Crosscrown Limited

# Lilbourne Court Nursing Home

## Inspection report

Lilbourne Road
Clifton Upon Dunsmore
Rugby
CV23 0BB

Tel: 01788577032

Date of inspection visit:
21 January 2020
24 January 2020

Date of publication:
06 March 2020

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| 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
Lilbourne Court Nursing Home is a new, purpose-built care home providing personal and nursing care to 36 older people or younger adults living with a range of conditions including dementia, a physical disability, sensory impairment or a mental health condition. At the time of our inspection, 32 people were using the service. Lilbourne Court Nursing Home accommodates people across three separate floors. One of these floors specialises in providing care to people living with dementia.

People's experience of using this service and what we found
Risks to people's health and wellbeing had been identified and assessed, but these assessments did not always provide enough information to mitigate known risks and some records contained inaccurate information. Some risks were not monitored effectively.

People received their medicines as per their individual prescriptions by staff who had received appropriate training and had been assessed as competent. However, some improvements were required to safe medicines practices. Referrals were made to other healthcare professionals when required to promote good health.

People's needs and preferences were assessed before they moved into the home to ensure staff had the right training to be able to provide the best care to people. Staff spoke positively about the training they received and had regular opportunities to discuss their training needs.

People told us they felt safe at Lilbourne Court Nursing Home and staff understood their responsibilities to protect people from avoidable harm. People and staff told us there were enough staff to keep people safe and enhance their social and emotional needs. People were supported by staff who were caring and who treated them with kindness and compassion.

People and relatives provided positive feedback about the quality of the food and told us they were encouraged to eat a healthy balanced diet. People had no concerns with the levels of cleanliness in the home and staff followed effective infection control processes.

People received personalised care. People were encouraged to take part in activities and to pursue their own hobbies and interest. 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, however records to support this required some improvement.

There was an open culture where staff felt comfortable to speak up when things went wrong. People, relatives and staff spoke positively about the management of the service. Systems and processes were in place to monitor and improve the quality of care provided. However, these had not always been effective in identifying the areas of improvement we found during our visit.

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

Rating at last inspection
This service was registered with us on 15 April 2019 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels and wound care. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. However, we found no evidence that people were at risk of harm from this concern.

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?**

Requires Improvement

The service was not always 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?**

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

# Lilbourne Court Nursing 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 was carried out by two inspectors and a specialist nurse advisor.

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

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

Notice of inspection
The first day of this inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since they registered with us. This included notifications of important issues such as serious injuries. We sought feedback from the local authority and health professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this

inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with three care assistants, a senior care assistant, a nurse, an agency nurse, the head of care, the senior head of care, the chef, an activities co-ordinator, a member of the providers maintenance team and a healthcare professional. We also spoke to the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and induction. 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.

Requires Improvement

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and some improvements were required to the management of risk.

Assessing risk, safety monitoring and management

● Prior to our visit, we had received concerns about safe wound management practices. We found no evidence people were at risk of harm from this concern and saw two different examples where staff had significantly improved wounds people had acquired prior to moving to Lilbourne Court Nursing Home. However, some improvements were required to the records associated with wound management. For example, records did not show wounds were being accurately measured. We discussed this with the registered manager who took immediate action and addressed this with nursing staff.

● Risks to people's health and wellbeing had been identified and assessed. However, these assessments did not always provide enough information to mitigate known risks. For example, one person had a diagnosis of epilepsy, but records contained no information about how this presented itself for this person or when emergency assistance may be needed. We discussed this with the registered manager who told us an 'epilepsy passport' would be introduced following our visit to include this information.

● Some records related to risk management contained inaccurate information. For example, one person's risk assessment stated they required staff to reposition them every two hours to reduce the risk of developing sore skin, but this was not being done. We discussed this with the registered manager who told us this person could reposition themselves and they would ensure the records supported this practice following our visit.

● Risks to people health were not always monitored effectively. For example, some people at the service had a catheter (a soft hollow tube, which is passed into the bladder to drain urine) and required their fluid intake and outtake to be monitored. This was to ensure they remained hydrated and free from any infection. We found no evidence people had been harmed, but records were not robust enough to demonstrate effective risk management. Following our visit, the registered manager implemented a new monitoring record and confirmed these would be reviewed daily by a senior member of staff to identify any concerns.

