Russettings Care Limited

Russettings Care Home

Inspection report

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Tel: 01444811630

Date of inspection visit:
02 September 2019

Date of publication:
17 September 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?	Good

Summary of findings

Overall summary

About the service: Russettings Care Home is a care home providing both nursing and personal care to people. The home accommodates up to 45 people with a range of needs including those living with dementia and /or long-term health conditions in a purpose-built building. The home also provides short breaks and respite service for people. At the time of the inspection, 39 people were using the service.

People's experience of using this service

Risks to people were managed to reduce harm to them and to promote their health and safety. There were management plans in place that provided guidance to staff to reduce risks to people. People were safeguarded from the risk of abuse because staff received safeguarding training, and the registered manager complied with safeguarding procedures. Incidents and accidents were reviewed, analysed and actions taken to ensure learning from incidents and to reduce the risk of them happening again. People's medicines were administered and managed safely. There were enough staff available to support people. Staff were trained in infection control and followed procedures to reduce risks of infection.

People's needs were assessed in line with best practice guidance. People's nutritional needs were met. People were supported to eat and drink enough to maintain good health. Staff were supported through induction? training and supervision to deliver their roles effectively. People had access to healthcare services they needed to maintain good health; and staff liaised effectively with other services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought for the care and support they received.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

Staff were kind and compassionate to people. People were involved planning their care needs. People were treated with respect and dignity, and their independence promoted. People received care and support tailored to their individual needs and preferences. People's end-of-life wishes were documented in their care plans. People were supported and encouraged to participate in activities they enjoyed.

People and their relatives told us the service was well run. People and their relatives knew how to raise complaints about the service. The registered manager addressed any complaints they received appropriately. The provider worked in partnership with other organisations and services to develop and improve the service. The service had effective systems to monitor the quality and safety of the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Russettings Care Home on our website at www.cqc.org.uk.

Rating at last inspection and update:
The last rating for this service was Good (published 1 February 2017). At this inspection the service remained Good overall.

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

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Russettings Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector, and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience caring for elderly people.

Service and service type:
Russettings 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:
The inspection was unannounced. The inspection took place on 2 September 2019.

What we did:
Before inspection: We reviewed the information the provider sent to us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspection planning. We also reviewed information we held about the service which included notifications of events and incidents at the service.

During inspection:

We spoke with seven people using the service, two relatives, three care staff members, two registered nursing staff members, the clinical lead, registered manager, the nominated individual/director and a second director. We looked at five care files, four staff files, quality assurance reports and other records relating to the management of the service including health and safety information and records relating to incidents and accidents. We used our Short Observational Framework for Inspection (SOFI) to assess how staff interacted and provided care to people in the communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

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

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

- People were protected from the risk of abuse. There were systems and processes in place to safeguard people from abuse. People and their relatives told us they felt safe at the service. One person told us, "Oh yes I am perfectly safe." A relative said, "Yes I am happy that [my family member] is safe in here. We've never had any concerns."
- Staff had completed training in safeguarding from abuse and knew the signs to recognise abuse and actions to take. They told us they would report any concerns to the registered manager and if no action was taken they would whistle blow to relevant authorities. One care staff said, "If I notice any abuse, I won't waste time in reporting it. I wouldn't want my loved ones to be abused so why would I watch abuse happen and not do anything?"
- The registered manager knew to raise an alert to the safeguarding authority if there was a safeguarding concern, notify CQC and carry out investigation involving appropriate authorities such as police where necessary.

Assessing risk, safety monitoring and management.

- People were protected from the risk of avoidable harm. Risks associated with people's physical and mental health were thoroughly assessed and comprehensive management plans were developed to address identified risks. Risks of pressure sores, malnutrition, moving and handling, mobility, falls and the environment were also assessed and addressed to reduce risks.
- Equipment such as pressure mattress, cushion were available for people at risk of developing pressure sores to reduce the risk. Guidance, training and equipment were provided to staff to ensure people were supported safely with transfers and mobility. We observed staff transferring people and saw they followed safe moving and handling procedures. Health professionals were involved in assessing and managing risks to people where relevant. For example, a dietician had supported in managing a person at risk of malnutrition.
- Risk management plans were reviewed regularly to reflect changes in people's needs.
- Health and safety checks and risk assessments of the environment were carried out including fire safety, electrical installation, gas safety, portable appliance test (PAT), and water management and legionella. The risk assessment for the home was up to date.

