

White Lodge Care Home Limited

White Lodge Care Home

Inspection report

White Lodge
Bisham Road
Marlow
Buckinghamshire
SL7 1RP

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Tel: 01628898281

Website: www.whitelodgecare.com

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

White Lodge Care Home provides accommodation and personal care for older adults. White Lodge Care Home is a period country house situated in the village of Bisham, near Marlow. The home has 21 bedrooms, located across three floors. The location is registered to accommodate up to 23 people. At the time of inspection 15 people were living in the home.

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

Since our last inspection the provider had successfully implemented our recommendations. They had worked with a pharmacist and had improved the management of people's prescribed medicines, to ensure they received them safely. The provider had also implemented a comprehensive system for the prevention and control of Legionella.

People consistently told us they felt safe living in the home. Risks to people were identified, assessed and managed safely. Staff had completed the required safeguarding training and understood their role and responsibilities to protect people from abuse and avoidable harm. The registered manager ensured enough suitable staff with the right skills were deployed to provide people with safe care. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection and followed correct procedures whenever food was prepared or stored. Accidents and incidents were reviewed, and the registered manager took action to prevent a recurrence.

People experienced effective care and support which consistently achieved successful outcomes and promoted a good quality of life. The provider enabled staff with the necessary skills, knowledge and support to deliver effective care in line with recognised best practice. People were supported to eat and drink enough to maintain good health. The service worked well with other organisations to ensure prompt referrals to healthcare services when people's needs changed. 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.

Staff treated people with compassion, kindness, dignity and respect. People and relatives consistently told us staff made them feel valued and listened to. Staff supported people to express their views by involving them in developing their care plans and making decisions about their care. Staff responded in a timely and caring way when people experience physical pain, discomfort or emotional distress.

People consistently receive individualised care that was tailored and responsive to their needs. Staff identified the communication needs of people with a disability or sensory loss and effectively shared this information with others when required. People were supported to engage in stimulating activities of their choice and to maintain relationships with people that were important to them. People knew how to make a complaint and were confident the provider would address their concerns. Complaints were listened to and responded to and were used to improve the quality of people's care. The provider had received

compliments from relatives in relation to the compassionate care provided to their family members at the end of their life.

The service was well-led, with the registered manager providing clear and direct leadership and a safe environment which had cultivated a positive, open and empowering culture.

Rating at last inspection:

The last rating for this service was good (report published 20/12/2016).

Why we inspected:

This was a planned comprehensive inspection.

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.

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

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.

White Lodge 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 was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

White Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with CQC. 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 the information the registered manager 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 reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority and environmental health for information to aid the planning of our inspection.

During the inspection

We spoke with eight people who used the service and six visiting relatives. We also spoke with the registered manager, the provider, and eight staff as well as two visiting health and social care professionals.

We observed medicines being administered and the support people received in communal areas, including the preparation and consumption of meals.

We reviewed the service care records, including six people's care plans and medicine administration records (MAR), ten people's risk assessments relating to skin care, falls management, and nutrition. We reviewed the daily progress notes of six people. We looked at five staff recruitment and training files, together with the provider's training and supervision schedules. We also examined other documents relating to the management of the service, including policies, procedures, quality assurance documents, audits and satisfaction surveys.

After the inspection

We spoke with two community health and social care professionals and three other relatives.

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 requires improvement. At this inspection this key question had now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended that the provider worked with a pharmacist to review medicines management and take remedial action to improve people's safety. At this inspection we found the provider had engaged with a pharmacist and made the required improvements.

- The provider had policies and procedures in place, which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations. Staff were trained to administer medicines safely and their competency to do so was checked regularly. For example, staff competence to support people to use inhalers in accordance with recommended guidance.
- Records demonstrated that people had received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans. For example, records accurately reflected where and when prescribed creams and lotions should be applied on a 'topical body map'. We observed staff support people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines and were given time to take them, without being rushed.
- Medicines were stored and disposed of safely. Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. The registered manager completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs. Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.

