One person told us, "The staff are very good. They look after me well." Another person told us, "They are very competent."
● New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.
● Training had been identified according to the needs of the people living at the service. These included dementia training, safeguarding, Mental Capacity Act (MCA) and moving and handling. Staff spoke highly of the training provided. One staff member told us, "The training is really good. I'm always learning in this role."
● Care and support was provided to a number of people living with dementia. Specific training had been delivered to staff to help them understand what life was like from the perspective of a person living with dementia. The registered manager had organised for staff to receive virtual dementia training. Staff spoke highly of this training. One staff member told us, "It was a real eye opener and I learnt the importance of communication and being aware of background noises when communicating with people." Observation of care demonstrated that staff were competent and skilled. It was clear that staff knew people and communicated effectively with people.
● Staff felt valued and supported within their role. Staff received regular supervisions alongside a yearly appraisal. One staff member told us, "The manager is approachable. I can go to her if I have any concerns or worries."

Supporting people to eat and drink enough to maintain a balanced diet:
● People were supported to maintain a healthy balanced diet and to eat and drink well. People, staff and relatives spoke highly of the food provided. One person commented, "It's delicious." One staff member told

us, "The food is wonderful."
● Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements.
● People were assessed to ensure they were not at risk of weight loss and anyone who required it was weighed frequently. Weights were recorded in care plans. Where people were at risk of losing weight, the registered manager worked in partnership with the chef and healthcare professionals to ensure their diet was modified to mitigate the risk of further weight loss.
● With permission, we joined people for their lunchtime meal. Tables were neatly decorated, and people sat with visiting loved ones or their friends. Laughter and gentle humour was observed throughout the meal.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:
● Staff worked together as part of a team. One staff member told us, "A key strength of the service is how we work together as a team to get good outcomes for people." With pride, one staff member told us about a person who had moved into the service and on admission was withdrawn, underweight and low in mood. The staff member told us of the steps they took to improve the person's mood alongside the support provided with helping them put weight on. The staff member commented, "It's been lovely to see them come out of their shell, put weight on and become happier. It makes the job worthwhile."
● People had access to a range of healthcare professionals. Records showed that referrals to specialist services, such as the District Nursing team and Speech and Language Therapists (SALT) were made in a timely manner.
● Care and support was provided to people who could display behaviours which challenged. The registered manager told us how they were working in partnership with the community mental health team for one person to explore the root cause of the behaviours they displayed. They commented, "We need to understand the behaviours and ascertain if any underlying medical condition might be impacting upon them."
● Where people were living with diabetes, the registered manager had attended training provided by Diabetes UK (a national organisation) and staff worked in partnership with the district nursing team. Every three months, the registered manager submitted a report to Diabetes UK providing information on whether any 999 calls had been made due to the person's diabetes and any hospital admissions. This enabled the registered manager to have oversight of the management of diabetes within the service.
● The oral care of people had been assessed and carefully monitored. Where needed, staff had assisted people with brushing their teeth. The registered manager was further exploring the management of oral health and how the care planning process fully considered people's oral health.

Adapting service, design, decoration to meet people's needs:
● The design and decoration of the service was suitable and adapted to meet people's needs, keep them safe and promote social interaction. People's bedrooms were personalised to their individual likes and preferences.
● Staff ensured that the environment was safe for those who required support with mobility and for those living with dementia. We observed communal areas and corridors were free from trip hazards and contained signs and pictorial references to guide people to bathrooms and communal rooms.
● The registered manager told us that following the dementia virtual training, steps had been taken to paint all of the bathrooms and toilets in the service bright pink. The registered manager told us, "From the training, we learnt that for people living with dementia, colours really help with identification. Therefore, all bathrooms are now painted bright pink and its really helped. One lady will now ask, where's the toilet? Without prompting, they will then say, ohh it's the pink room."
● The service had been decorated with memorabilia from different eras to help prompt people's memories.

The service also included an old sweet station where people could help themselves to old fashioned sweets.