Learning lessons when things go wrong.

- Lessons were learnt from incidents and when things go wrong. There were systems available to report incidents and accidents and staff understood these systems.
- The registered manager and directors had oversight of incidents and events that happened at the home.

The registered manager reviewed all incidents that occurred in the home. They took actions as necessary, for example if the incident was deemed safeguarding, they referred it to the local authority safeguarding team.

● The registered manager analysed incidents regularly identifying patterns and trends. Based on the analysis, appropriate actions were taken. For example, one person's medicines were reviewed as it was causing them drowsiness which resulted in falls. Following the medicines review, the person's falls reduced significantly.

● Analyses of incidents and accidents were also used to inform staffing levels. For example, high level of incidents such as falls were recorded in the lounge between 2-8pm so the action plan put in place was to ensure a staff member was in the lounge to monitor and support people.

Staffing and recruitment.

● There were enough staff available to support people with their needs although people commented about the high usage of agency staff. One person commented, "Yes, there are always staff around. Although, there has been a spell where there were lots of agency staff but I haven't been aware of that so much lately."

● The rota showed that the service was staffed as planned which included a mix of qualified nursing staff and care staff. Staffing levels were determined and planned by reviewing people's dependency levels.

● Staff told us staffing levels were enough on each shift to support people. One member of care staff said, "Staff wise we are enough. The only problem is the amount of agency staff we use but I suppose it's a general problem everywhere." A member of the nursing staff said, "There are enough staff. The directors have given us the freedom to book agency staff if we are short. To them it is important there are staff to care for people and to keep them safe."

● Staff responded to people's needs and requests for assistance promptly. Staff were available in communal areas and supported people where needed.

● Robust recruitment checks were conducted before applicants could work with people. These included criminal records checks, references, employment history and right to work in the UK. The provider also checked that nurses employed had the appropriate qualifications and their professional registration was up to date and continued to be valid.

Using medicines safely.

● People's medicines were administered and managed safely. Only qualified nurses and senior care members of staff who were trained and competent administered medicines to people.

● Medicine administration record (MAR) charts were clearly signed and showed medicines were administered to people as prescribed.

● Where people had 'as and when required' medicines, there were protocols in place to manage this and we noted staff followed the protocol.

● Records of medicines received into the service were maintained and there was a system available for disposing of unused medicines.

● Medicines were stored within safe temperature ranges, in line with the manufacturer's instructions. Regular checks were made of storage temperature areas to ensure they remained safe.

Preventing and controlling infection.

● People were protected from the risk of infection. Staff had been trained in infection control and knew procedures to follow to reduce the risk of infection. One person told us, "They do wear gloves and aprons when they are helping me with personal care."

● There were domestic staff available on the day of our inspection cleaning the home. The home was clean and free from odour. Monthly infection control audit took place. Clinical waste was managed effectively.

● Staff used personal protective equipment (PPE) and washed their hands as necessary. People had their

own individual slings and sliding sheets to reduce contamination and infection.

● The staff were trained in food hygiene. They used colour coded chopping boards to reduce the risk of contamination. The environment health agency had awarded the home 5 star for their complaint with food hygiene standards.

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 rating of good. 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's care needs were assessed so the service could establish if they could meet care people's needs appropriately. One person said, "I was in another home before I came here but didn't like it. Then we found this place and [staff] came and sorted out whether they would be able to look after me." Assessments of needs covered people's physical and mental health conditions, personal care needs, social needs, nutritional needs, their behaviours, mobility, and skin integrity.
- Various nationally recognised assessment tools were used such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs; and Waterlow assessment tool to assess people's risk of developing pressure sores.
- People and their relatives and other health and social care professionals where necessary, were involved in the assessment process, so their views and recommendations could be considered as part of the assessment and care planning process.

Staff support: induction, training, skills and experience.