● Despite this, other risks to people's health were being managed well. One person received their nutrition and medication via a percutaneous endoscopic gastrostomy (PEG). This is where a flexible feeding tube is placed through the abdominal wall and into the stomach. Nursing staff ensured this person was given their nutrition and medication as per their prescription. There was also a daily cleaning, inspection and rotation regime in place to reduce the risk and detect any early signs of infection.

● Overall, environmental risks were managed safely. However, a plastic plant pot was used by one person to extinguish their cigarettes on the external rooftop garden area. This plant pot was also being used to dispose of empty cardboard cigarette packets. This potential fire risk had not been identified until we brought it to the attention of the registered manager who then took immediate action to mitigate this risk by completing a risk assessment and sourcing a safe cigarette disposal bin.

Using medicines safely

● People received their medicines as per their individual prescriptions by staff who had received appropriate training and had been assessed as competent.

● However, some improvements were required to the management of medicines. For example, liquid supplements and nutritional feed supplies were not always stored safely as they were not kept in a temperature-controlled room as required. We discussed this with the registered manager and immediate action was taken to move these items into appropriate storage.

● Some people received their medicines via a patch on their skin and staff recorded when and where this had been applied and removed to avoid the risk of overdose. However, there were no record of daily checks to ensure the patch remained in situ. Daily checks are important as patches are prone to falling off and people could experience unnecessary pain. The nurse agreed to put this in place following our visit.

● Where people were prescribed medicines to take 'as and when required' (PRN), more detailed information was required to guide staff on when to administer them to ensure they were being given consistently. The registered manager was already aware of this and had a plan in place to complete these following our visit.

● Other medicines practices such as the administration of controlled or time specific medicines were managed safely.

Systems and processes to safeguard people from the risk of abuse

● Everyone we spoke with told us they felt safe from this risk of abuse. Comments included, "I feel safe here. I have never felt frightened", "I am feeling safe and I think others are safe too. I have seen a few incidents, but I am happy with the way in which staff deal with people" and, "I feel quite safe. The home is quite secure, and my jewellery is always safe."

● Staff knew how to recognise signs of abuse and what action to take. One staff member told us, "It could be financial, physical, institutional. We should not neglect or discriminate against a person. If you see anything you should report it to your senior or your manager."

● Records showed the registered manager understood their safeguarding responsibilities and had made referrals to the local authority where necessary.

Staffing and recruitment

● Prior to our visit, we had received concerns about staffing levels. The service is located on the same site as another care home within the provider group. Concerns had been raised that staff were frequently moved between these homes leaving insufficient staffing levels. We found no evidence during this inspection to substantiate this concern.

● Records showed, and staff told us there were enough staff. Although some staff confirmed they had previously been moved at times to the support the providers other service, they confirmed this was no longer expected. One staff member told us, "When we first opened [Lilbourne Court Nursing Home] we were switching between homes, but that barely happens anymore." The registered manager explained staff would only ever been moved in emergency situations, but this was rare.

● People and relatives were positive about staffing levels. Comments included, "There are enough staff and there is always someone about" and, "There is always someone here if I need any help."

● The recruitment process ensured staff were suitable for their roles by conducting relevant pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] check. Additional checks were regularly complete for nursing staff to ensure there were no restrictions on their practice.

Preventing and controlling infection

● The home was clean, tidy and odour free. People and relatives told us they had no concerns with the levels of cleanliness in the home.

● Staff understood their responsibility to follow good infection control and food hygiene practices. Staff

wore appropriate personal protective equipment (PPE) such as gloves and aprons when providing personal care or serving food.

Learning lessons when things go wrong

● Staff told us there was an open culture at the service where they felt comfortable to speak up when things had gone wrong.