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's consent to their care and support was always obtained.
- Mental capacity assessments had been completed and where people were identified as lacking capacity, best interest decisions had been held to ensure the care provided was in the person's best interest and the least restrictive option.
- The service was working within the principles of the MCA and restrictions on people's liberty had been authorised.

Good

Is the service caring?

Our findings

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

At 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:

- People using the service and their relatives experienced positive caring relationships with the staff team. They told us staff were caring and supportive towards them. One relative told us, "I always receive a warm welcome whenever I visit."
- The service had a calm atmosphere and people and staff positively interacted with each other. One person told us, "I love the atmosphere here. It's very friendly and calm."
- Each person had their life history recorded within their care records which set out who was important to them, both in the past and now. This helped staff to get to know people to build positive, caring relationships with them. One staff member told us, "Everyone has such interesting pasts and it's been wonderful getting to know them."
- People's equality and diverse needs were respected and upheld. One person received Holy Communion weekly and regular church services were held at the service. Staff recognised and understood the importance of treating people with respect and ensuring their religious and spiritual needs were met.
- The registered manager and provider recognised the importance of companionship and meeting people's psychological needs. The service had a range of animals including a cat, chickens, fish and a budgie. Staff and people spoke highly of the companionship and comfort that the cat brought to people. One person told us, "I love the cat, he's fluffy and calm." One staff member told us, "It's amazing to see how people interact with the cat. Despite living with dementia, people remember the cat's name and it's a real talking point and reassurance for people."
- The service had a wishing tree in place. The purpose of this tree was to support people with fulfilling their wishes and aspirations. One person had expressed a wish for better hearing. Staff worked in partnership with the person's relative to source a new hearing aid for the person which in return promoted their hearing and overall wellbeing.

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

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. Staff recognised the importance of empowering people to make day to day decisions and be involved in their daily care. Throughout the inspection we observed people making decisions about their day to day lives. Staff offered choices to people to support their independence.
- People and their relatives were involved in reviews of their care. Care plan reviews considered the effectiveness of the care plan, the person's achievements, their health and any changes required.

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

● People were supported to be as independent as possible. Staff encouraged people to complete their own personal care and supported them when needed. One staff member told us, "I always encourage people to remain as independent as possible. I ask if they want to wash their face and front whilst I assist with washing their back."

● Staff provided care and support in a person-centred way. We saw staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way. For example, one person was observed becoming upset and anxious. Staff spent time with them providing comfort and assurance.

● People were supported to maintain their relationships with their loved ones. Visitors were able to visit at any time and were welcomed by staff. During the inspection, one visitor joined their loved one for lunch.

● Staff recognised the importance of supporting people to maintain their appearance. Staff regularly supported people to paint their nails, do their hair and ensure items of importance were always to hand.

Good

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 remained the same. 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 received personalised care and support that was responsive to their needs and preferences. People were positive about the care they received. One person told us, "I'm very happy here."
- Care plans and information was available to staff. This included people's life history plans which helped staff understand people's backgrounds. Guidance was also available on what was important to the person and information was also available on their life before moving into the service.

Meeting people's communication needs:
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People's communication needs and how staff should communicate with them were recorded in their care plans. This ensured that staff knew each person's communication needs.
- The provider could provide information in a range of formats. This included a larger font and pictorial information. The registered manager told us that hymn sheets were available in large print for Church services that took place within the service.
- Staff supported people to maintain their communication aids. For example, staff regularly cleaned people's hearing aids and ensured the batteries were in working order.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:
- The service had a programme of activities for people to enjoy. External entertainers regularly visited the service providing activities and entertainment. For example, Pet Pals visited the service, alongside an exercise class. On the day of the inspection, visitors from the Church visited and sang hymns with people.
- Care staff provided day to day activities and also ensured that those who wished to remain in their bedroom were not at risk of social isolation. One person told us how they enjoyed drawing, quizzes and playing cards with staff. One person told us, "There's always something going on."
- On the day of the inspection, staff were observed playing a reminiscence game with people. This prompted people to remember hobbies from their past and what they enjoyed doing when they were younger. A staff member commented, "These reminiscence games are a great way of further learning about people."
- Friendship had blossomed between people living at the service. Observations of care demonstrated that people spent time chatting to one another which in return provided companionship.