- People were cared for by staff who had the experience and skills in the job. People told us staff knew how to support them. One person told us, "Yes, most of the staff are good. Some are absolutely brilliant." One relative said, "The staff are very well trained."
- Records showed, and staff confirmed, they were supported to be effective in their roles. One registered nurse staff told us, "I'm supported by the clinical lead, the registered manager and directors. I'm up to date with my training and professional development which helps in validating my registration." A care staff said, "I had induction when I started and shadowed an experience staff because I didn't have any previous care experience. I have done all the mandatory training and have been booked on some others."
- Records showed staff received an induction into their roles when they first started and completed training courses relevant to deliver their roles effectively. Staff also received training specific to the needs of people they supported. For example, wound management, diet and nutrition; and dementia and changing behaviour.
- Staff received regular supervision and annual appraisals. These were used to improve staff performance and provide support.

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

- People's nutritional needs were met. One person commented, "The food is very good and if you don't want what is on the menu they will do you something special." A relative said, "The food is good. Because [my family member] has problem with their teeth, the chef prepares soft food for them which is easy for them to eat."

● People's care plans documented their nutritional and dietary needs, and the support they required during meal times.
● People were given choices of what to eat and drink during lunchtime. People who required assistance to cut up their food were given the support they needed. Staff sat with people who required support to eat and encouraged them to eat sufficient amounts. People who required special diets such as pureed or soft diets received this and people were given food supplements as recommended by the GP. Staff interacted well with people and supported them in an unhurried manner.
● People were offered fruits, snacks and drinks at regular intervals throughout the day.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Records showed people and their relatives were involved in making decisions about their care. One person told us, "[Staff] always ask my permission before they do anything and they check that whatever they've done is what I wanted." A relative told us that they were involved and consulted about any major decision such as hospital admission.
● Staff and the registered manager had completed training in MCA and DoLS and understood their responsibilities to obtain consent from people in line with MCA.
● People's capacity to make specific decisions was assessed and noted in their care plans. Where people had been assessed as lacking capacity to make a decision, relatives and relevant health or social care professionals were involved to make best interests' decisions. For example, professionals and relatives were involved in assessing and making decision about administering one person's medicines covertly.
● DoLS applications were made to the relevant supervisory body where it was deemed necessary to maintain a person's safety. The registered manager maintained a record of these and we saw that they were valid, and their conditions met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.
● People told us staff supported them to access the healthcare services they needed. One relative said, "[my family member] had a chest infection so they have arranged for the doctor to see them." The home had a doctor who visited weekly or when required to see people.
● Records showed that staff liaised a range of professionals on behalf of people including GPs, occupational therapists (OT), and district nurses.
● When people went to hospital for admission or moved between services; staff ensured they had a copy of the personal profile sheet which contained important information such as people's medical history, medication list, GP and next of kin details. Staff also gave people change of clothes and other personal items such as such as hearing aids, glasses, and dentures to take along.

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

● The environment had adequate adaptations and was suitable for people. People had access to communal areas where they could relax, socialise and spend time with their visitors.

● The home had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

● People's rooms were personalised to their individual requirements. Bedroom doors were painted in colours they chose to help them identify their rooms. One person commented, "You are encouraged to regard it as home, bring your own bits and bobs in and have the family come in to see you."

● We noted however, that people would benefit if the home improved on signage around to make it a more 'dementia friendly home' to meet the needs of people in the home. We discussed this with the registered manager and they said the owners knew about it and were working on a plan to make the home dementia friendly.

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 rating of good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People were treated with kindness and compassion. One person commented, "The staff are very good and friendly." A relative told us, "The staff are caring and kind. I feel at ease with the staff. I can come in whenever I want, I can have a meal with [family member] if I want to. Unless [my family member] is poorly they are happy and smiles a lot, they wouldn't do that if staff were being unkind to him."
- People were comfortable in the company of staff and there was a calm atmosphere in the home. Staff had an easy rapport with people which showed trusting and warm relationships existed. People spoke positively about staff attitude. One person said, "The [staff] are very kind, they'll do anything for you. They'll give you a big hug sometimes." Staff also told us that had built caring working relationships with people and it has enabled them understand people and how to care for them. One member of care staff said, "We are like a family now. You know people and how they like things done for them. We respect each other."
- Care plans included information about people's backgrounds, family histories and their cultural and religious needs. Staff understood the importance of treating people equally and respecting their differences and had completed equality and diversity training. One person commented, "Yes, the staff are good. They don't make any distinction between people, they look after everyone the same and with respect."
- Staff provided comfort and reassurance to people who were anxious or agitated. We observed a lot of one-to-one interaction taking place between people and staff. Staff spent time with people providing reassurance and making sure they were comfortable. Staff bent down to make eye contact with people before speaking to them to improve communication. We saw staff gently touching people who were sleeping on the armchair to alert them first so they did not become agitated. They gave people time to become alert before offering support to them. Staff always spoke to people softly and with a smile.

