Caring Homes Healthcare Group Limited

Rectory House Nursing Home

Inspection report

West Street
Sompting
Lancing
West Sussex
BN15 0DA

Tel: 01903750026
Website: www.caringhomes.org

Date of inspection visit:
10 December 2019

Date of publication:
14 January 2020

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
Rectory House Nursing Home is a nursing home providing residential and nursing care to 31 people with a range of health needs at the time of the inspection. The home can support up to 48 people. Some rooms on the first floor of the home were unoccupied as refurbishment work was in progress.

People's experience of using this service and what we found
People told us they felt safe living at the home. They were protected from the risk of abuse and harm by staff who had been trained appropriately and knew what action to take if they had any concerns. Risks to people had been identified and assessed, with guidance for staff on how to support people, which was followed. Staffing levels were sufficient to meet people's needs and new staff were recruited safely. Medicines were well managed. The home was clean and smelled fresh.

Before people came to live at the home, their needs were assessed, to ensure the home could provide the level of care and support they required. The registered manager told us they did not routinely admit people living with dementia, although some people had cognitive difficulties and had developed dementia over time. People's care and support needs were continually reviewed and assessed. People received care from suitably trained staff and were encouraged in decisions relating to their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink in a healthy way and had a choice of menu; specialist diets were catered for. One person commented, "The food is acceptable and there's always a choice". When people became unwell or needed support from a healthcare professional, they were seen or referred to the relevant professional.

Staff were warm, kind and caring with people. People's diverse needs were identified and catered for, so that care was delivered in a personalised way that met people's preferences. People were treated with dignity and respect. People confirmed there were enough staff on duty.

Care plans were detailed and reviewed with people and their relatives. One person confirmed they had a care plan and was fully consulted about their needs, as well as being involved in the initial assessment. Activities were planned in line with people's preferences and what they were interested in. People's communication needs had been identified, so that staff communicated with them in a way that suited them. Complaints were managed in line with the provider's policy. If it was their wish and people's needs could be met, they could live out their lives at the home.

People were happy living at the home and their relatives spoke positively about the home, and of the registered manager and staff. Feedback was obtained in a variety of ways, through surveys and at residents' meetings. People spoke highly of the staff. The service worked in partnership with others to benefit

people's care.

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

Rating at last inspection
The rating at this service was good (published 23 February 2017).

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Rectory House 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.

Service and service type
Rectory House 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
This inspection was unannounced.

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

During the inspection

We spoke with seven people who used the service and three relatives to obtain their feedback. We also spoke with the registered manager, the provider's commissioning manager, deputy manager, administrator, a registered nurse, care worker and the chef. We observed the care and support provided to people and observed the lunchtime experience. We reviewed a range of records. This included three care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● At the last inspection on 24 January 2017, records were inconsistent in relation to information about people's repositioning needs. People who were at risk of skin breakdown, or had identified pressure areas, may need to be repositioned in bed. Repositioning charts were unclear as to whether people had been supported to change position and had not been updated as required.

● At this inspection, sufficient improvements had been made and this was no longer an area in need of improvement. People were repositioned by staff according to their assessed needs and records were updated appropriately.

● People's risks were identified, assessed and managed appropriately. Care plans contained detailed information and guidance for staff which was followed. For example, one person had a pressure ulcer which had slowly deteriorated. A tissue viability nurse visited and provided advice and guidance on how to support the person and manage their skin integrity. Photos had been taken of the affected area, with measurements, so that the wound and progression to healing could be monitored. An air mattress supported the person in bed and two hourly repositioning by staff relieved pressure areas. Turning charts had been completed appropriately. A pressure relief cushion supported a pressure area on the person's heel.

● Other risk assessments reviewed included falls, moving and handling, eating and drinking. For example, one person lived with dysphagia, which meant they experienced difficulty or discomfort when swallowing. A speech and language therapist advised a minced and moist diet, with fluids mildly thickened. The person received their food and drink in line with these recommendations.

● Risk assessments in relation to the premises had been completed. The home was in the process of refurbishment on the first floor. Risks had been identified and mitigated with regard to this modernisation, to keep people safe. The registered manager explained that some people had to change rooms in order for building work to be completed. The home was purposely not running at full capacity, so that people could be accommodated safely in other parts of the home

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse and harm.

● One person said, "The staff are lovely. They treat us well. I feel safe with the staff when they help me". Another person told us, "Staff are very caring and oh yes, I feel safe".

● Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns. One staff member said they were aware of the safeguarding procedures they would follow. They explained that if they had any cause for concern, they would raise any issues with the registered manager or ultimately with the local authority safeguarding team.

● The registered manager demonstrated their understanding of abuse or allegations of abuse and had

notified any issues of concern to CQC as required. The registered manager gave one example of a person who had unexplained bruises and skin tears. Information was shared with staff at the handover meeting between shifts and actions were taken. The issue was addressed and managed appropriately.

Staffing and recruitment

● There were sufficient staff to meet people's needs. Staffing levels were assessed and based on people's nursing care and support needs.

● For example, we observed there were four staff present to assist people in the lounge and dining room at lunchtime. This was sufficient to ensure people needed help when required.

● Call bell audits identified how many times people used their call bells. The administrator explained they could see how many times a particular person summoned staff when using their bedroom call bell. Staff were reminded to ensure people had their call bells to hand, as a complaint from a relative had noted their family member did not have easy access to their call bell when they visited.

● One person said, "Yes, I think there are enough staff and they are always very helpful. They respond straight away when the buzzer is used. You don't have to wait very long". Another person told us, "There's enough on most occasions. The permanent staff are very good, but the agency staff vary. In most cases it's not a problem". A relative said, "The staffing levels are good. Agency are used to cover any gaps, but there are always trained nurses on duty".

● A staff member confirmed there were enough staff on duty and talked about the 'tea and chat' events at the home. These were dedicated, daily opportunities for staff to take time to sit and chat with people about what mattered to them; these were social occasions and not related to the delivery of care. These had proved popular with people and staff.

● Staffing rotas confirmed that staffing levels were consistent. The administrator told us they were currently using agency staff at night and were in the process of recruiting new staff. An open day was planned the day after the inspection, for potential new staff to come and visit the home and meet with people and staff. The administrator said, "The girls are really good as they will pick up extra shifts. We always insist on the same agency staff, as they know the residents and the residents know them".

● New staff were recruited safely. Staff files showed that all appropriate checks had been made before staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified. PIN numbers for registered nurses were up to date. PIN numbers are provided by the Nursing and Midwifery Council to validate nursing staff to ensure they are legally permitted to carry out clinical procedures.

Using medicines safely

● Medicines were managed safely.

● People confirmed they received their medicines as prescribed. One person said, "I don't know what it is, but they bring it". Another person told us that, "Staff are always on time".

● We observed a registered nurse administering medicines to people at lunchtime. The registered nurse gave people their medicines and waited patiently while they took them.

● Medication administration records (MARs) showed staff signed when each medicine was administered. MAR included a photo of each person. We checked the stock of three medicines and these matched the MAR.

● Medicines to be taken on an 'as required' (PRN) basis were recorded, with clear information as to why these had been administered. For example, medicines given to people to provide pain relief.

● Registered nurses were trained in the administration of medicines and their competency to do so was regularly checked.

● Medicines were ordered, stored, administered and disposed of safely.

Preventing and controlling infection

● People were protected by the prevention and control of infection by staff who had received appropriate training.

● One person said, "My room is kept clean and I get the help I need". Another person felt that hygiene was very good. They added they never had a bath because they did not want to have to use the hoist, which would be required to keep them safe. They were supported with a daily wash by staff.

● Staff wore personal protective equipment (PPE), such as disposable aprons and gloves, when delivering personal care.

● Alcohol gel was available to staff and visitors within the home.

● The home was clean and smelled fresh.

Learning lessons when things go wrong

● Lessons were learned when things went wrong.

● The registered manager said that if any areas of practice could be improved following an accident or incident, reflective practice was used. The registered manager described how improvement had been made in the recording of people's fluid intake and staff were reminded how this information was used to ensure people were adequately hydrated. The registered manager explained they might ask staff if a person had only had a small amount to drink, what they might do in response, and the importance of communicating this to other staff at handover.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed before they came to live at the home.
- The registered manager explained the process of assessment. Paperwork for a potential admission was received and the registered manager considered the needs of the person, whether they had any behaviours that challenged, or were at high risk of falls. The registered manager considered the complexity of people's needs, the impact on others living at the home, and the support required.
- People's care and support needs were continuously assessed. For example, daily meetings enabled staff to share how they felt their morning had gone. One staff member told us they used these meetings as learning opportunities. They had shown staff how to fit hearing aids for one person, that the person's glasses should be put on first, then the hearing aids.
- People were asked if they received the care they needed and wanted. One person said, "I get the care I need and staff keep an eye on me". Another person told us, "All the staff are helpful and I'm looked after so well".