Improving care quality in response to complaints or concerns:

● People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns and felt confident they would be addressed. One relative told us, "I wouldn't hesitate in raising any concerns. I know they would be acted upon."

● The service had not had any formal complaints however records demonstrated that the registered manager dealt with any feedback to people's satisfaction.

● The registered manager and staff had received a number of compliments from relatives and healthcare professionals. One compliment noted, 'thanks to your patience, care and attention and infinite patience, you significantly enhanced her quality of life and she was able to regain her health and dignity for the last few years of her life.'

End of life care and support:

● People could be supported at the end of their life at St Margarets Care Home. The staff team worked with local healthcare professionals to make sure people were comfortable and pain was managed.

● People had the opportunity to record their wishes for the end of their life and share what they wanted to happen. The registered manager worked in partnership with healthcare professionals to implement ReSPECT forms (recommended summary plan for emergency care and treatment). ReSPECT forms considered people's wishes around their end of life care and preferred place of care.

● There was nobody receiving end of life care during our inspection, however staff and the GP had prepared some medicines for one person to be ready 'just in case'. This enabled staff to act responsively should the person's health deteriorate.

Requires Improvement

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 Requires Improvement. This was because accurate records had not been maintained. Effective cleaning of the laundry had not been identified by the provider or registered manager. Agency staff were not supported to receive a written induction. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some improvements had been made. For example, agency staff now received a written induction. However, accurate records were still not consistently maintained.

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

- A governance framework was in place and the registered manager completed a range of audits every month to monitor the quality and safety of the service provided. Audits included care plans and health and safety. The provider also visited the service weekly and on a monthly basis completed a provider report. This considered people's experience of the care provided, documentation alongside an inspection of the premises. These audits were not always effective in identifying shortfalls with documentation.
- Care and support was provided to one person living with a catheter. Staff told us how this individual had suffered a number of problems with their catheter but had recently had a new catheter fitted which had a positive impact for the person. The person's care plan identified that they had a catheter in-situ but failed to reflect that the catheter had recently been changed. Guidance was also not available within the care plan on how the risk of infection was mitigated. For example, the care plan failed to document that staff assisted with changing the person's leg bag. Information was also not available on the signs and symptoms of catheter inquired infections. Whilst staff were knowledgeable about the person's care, documentation failed to reflect this knowledge. Therefore, for agency staff or new members of the staff team, this information would not be readily available. We discussed this with the registered manager who identified the need to update the care plan.
- Following a change in a person's care need, care plans were not consistently updated. For example, one person's eating and drinking care plan identified the need for a soft diet. However, their food chart referred to food that was not of a soft consistency. The registered manager told us that this person no longer required a soft diet but acknowledged the care plan had not been updated following this change.
- Staff worked in partnership with the district nursing team to support people to manage their diabetes. Where people required the assistance of insulin to manage their diabetes, staff followed guidance implemented by the district nursing team. However, where people required daily medicine to manage their diabetes, guidance was not consistently in place. For example, care plans failed to identify what support a person needed to help manage their diabetes. The care planning process failed to identify the importance of checking diabetic screening alongside the importance of good foot care. Documentation reflected that people were supported to receive their yearly diabetic screening alongside accessing the podiatrist. Yet the care planning process failed to reflect what was important to the person on how to manage their diabetes.