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

- People were involved in making decisions about their care. One person commented, "[Staff] ask me what I want – what I want to wear or eat." One relative said, "They keep me informed. I have an arrangement with them, if [my family member] has a fall and they are OK, staff don't need to ring me but if anything serious happens, they must let me know straightaway."
- Care plans indicated people's likes and dislikes, background and life histories so staff knew people and understood how to care for them.
- People were given a choice about their day to day activities, what to eat and things they preferred to do. One person preferred to spend the day in their room and staff respected their choice. Throughout the time of our inspection, we noticed staff communicating and involving people in decisions before any activity was carried out for them.

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

● People were treated with dignity. One person told us, "I prefer my door always shut as I don't like to be on display all the time so staff always shut it for me. [Staff] always knock before coming in and wait for me to answer. Obviously, they close the door if they are helping me with washing or dressing."

● Staff told us they carried out personal care tasks behind closed doors to ensure privacy and promote dignity. We observed staff assisted people with their toileting needs in private and discreetly.

● People were neatly and smartly dressed in their personal clothing.

● People were encouraged to do the things they could for themselves in support of their independence.

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 requires improvement. At this inspection this key question has now improved to good. People's needs were met through good organisation and delivery.

At our last inspection we found that the provider did not ensure people were engaged in activities to occupy them and reduce isolation. At this inspection we found enough improvement.

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 took part in a range of individual and group activities they enjoyed. One person said, "There are activities going on, but I prefer to stay in my room. The activities coordinator comes to see me and encourage me to join when they have an entertainer coming in." A relative told us, "There's plentiful activities, singers, guitarists, pianist, and someone who comes in and plays armchair football or handball."
- The home had two activities coordinators who planned and organised activities. Care staff also delivered activities to people were possible. On the day of our visit, we observed care staff engaging people in one-to-one activities such as reading, games and beauty therapy sessions.
- People maintained relationships which matters to them. Visitors told us they were welcomed at the service at any time and they were given the space and time they needed with their loved one. We noticed visitors visit their loved ones and spent time with them in their rooms or communal areas.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received care to meet their individual needs and requirements. People us staff were responsive to their needs.
- Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs.
- Staff knew what people needed and supported them as required. People were supported with their personal care needs and we noticed that those who required support at mealtime got the support they needed. People with physical health conditions were also supported to maintain and improve their well-being. For example, staff regularly monitored the glucose level of people with diabetes; and took appropriate actions if they had concerns.
- People's religious and cultural needs were documented in their care plans. Staff knew this and supported them accordingly. Religious service took place at the home monthly and a priest visited weekly or as when required to meet people's needs.
- Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

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 were identified through care planning and staff communicated with people in the way they understood. People who needed hearing aids to improve their hearing had them on and staff supported them to use these effectively.
● We observed staff communicating with people with limited communication using gestures, body language and pictures. Staff gave people time to respond.
● The provider told us that if people required information in different language and in formats such as Braille and large prints, they could make them available in these formats.

Improving care quality in response to complaints or concerns.
● People and relatives knew how to raise concerns if they were unhappy about the service. One person said, "I've never had to complain about anything. They look after me very well." A relative told us, "I've not had any reason to complain about anything but I have the information about how to if I needed to."
● The service maintained records of concerns and complaints made about the service. Record showed issues were resolved in line with the provider's complaint procedure.
● There had been one complaint made about the service since our last inspection; and this was resolved satisfactorily.

End of life care and support.
● People had advanced care plans in place which stated their end of life wishes and their Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status; and staff were aware of these plans.
● Staff had completed training in end of life care. The service involved other healthcare professionals when people required to help them deliver end of life care.
● At the time of our inspection, one person was on end of life care. They had a care plan in place which included pain management plan, promoting dignity and respect and those to be notified first. Relevant professionals were involved in the person's care. We noticed staff made it a point to check on the person regularly to made sure they were comfortable.