● Records showed staff reported accidents and incidents. These were reviewed and analysed by the registered manager to reduce the risk of re-occurrence and to identify any patterns and trends.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager completed an assessment with people before they moved into the home. This usually included meeting the person, so an informed decision could be made as to whether the service could meet each person's specific needs and preferences. One person told us, "The manager came to my care home and asked me a thousand questions. They got to know what I needed."
- Assessments included people's care and support needs and were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about their religious and cultural needs.
- Information gathered from assessments was used to develop individual care plans in line with current best practice guidelines. For example, the Malnutrition Universal Screening Tool was used to monitor people's weight where required.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started to work at the home. This included working alongside experienced members of staff for them to understand how people preferred their care to be delivered.
- The induction included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care.
- Records demonstrated staff were up to date with the provider's mandatory training. This included important topics such as safeguarding, mental capacity and nutrition and health. Staff spoke positively about the training provided. One staff member commented, "The training is very good. The in-house training is constant. It is enjoyable."
- Some people living at the home had specific health conditions such as diabetes and dementia and staff received additional training to best support people with these conditions.
- Staff felt supported in their roles and were able to discuss their development and training needs through individual supervision meetings.

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

- People and relatives all provided positive feedback about the quality of the food. Comments included, "The food is great. I don't think I have had a bad meal" and, "The food is very good."
- People told us they had enough to eat and drink. Fresh jugs of water or juice were in every room and snacks were available in the communal areas.
- There was a relaxed atmosphere at mealtimes and people could choose where and what they wanted to eat. One relative told us, "They encourage us to come in and have lunch. It is social and we all get involved. They really want that family lunchtime atmosphere."

● A healthy and nutritious diet was encouraged, and staff followed people's individual dietary requirements.

● Some people required assistance from staff to eat their meals. Staff were patient and explained to people what they were eating. There were some occasions where staff did not give their full attention to the person they were assisting. We discussed this with the registered manager who told us they would complete more regular 'meal service audits' to ensure the mealtime experience promoted independence and social engagement.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Records confirmed people had access to a range of healthcare professionals such as GP's and opticians. Where necessary, referrals were made to specialist services such as mental health practitioners and dieticians for specialist support. One person had been referred to a specialised wheelchair service which had been delivered shortly before our visit to enhance their mobility.
● Staff liaised effectively with other agencies and responded when support was required. A healthcare professional told us, "I am quite satisfied our clinical recommendations are followed."
● The registered manager was aware of best practice guidance set out in the recent CQC "Smiling Matters" document. People's oral health care needs was assessed, and care plans detailed the level of assistance each person required.

Adapting service, design, decoration to meet people's needs
● Lilbourne Court Nursing Home is a new, purpose-built care home. The spacious design of the service enabled people to move around freely and each bedroom had an en-suite bathroom which promoted people's privacy. Although some areas of the home were key coded, throughout our visit staff encouraged people to move around the home to which gave people freedom of movement and an opportunity to socialise with a variety of people.
● People were encouraged to personalise their bedrooms. Some people chose to hang photographs and others had brought pieces of furniture to help them feel more comfortable and at home. One person had brought an imitation fish tank which they enjoyed watching.
● There were some environmental adaptations to support people living with dementia to navigate themselves around the building such as different coloured bedroom doors. There were also tactile objects for people to touch and explore. Further plans were in place to add signage and items of reminiscence to better support people.

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.
● Staff carried prompt cards with them to remind themselves of the principles of the MCA. One staff member told us how people had the right to refuse care or treatment and explained, "I try to talk to people to

describe how important it is, but I can't force them."

● People told us, and our observations confirmed staff asked for consent before delivering care. One person told us, "I don't recall them ever doing anything without asking me."

● Some people left the home independently and spent time in the grounds or visiting the other home within the provider group. One person told us, "I can leave the building on my own. Staff don't stop me."