● Infection control audits were in place which considered the management of clinical waste. The recent infection control audit completed in September 2019 identified that clinical waste was disposed of safely. We identified during the inspection that the provider's clinical waste bin was not locked. Guidance produced by the Department of Health and Social Care advised that clinical waste bins should be sealed and lockable. We discussed this with the registered manager who advised that the bin was delivered without a lock and they would order a lock for the bin. The provider's internal audit failed to identify this shortfall.
● Personal evacuation plans (PEEPs) were in place. However, these failed to consistently identify the support a person would require to safely evacuate the building in the event of a fire. For example, one person's PEEP identified that the difficulties they could encounter in the event of a fire was being hard of hearing. The PEEP failed to identify that the person's bedroom was on the first floor and how they would get down the stairs. The person required the support of a walking frame and usually mobilised on the stairs using the stair lift. However, in the event of a fire, the stair lift would not be operational. The PEEP failed to consider how to safely evacuate the person, the equipment required and number of staff required. We discussed these concerns with the registered manager who identified the need to review and update people's PEEPs. Fire equipment was regularly tested and staff had received training on the use of fire sledges to aid a safe evacuation. Staff were able to tell us of the steps they would take in the event of a fire. However, PEEPs failed to identify if a person would require the use of a fire sledge.
● The provider had a range of policies in place. Policies covered areas such as end of life and safeguarding. However, the policies referred to out of date legislation and did not reflect best practice guidelines.
● The registered manager completed a pre-admission assessment before anyone moved into the service. This admission assessment considered people's emotional, physical and social needs. However, the pre-admission assessment failed to consider people's equality and diversity. For example, their sexuality. The registered manager identified that some people did not always want to discuss these needs, but acknowledged further work was required to ensure equality and diversity needs were captured within the pre-admission assessment. We have identified this as an area of practice that needed improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● The registered manager promoted a friendly and caring atmosphere in the service. They ensured people experienced positive outcomes and were happy with the care they received. We observed people were relaxed and there was a friendly atmosphere. We noted staff empowered people by treating them with respect and dignity, and by encouraging them to be as independent as possible.
● Staff told us they liked working at the service. They told us they were happy with the way the service was managed. One staff member told us, "The manager is very supportive."
● There was a person-centred culture which kept people at the heart of the service. The registered manager told us how the staff team supported one person who struggled with social isolation. The registered manager commented that staff slowly built a rapport with this person which in return led to the person engaging with activities and interacting with other people living at the service.
● Systems were in place to enable people, staff and relatives to give feedback. The registered manager told us that whilst 'resident meetings' were no longer held at the service, feedback from people was obtained in a variety of ways. The registered manager commented, "Through talking with people and often through reminiscence activities, we gain feedback from people which we act on. For example, one person commented that they missed the birds as they use to live on a farm. We therefore implemented a bird feeder outside of their bedroom. They love sitting and watching the birds."
● Satisfaction surveys were sent out to relatives and healthcare professionals to gain feedback. Comments from a recent survey included, 'I have always been impressed when visiting your care home over the past two years with the kindness care and compassion you show all the residents.'

● The findings from the recent relative's survey identified that relatives felt more outings were needed. The registered manager told us that were taking action in response to this feedback. They commented, "Following the feedback we did organise a trip out using a minibus, however, on the day a lot of people declined to go. We are working on ways to promote future outings. I'm currently looking into an outing to go and see some carol singers."
● Steps had been taken to ensure people's voting rights were upheld in preparation for the General Election. The registered manager told us, "Everyone who wants a postal vote has been registered and we've organised for those who want to vote in person to be taken along to the local polling station."

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 staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.
● 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.

Continuous learning and improving care: Working in partnership with others:
● Strong links with the community had been established. The registered manager and staff team were working in partnership with the local university. On a weekly basis, falls prevention classes were provided to people from students from the university. The purpose of these classes were to promote people's core and strength and reduce the risk of falls. The registered manager and staff team commented that they had noted an incredible difference in people since engaging with the project and that the number of falls within the service had reduced. Incident and accident records confirmed that the number of falls had greatly reduced. The registered manager was also engaging with the local university regarding another project which was due to start in 2020. This project would be looking at the wellbeing of people living at the service and how the risk of depression could be minimised.