Assessing risk, safety monitoring and management

At our last inspection risks from the building were not always managed safely. We recommended the provider implemented an ongoing comprehensive system for the prevention and control of Legionella. At this inspection we found the provider had taken required action to protect people from the risks associated with Legionella. Legionella is a type of bacteria which leads to infection that causes a range of pneumonia-like illnesses.

- The provider had implemented an effective risk assessment process which clearly identified who might be harmed and how, evaluated the risks and set out the required control measures to keep people safe from

the risks associated with Legionella. The registered manager effectively operated systems to regularly complete and record checks to keep people safe. The provider quality assured the service internal processes in relation to Legionella by employing an external contractor to carry out relevant safety checks.

- People were protected from environmental risks within the home, which had been assessed and measures taken to minimise those risks, for example; Hot water temperature checks. Equipment and utilities were maintained in accordance with manufacturers' guidance to ensure they were safe to use. Fire safety and moving and positioning equipment was serviced under contract and tested regularly to ensure it was in good working order.
- Staff understood the provider's safety systems, policies and procedures. People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition, falling and developing pressure areas. Staff knew people's individual risks and how to support them safely to reduce these risks. This helped to keep people safe, whilst promoting their independence, undertaking activities that they enjoyed.
- Risks to people associated with their behaviours which may challenge others, were managed safely to protect people and staff. We observed timely and sensitive interventions by staff preventing an escalation of such behaviour, ensuring people's dignity and human rights were protected, whilst keeping them and others safe.

Systems and processes to safeguard people from the risk of abuse

- People, their families, staff, visiting professionals and the commissioners of people's care consistently told us they felt the service was safe. People were consistently protected from avoidable harm and discrimination. Staff had completed the required training and understood their role and responsibilities to safeguard people from abuse, including how to report concerns internally and to external bodies. When concerns had been raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.

Staffing and recruitment

- Rotas demonstrated that sufficient staff with the right skills were deployed to make sure people experienced safe care. The registered manager was authorised to provide additional staffing when required due to unforeseen circumstances. For example, when a person's needs changed quickly and their dependence increased, requiring more staff to support them. Staff consistently told us there were enough suitable staff deployed to meet people's needs safely.
- The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to support older people and those living with dementia. These included prospective staff's conduct in previous care roles and their right to work in the UK.
- During inspection we observed staff responded quickly to support people who had activated their alarms or required assistance.

Preventing and controlling infection:

- People and relatives consistently told us the home was kept very clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, which were based on relevant national guidance.
- Staff had access to personal protective equipment, such as disposable aprons and gloves, to use when supporting people for the purposes of infection control and prevention.
- Staff had completed food hygiene training and followed correct procedures wherever food was prepared or stored.

Learning lessons when things go wrong:

- The registered manager had developed an open culture, which created an environment where staff felt empowered to report incidents. All accidents and incidents were recorded and reviewed daily by the registered manager who took prompt action to implement any lessons learned.

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 had remained the same.

The service was good. This meant people's outcomes were consistently good, and people's feedback.

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

- People received effective care and support from staff who knew how they liked things done.
- People, relatives and professionals consistently told us staff had the required skills and knowledge to meet people's complex health and emotional needs. One person told us, "The staff are very good in every sense. They [staff] know my needs well." A relative told us, "One of the best things about White Lodge is the staff have been here a long time and know everyone so well and are very quick to respond if [relative] is poorly."
- The provider carried out comprehensive pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs. These assessments were person-centred, considered all aspects of their lives and were regularly reviewed and updated.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, their care plans were amended to ensure people received the care they required.
- People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- Staff used nationally recognised tools to assess and monitor risks to people and then effectively managed them. For example, people at risk of developing pressure areas, experienced the correct support from staff and were provided with right equipment to prevent them.