● Where a person's capacity was questioned, applications had been made through the DoLS procedure to ensure any restrictions were made lawfully. One person's authorisation had been granted and their conditions were being met. However, internal capacity assessments were not always decision specific and there was little evidence of best interests' meetings. We discussed this with the registered manager who confirmed these had been verbally undertaken and records to support this practice were being prioritised after our visit.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People told us staff were caring and treated them with kindness and compassion. Comments included, "Staff are nice to me. They are very attentive", "The staff are all very kind" and, "Staff are really friendly, they are great."
- Relatives also provided positive feedback about the caring nature of staff. One relative told us, "I come most days and I can say, staff treat people like friends. They are paid to do this job, but it doesn't seem like that. I feel they genuinely care."
- People were comfortable in the company of staff and there was a relaxed atmosphere in the home. For example, one person approached a member of staff and placed their head on the staff members shoulder and the staff member rubbed their arm whilst asking if they were okay. Another person exchanged laughter with a staff member as they gave each other a high five and commented, "We have friendly banter with staff."
- Staff showed a compassionate approach and explained they treated people on the basis of how they would want to be treated later in life.
- An 'Equality and Diversity' policy was in place and staff received equality and inclusion training. The registered manager told us they were committed to applying their equality and diversity principles and said, "It is all about accepting people as individuals and enabling them to follow their preferred lifestyle."
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans to enable staff to know what was important to them.

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

- People told us they felt involved with their care. One person told us, "I feel involved in my care. They [staff] do always ask me how I like things and all that." Another person told us, "Staff tell me their sort of plan, and then ask what I think."
- People were encouraged to express their views. For example, people chose where and what they wanted to eat, and how and where they wanted to spend their time.
- Where people were unable to express their views, relatives or advocacy services were consulted. Advocates are trained professionals who help people express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff treated with dignity and respect. One staff member sat with a person in the lounge assisting them to drink. The person spilt the drink and the staff member immediately used a tissue to wipe this person's mouth and cleaned the person's clothes.
- Staff respected people's right to privacy. Staff knocked on people's doors before entering and staff

respected people's privacy when they had visitors.

● People were supported and encouraged to be as independent as possible. Care plans reflected people's capacities and staff promoted people's independence. One person told us, "They [staff] encourage me to be as independent as possible but know my limitations."

Good

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received personalised care and told us staff were responsive. Comments included, "I think the care here is centred around me and that's what matters" and, "Here I have all the care and support I need."

● People and relatives told us staff knew people well because staff had enough time to spend with them and get to know their backgrounds, needs and preferences. One staff member explained, "The more you chat with people, the more you learn about them. You understand how to deal with them and provide the kind of care they appreciate."

● The registered manager acknowledged different areas of the home required different skills and attributes from the staff team. Younger adults mainly resided on the top floor and staff who had similar personalities and interests to this particular group were allocated to this floor. One staff member told us, "[Registered manager] is trying to make sure this home provides exactly the care that is needed for each individual resident."

● Some people had very specific and complex health conditions and required specialist support from staff to manage this. One person experienced extreme distress due to interventions required for their particular health condition. Staff took the time to get to know this person and worked in partnership with other healthcare professionals to implement a restrictive intervention reduction plan to help this person manage their distress. One staff member talked positively about the support they had received to meet this person's needs and told us, "We had professionals from outside the home come in and give us a lot of training." Careful monitoring showed this had been a success and the number of incidents of distress had dramatically reduced over the past three months.

● Care plans contained information about people's preferences. For example, one person liked to have two pillows when sleeping and this was respected by staff. A relative confirmed also confirmed this and told us, "Lip stick is important to [person]. Staff always make sure [person] wear it."

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 registered manager understood their responsibility to present information in a way people could understand. At the time of our inspection, some younger adults had recently been admitted to the home and staff were in the process of exploring the most effective communication tools for these people.

● Care plans contained information about people's preferred methods of communication and described how staff should engage with people to ensure they provided responsive care. This included any equipment

a person may need such as glasses or hearing aids.

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

● There was a planned schedule of events to promote people's emotional and social wellbeing and people provided positive feedback about the variety of activities available to them. Comments included, "I don't get bored here. You get plenty of choices of things to do to be honest" and, "I usually get involved with the activities. It is a bit noisy for me this morning, but I have enough to occupy myself."

● Activities were planned around people's interests and hobbies. One person told us, "I am into my reptiles. They [staff] have organised that for me which I thought was nice."

● A relative told us how they felt the staff had gone the extra mile when supporting their relative to access the community and explained staff had taken their loved one ice-skating at a time when they could watch. They told us, "I never thought I would see [person] do something like that again. It was special."