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs.
- New staff who had no previous experience of working in care completed the Care Certificate, a universally recognised, vocational, work-based qualification.
- Staff who did not have English as a first language were supported with written tests, or these could be completed orally with an experienced member of staff. The administrator explained that new staff needed to have a reasonable level of English before coming to work at the home, as it was important that people could understand them.
- Mandatory training included moving and handling, safeguarding, infection control, food hygiene, fire safety and first aid. Nursing staff completed training in areas such as phlebotomy, percutaneous endoscopic gastrostomy (PEG) feed and catheterisation. One staff member said there were future plans for end of life care training and verification of death.
- Staff had completed all new training needed, but the registered manager told us that there were gaps in refresher training and some staff needed to renew their training. The training matrix was reviewed. Some staff had not updated their training as needed. However, this was not a significant concern and there was no impact on the care people received. Plans were in place to ensure staff updated their training.
- Staff received supervision every two months and had an annual appraisal; records confirmed this. One staff member said, "I have supervision on a regular basis and can also ask for advice from the registered nurses".

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

● People were supported to eat and drink enough to meet their needs.

● People told us they were happy with the food on offer. One person said, "It's excellent, but has recently changed. It is still good, but not as good as before. There is a choice available and we're asked in advance. Snacks are available too". Another person told us, "Very good. There's a choice. The kitchen staff visit with a menu sheet with two choices".

● The chef said they received feedback from care staff regarding people's views on the food. We observed the chef cooking a fried bacon sandwich with tomato for one person, who specifically requested the bacon to be crisp. The chef was aware of people's dietary needs, such as diabetic and soft diets. A notice in the kitchen listed people's food preferences, special diets and food consistency.

● People received their meals according to their dietary requirements.

● A choice of drinks was offered to people throughout the day. A hydration station in the sitting room enabled people or staff to have easy access to hot or cold drinks.

● People's weights were recorded, with their permission. Any fluctuations in weight were noted and appropriate action taken. For example, people who were identified as under-weight were given food that was fortified or higher in calories. When people lost weight, an alert was generated electronically, so staff could take the necessary action.

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

● People had access to a range of healthcare professionals and services.

● One person said, "I had a chest infection and they were quick to get the doctor. I had antibiotics and they kept an eye on me". Another person told us, "They get the GP when I need it".

● Care plans recorded visits of health care professionals. For example, a GP was consulted when one person's pressure wound was showing signs of infection. Antibiotics were prescribed and administered to the person by nursing staff.

● People were supported with their oral health care. In one oral health care plan it stated that the person was to be encouraged to brush their teeth independently, but that sometimes they did not want to.

● One person's care plan described the physio exercises that staff should support them with. It was noted that the person was not always keen to engage with the exercises and that staff should encourage them with these.

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

● The home provided an accessible environment for people, with a lift to all floors and a garden that was easy to reach.

● Two people told us they liked their bedrooms and that they overlooked the courtyard, with a door onto the garden. One person said, "In the summer it's lovely and the sun comes streaming in". Both people used wheelchairs or a walking frame and told us they were able to mobilise around the home without any problem.

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.

- Consent to care and treatment was gained lawfully.
- People were assessed in relation to specific decisions and whether they had capacity. Where people were assessed as lacking capacity, DoLS had been applied for.
- A condition of a DoLS for one person was that they should be able to access cultural opportunities in line with their spiritual beliefs. The registered manager told us that this condition had been difficult to meet on a regular basis because of a lack of funding from the local authority. All avenues had been explored and they were trying to access additional funding from another source, so that a wheelchair accessible taxi or bus could be organised on a Sunday.
- Where people had appointed a power of attorney to look after their finances and make decisions about their care, the relevant paperwork was on file.
- The registered manager and staff had a good understanding of MCA and DoLS and their responsibilities under this legislation. One staff member told us that people who did not have capacity were supported to make choices, such as what clothes to wear. For example, they would support people by offering them a choice of two options.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew them well.
- One person said, "The staff are lovely and treat us well". A relative told us, "All of the staff are nice people. Every one of them. Helpful and will do whatever you ask them and they make you feel like you matter to them". They added that the new registered manager was trying to promote a more family atmosphere with staff and residents getting to know each other better.
- Relationships between people and staff were promoted through a daily event, 'Tea at three'. Staff sat down with people to have a chat. People said they enjoyed this time and being able to talk about anything they liked. One person said, "Someone wants to spend time with me as a person, not as a resident". The registered manager told us that one person never used to come out of their room, but was now walking with staff assistance. The person was also engaging with activities and their decision to join in had come about because of staff spending time getting to know the person. The person's relative said they had not enjoyed life so much before.
- People had a range of needs. Staff treated people equally, respecting their diverse needs. One person came to live in this country a few years ago, and did not speak English, partly because of their culture and also because of their health condition. Staff understood the person's needs and when they were happy or needed help through their body language. For example, a 'thumbs-up' sign from the person indicated all was well.