Staff support: induction, training, skills and experience

- The provider operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- New staff had completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. This included a period shadowing a senior staff member to introduce them to people and demonstrate how they wished their care to be delivered.
- The provider had reviewed the induction programme to link it to the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people living with dementia. Staff confirmed their training prepared them to meet the needs of people.
- Professionals consistently reported that people experienced effective care from staff who had the required skills to carry out their roles and responsibilities competently.

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

- The provider placed a strong emphasis on the importance of eating and drinking well.
- The staff provided good quality food with a variety of different options to choose from each day. People and relatives consistently told us they enjoyed food that was nutritious and appetising.
- Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by consistently following guidance from relevant dietetic professionals.
- We observed staff made mealtimes an enjoyable and sociable experience, with music, friendly conversation and discrete support when required.
- Staff understood the different strategies to encourage and support people to eat a healthy diet and the importance of remaining well hydrated.

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

- Staff worked with healthcare professionals to make sure care and treatment met people's current and changing needs.
- Staff made prompt referrals to GPs, specialist nurses and other relevant healthcare services to ensure people's needs were met. For example, one person told us, "I give top marks for the staff. Three weeks ago, I wanted to get a cup of tea but couldn't hold it with my hand. I changed to the other arm but I couldn't hold it either. In a matter of minutes, the doctor and an ambulance were here. They thought I'd had a stroke." We reviewed these circumstances and found the swift response of staff ensured the person received the relevant healthcare support at the earliest opportunity, which led to a successful outcome.
- People consistently experienced positive outcomes regarding their health and wellbeing. A visiting healthcare professional told us that people they had supported had experienced successful outcomes, due to the diligent way staff had followed their guidance.
- Successful treatment of pressure injuries, wounds and infections had allowed people to lead healthier, more active lives.

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

- The home had not been designed to promote the independence and safety of older people or those who live with dementia. However, the provider had implemented a strategy which had delivered some environmental improvements to signage, decoration and lighting, to provide more support to people who may be experiencing confusion or disorientation. The registered manager told us this was an ongoing process subject to continual review.
- People were involved in decisions about the decoration of their rooms, which met their personal and cultural needs and preferences.

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.

- We found the service was working within the principles of the MCA, any restrictions on people's liberty had been subject to appropriate applications.
- People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.

- The registered manager effectively operated a process of mental capacity assessment and best interest decisions. For example, the registered manager had successfully advocated for one person in relation to decisions made at their recent medication review.

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 good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were highly motivated and inspired by the provider and registered manager to deliver care that was caring and compassionate. They were determined and creative in overcoming any obstacles to achieving this. For example, the provider supported a person every day to have a walk around the local village.
- People experienced positive, caring relationships with staff who consistently treated them with kindness in their day-to-day care. One person told us "I am very happy here; I like it very much. They are very kind and friendly and are so nice, they are real friends. They listen to me and what they say and do shows that they listen."
- Relatives consistently praised the caring attitude of the staff and made comments like, "The girls [staff] are so kind and caring, it's what you hope all care homes are like" and "The carers [staff] are so patient and take their time and they cover for one another if they need to take more time because someone is upset or confused" and "They [staff] are so warm and gentle with him [relative], especially [named night staff]. I couldn't give better care myself, which means I can go away and have nothing to worry about."
- Visiting professionals consistently made positive comments about staff interactions with people, which they described as "thoughtful and considerate". For example, one professional said, "Whenever I come, the staff are always focussed on caring for people and not completing tasks." Staff demonstrated pride and passion in relation to their role supporting people living in the home. For example, one staff member said, "I love working here and making a difference."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. Where people had needs arising from their social or religious background, such as food preferences, these were respected. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith.
- Staff understood how to care for each person's emotional and spiritual wellbeing in line with their wishes and support plans.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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

- Care plans were developed with people, their relatives, where appropriate, relevant health and social care professionals and from the staff team knowledge gained from working closely with them. One person told

us, "They [staff] are very caring but you can do as you please. You can please yourself and they always listen to you and what you want."