●The activities co-ordinators were committed to creating a positive and enjoyable atmosphere in the home. One activities co-ordinator told us, "I hope I do bring my sparkle to the home, as seeing the people smile here gives me such a happy feeling."

Improving care quality in response to complaints or concerns

● There was a complaints procedure on display which informed people and visitors how they could make a complaint and how this would be managed. This included details of outside agencies should people not feel satisfied in how their complaint was managed internally.

● People and relatives told us they knew how to complain and were confident these would be investigated thoroughly. A relative told us, "We have built up a relationship with the manage and we speak our minds. If we have ever raised any grumbles we have felt listened too."

● Since the home had been registered, there had been 4 formal complaints. All of these had been fully investigated and the outcome had been shared with the complainant. The registered manager told us, "It's a new home. We know we are not going to get it right all the time, but we will improve."

End of life care and support

● When a person reached the end of their life, referrals were made to other healthcare professionals to ensure people received the right care and support. Nursing staff had received end of life training to support this practice.

● Where necessary, Do Not Attempt Resuscitation (DNAR) forms were in place to tell medical professionals not to attempt cardiopulmonary resuscitation (CPR). However, care plans did not always contain information about people's end of life preferences. We discussed this with the senior head of care and the registered manager who told us plans were in place to complete these following our visit.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent and had not always identified where improvements were required.

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

- Systems and processes were in place to monitor and improve the quality of care provided. However, these had not always been effective in identifying the areas of improvement we found during our visit. For example, risks to people's health had not always been sufficiently assessed and records did not demonstrate wounds had been accurately measured. Where necessary, fluids were not always monitored effectively and some environmental risks had not been identified. Mental capacity records also required improvements.
- We discussed this with the registered manager and senior head of care who were responsive to our feedback and acted quickly to mitigate any immediate risks. By the second day of our visit a new food and fluid monitoring system had been implemented and a new cigarette disposal bin had been installed. New audits were also being designed and implemented to effectively identify and monitor other risks to people's health and wellbeing. The registered manager told us, "We are committed to making these improvements. We want great outcomes for people."
- There was a new management structure within the home who all knew their individual responsibilities and accountabilities. The senior head of care explained a daily meeting was due to implemented within the next few weeks called 'take ten'. This would enable the whole management team to meet and discuss people's changing needs to ensure these were monitored appropriately.
- The registered manager understood their regulatory responsibilities and had provided us (CQC) with notifications about important events and incidents that occurred in the service. However, we found one significant incident had not been reported to us but appropriate
action had been to ensure the safety of the person. The registered manager took immediate action to send this following our visit and confirmed this was due to human error.
- The registered manager kept up to date with the latest good practice guidelines by attending local provider forums and had formed links with other local nursing homes to share information ad gain support.

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

- People and relatives told us the serviced was well managed and confirmed the felt comfortable to speak to the manager when needed. Comments included, "If I had any problems I think they [registered manager] would listen" and, "There is no problem with the management here. I haven't been in for a week and I haven't been worried at all. That tells you how safe I feel she is."
- Staff confirmed this and told us they were respected and valued. One staff member told us, "[The

registered manager] tried to make this home special. There have been different things we have asked to change, and she has tried to implement these suggestions. She is trying to put all the staff on the maximum training to help us provide better care."

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 understood their responsibility under the duty of candour and told us they would take responsibility if things did go wrong. We saw this demonstrated in a response to a complaint raised by a family member.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The registered manager sought feedback from people and their relatives through surveys and meetings. This feedback was used to make improvements to the service. For example, the amount of available activities for people had been raised as a concern in November 2019. An additional activities co-ordinator had since been employed which meant a more varied timetable of activities and events could be enjoyed by people.

● Staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.

● A healthcare professional told us they have a good working relationship with the service. They told us, "The manager has the patient's best interest at heart and if she is not satisfied with our response, she speaks up about it."

● The registered manager had begun to build links within the local community and had arranged for local pre-school children to visit the home to celebrate special occasions in the calendar such as Christmas and Easter. The registered manager told us they were keen to develop this further as wanted to part of their local community.