Good

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 rating of good. 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 home operated an ethos that placed people at the centre of the service delivered. One person told us, "The best thing is the ethos of the home. They are caring; they have friendly staff and there's a good atmosphere amongst them." Staff we spoke with told us they could put their loved one in the home. One nurse said, "The quality of care is good, It's a nice place. The care is good, the food is nice and the staff team are friendly. Yes, I can put my mum here. It's like a home for both staff and residents."
- People and their relatives commented positively about the quality of care they received at the service. One person said, "The care here is excellent and the staff are just wonderful." A relative commented, "I think it's very good. Much better than some that I saw when I was looking for somewhere for loved one. I think they do an excellent job."
- People and their relatives were involved in the planning of their care and support. Care delivered focused on the individual needs of people. People determined how their care was delivered and staff understood the importance of doing so. For example, people decided when and what activities they needed support with; what activities they took part in and how they spent their time. Staff respected these.
- We saw posters around the home reminding staff to put people first and promote person centred care.

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

- The registered manager had notified CQC of notifiable incidents in line with their registration conditions. The last inspection rating of the service was displayed on their website and in the service as required.
- There was visible leadership and management presence at the service. People and their relatives told us they knew members of the management team and who to speak to about the service. One person said, "Yes, I think it's a very well-run home and I'm very happy here. The manager comes in most days and says hello. If you have any worries, they will listen and sort them out for you." A relative mentioned, "The owners are very approachable, and I think they genuinely want to give people a good quality experience."
- Staff told us they felt supported and received direction they needed from the registered manager. Staff understood their roles and responsibilities to deliver safe and effective care to people. They knew to report incidents, accidents and safeguarding concerns appropriately; and their right to whistle blow to protect people.

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 owners understood and acted on the duty of candour. One relative said, "The manager and the owners are very approachable and have an open-door policy which is nice. I can come and go as I want and if I have anything I want to discuss they'll always make time for me."
● The registered manager discussed and shared learning from incidents, accidents, complaints and safeguarding with staff. Staff told us they were given relevant information and updates about the service.
● The registered manager had investigated concerns raised from a recent whistleblowing. They had identified areas of improvement from it and had taken actions to address concerns raised. For example, staff were trained and reminded about the need to follow people's routines and respect their choices rather focusing on tasks. We saw posters around the home reminding staff to put people first in the way care was delivered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were involved about the running of the service. Regular meetings took place which were used to consult with people about the service they received and update them on any service developments. People used these meetings to give their feedback and express any concerns or issues they were experiencing.
● The service held various activities and social events such as Summer Fete to engage and enable people, their relatives, staff and members of the public to socialise. The home produced monthly newsletters which were used to share information and provide updates about the service.
● Staff told us they felt involved and listened to. Regular staff meetings took place to discuss the care people received and issues relating to the service.

Continuous learning and improving care
● The quality of the home was regularly assessed and monitored. Various audits and checks were carried out to identify shortfalls. These included falls, infection control, DoLS, care records, medicine management, staff training, supervision, recruitment and health and safety. Action plans were put in place to address areas of improvement. For example, staff were reminded to complete people's food/fluid chart.
● The registered manager also conducted regular observations to assess how staff delivered care to people. Based on their observation, they identified training for staff, held supervision and meetings to address areas for improvement. For example, the need to offer people choice and personalise care delivered to people's needs was discussed at a staff meeting.
● People, relatives, staff and professionals were asked for their feedback through an annual survey. 83% of people reported they were satisfied with the service they received. An action plan was developed to address areas where people felt improvements was needed. For example, people and relative commented that staff did not always wear ID badges. This matter was addressed immediately in a staff meeting. People suggested about improving access from the conservatory into the garden. Immediate action was taken and ramps had been installed to improve accessibility. People confirmed that the owners had improved the physical structure of the home. One relative commented, "The owner is investing a lot of money in upgrading his homes."

Working in partnership with others.
● The service worked closely with local service commissioners, the NHS Clinical Commissioning Group, and health and social care professionals to improve the service delivered to people.
● The registered manager partnered with the local library, schools and churches and other local charities to deliver activities to people.