- Throughout the inspection we observed staff providing reassuring information and explanations to people whilst delivering their care, particularly when supporting them to move.
- People's views on how the service was run and the support they received was sought regularly. People confirmed there were regular meetings where the provider, registered manager and staff listened to their opinions and ideas.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy.
- People's dignity was respected, for example; We observed staff discretely support people to rearrange their dress when required to maintain their personal dignity.
- During our inspection, we saw that all staff behaved and spoke in a respectful manner with people. When people were confused or disorientated, staff immediately provided gentle reassurance, which eased their anxieties and improved their wellbeing.
- When people were approached by staff, they responded to them with smiles, known gestures or by touching them, which showed people were comfortable and relaxed with staff.
- Staff consistently spoke with people in a way that met their communication needs and ensured their understanding. For example, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions, often using gentle touch to enable people to focus on what was being discussed. Staff knew how to comfort different people with techniques they preferred, for example, by holding their hands or putting an arm around their shoulder.
- Where staff supported people with sensory impairments we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans. For example; ensuring they were in the right position and at the right level to communicate with people effectively.
- People's care plans focused on what they could do for themselves and how staff could help them to promote their independence safely. People's abilities were reviewed and any change in their independence was noted. People consistently told us staff encouraged them to be as independent as they could be.
- Care plans contained information about respecting and promoting people's dignity. Staff described how they supported people to maintain their privacy. They told us they made sure doors and curtains were closed and people remained covered during support with their personal care. For example, when a person in a communal environment required support with personal care, staff kindly supported them to leave, by asking if they wished to have a look at the garden.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

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 good.

This meant people's needs were met through good organisation and delivery.

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

- People consistently told us they experienced care that was flexible and responsive to their individual needs and preferences, and were fully involved in the planning of their care and support. The registered manager and staff ensured individuals were enabled to have as much choice and control as possible.
- People received care and support that reflected their wishes, from staff who understood how to promote their independence and maximise the opportunity to do things of their choice. For example; staff encouraged people to do everything they were capable or had the potential to do.
- Peoples needs and preferences were identified in their care plans, which were personalised to contain comprehensive information about the person's preferences around their personal care routines, likes and dislikes, hobbies and interests. Care plans contained details of any spiritual or cultural needs people had and how staff needed to meet them. Staff were aware of these needs and could tell us how they supported different individuals to practice their faith. At the time of inspection, the registered manager and staff were in the process of updating people's care plans to contain more detail about their personal histories.
- People living with dementia had assessments relating to memory, cognition, mood, interactions and behavioural tendencies. Where people had a specific medical need, then individual care plans were completed. For example, care plans in relation to skin integrity and pressure area management.

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.

- The service identified people's information and communication needs by assessing them and recording this in their care plans.
- The registered manager was aware of the specific requirements of the AIS and had documented the communication needs of people in a way that met the required standard.
- Staff understood the needs of each person and delivered care and support in a way that met these needs and promoted equality.
- Staff consistently identified, recorded and shared relevant information about the communication needs of people living with a disability or sensory loss. We observed staff consistently supporting people living with visual or hearing impairments, in accordance with their care plans.

Supporting people to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives reported they enjoyed the wide range of activities provided at the home, by staff who were always enthusiastic. Family members told us the staff team consistently sought feedback to identify new ideas for activities their loved one would enjoy.
- People had access to activities that took into account their individual interests, hobbies and links within the community. Activities included, arts and crafts, word and board games, singing, music and associated dance and movement. For example, on the day of inspection we observed people participate in a gentle exercise class taken by a fitness instructor. We reviewed one person's care plan which detailed an excellent outcome in relation to reducing swelling around their ankles. The gentle exercises regularly undertaken by this person had been a significant factor to achieving this successful outcome.
- Where people chose not to participate in group activities the staff ensured they received individual one to one sessions, to ensure they did not become socially isolated.
- Where people experienced concerns about their continence, staff provided comfort, reassurance and encouragement to enable people to engage in social activities.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff actively encouraged social contact and companionship and supported people to maintain relationships that mattered to them, such as family, community and other social links. This protected them from the risk of social isolation and loneliness.
- Relatives consistently praised the registered manager and staff for ensuring they were well informed about their loved one's life in between their personal visits.
- Staff supported people to develop special bonds and friendships within the home.

Improving care quality in response to complaints or concerns

- People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or the registered manager.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- There had been two complaints made to the service since our last inspection. We saw these complaints had been well documented, together with actions taken and the outcome. Changes had been made at the service as a result of investigations into these complaints. For example, improvements had been made to the laundry system and a call bell had been replaced.
- One person who wished to have their room cleaned according to their personal wishes said, "It's now done how I like it. A job well done."

End of life care and support

- At the time of inspection nobody was receiving end of life care.
- Care plans did contain basic details about people's end of life wishes and preferences. However, the registered manager was in the process of exploring people's wishes to make their end of life care plans more comprehensive to ensure their wishes were respected.
- We reviewed compliments received from families since our last inspection which consistently referred to compassionate and dedicated support provided to their loved ones by staff at the end of their life.

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 remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had established effective management systems to promote person-centred care. The registered manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider.
- People, relatives and health and social care professionals described the provider and registered manager to be dedicated to the people living in their home, who led by example and provided good role models for staff. A relative told us, "[Named provider] comes to see us [relative and their loved one] every day and takes a real interest in how we are feeling and if there is anything they can do for us." Another relative told us, "The registered manager is wonderful. She is very caring but also very professional. She gets things done but is so friendly and approachable."
- People, relatives and professionals consistently described the service as well managed and very organised.
- The registered manager and provider had cultivated an open, inclusive and empowering culture, where people and staff felt valued.
- Staff consistently told us they were inspired and motivated by the registered manager to provide the best care possible to people.
- People experienced high quality personalised care from a stable staff team who were committed to ensuring they received care which was individual to them. Staff recognised the importance of knowing people well and could share details about people with us.

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 management team understood their Duty of Candour, to be open and honest when things went wrong. For example, when relatives raised concerns the registered manager and provider listened to the concerns, apologised where necessary and took swift action to address the concern.
- Without exception, relatives praised the management team for being open and honest whenever things had gone wrong or if they had raised concerns. One relative told us, "If things go wrong they [provider and registered manager] let you know straight away what has happened and what they are doing about it. Mistakes will always happen, but their openness is reassuring."

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

- There was a clearly defined management structure within the service. The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people. The management team often worked alongside staff and monitored the quality of their care in practice.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- Health and social care professionals were consistently impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's complex needs.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner, which meant that the CQC could check that appropriate action had been taken.

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

- The management team were highly visible within the service and readily approachable. The registered manager spent meaningful time with people, relatives and staff. People's and relative's views were listened to and acted upon.
- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. One staff member said, "You probably hear this all the time, but we are one big happy family where everyone cares for one another."
- The provider recognised good work by individuals in supervisions and team meetings. Staff consistently told us that the provider encouraged them to share their ideas to improve the quality of care people received. We observed the management team were responsive to suggestions and ideas.
- Quality assurance surveys were used to obtain the views of people, their relatives and staff about the standard of care. These surveys were consistently positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- The provider had suitable arrangements to support the registered manager, for example through regular meetings with the provider.
- The provider had forged good links with local community resources and organisations that reflected the needs and preferences of the people living in the home.

Continuous learning and improving care

- Staff recorded accidents and incidents, which were reviewed daily by the registered manager. This ensured the registered manager and provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe.
- The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they need to take.

Working in partnership with others

- The registered manager worked effectively in partnership with health care professionals from multi-disciplinary teams. This ensured people were integrated into their local community and had their health and social care needs met.
- People's relatives, care managers and supporting professionals consistently praised the registered manager for coordinating partnership working across different organisations.

- We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.