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

- People were supported to be involved in all aspects of their care.
- People told us they were encouraged to make choices, in how they spent their time for example. People said they could eat in their rooms if they wished and could choose whether to join in with activities. One person told us they were free to do as they pleased and often stayed up late when there was something on television they wanted to watch.
- We asked people whether they were consulted about their care and whether they were aware they had a care plan. One person said, "Yes, I have a care plan and I can speak to the staff about anything I want or need. My care plan was reviewed a day or two ago and I was involved, as was my relative". Another person told us they were consulted about their care but was uncertain whether they had a care plan. We found a copy of the care plan on the person's bedside table and they let us look at this.
- We observed staff asking people what they would like to do throughout the day. Staff were kind and patient with people and encouraged people to make choices about how they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

● People were treated with dignity and respect. Staff were courteous and polite when talking with people.

● One person said, "I'm quite happy here. I have day-to-day care and the staff are very friendly. It's like being part of a family. My privacy is very much respected and I value this". Another person told us, "It's very nice here. All the staff are kind and helpful. They knock on my door before entering". A third person said, "I'm looked after very well. They call me by my preferred first name which I like".

● One relative asked to speak with the inspection team so they could give their feedback about the home. They told us, "It's homely. The staff treat him with a great deal of respect and affection. It's caring. His speech is minimal but they always ask him what he wants. They treat him with respect and as one of the family. I have good contact with the staff and they involve me with decisions".

● One person required their medicines to be administered via a tube fed directly into their abdomen. We observed the nurse speak quietly to the person to say they needed their medicine. The nurse then wheeled the person out of the lounge into a more private area, so that their medicines could be administered discreetly.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were written in a person-centred way and contained detailed information about people, their preferences, and how they wished to be supported.
- One person said, "I'm looked after well. They ask me if I need pain killers and check my fluids. They make you feel like you are being looked after".
- People's personal care needs were documented and the support they required in relation to any health condition. For example, one person lived with diabetes and had a separate care plan for this. They had regular blood monitoring checks. Guidance was provided for staff in relation to hypoglycaemia (a deficiency of glucose in the blood stream) and hyperglycaemia (an excess of glucose in the blood stream). The person had regular check-ups with their optician and chiropodist and diabetic eye screening tests.
- Where people were at risk of malnourishment, food and fluid charts recorded how much they had eaten and drank each day. The amount people drank was totalled and the ideal total they should be encouraged to drink, was recorded. Staff could see at a glance whether people had drank enough on any particular day and take appropriate action as needed.
- People's care needs were discussed at handover meetings with nursing and care staff. The registered manager proposed to look at reflections from staff as a result of these meetings to identify any areas for improvement.

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 met. Communication care plans included how staff should communicate with people. One person, who had limited communication in English, was supported to communicate by staff using simple, written English or through pictures. The person also had an iPad to help with their communication and received a monthly newspaper written in their own language.

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

- Activities were planned according to people's interests and what they would like to do.
- People were positive about the activities on offer. One person said, "I go to the things I like doing. They don't force you to do anything". Another person showed us a copy of the activities timetable and the events they chose to attend. A third person told us they enjoyed the activities and also helped cover the reception

desk at lunchtime, meeting and greeting visitors.
● We saw the activities co-ordinator interacting with people in the lounge during the morning. Two people were involved in a quiz and the third person was engaged in a conversation with the activities co-ordinator.
● The home looked festive with Christmas decorations and a Christmas raffle had been organised.
● The home had recently worked with some local primary school children in a project connected with wildlife. The registered manager told us that the children visited people at the home over six weeks and both worked together to build a 3D exhibition of the surrounding area and its wildlife. The exhibition and opening ceremony was planned so anyone from the home who was interested could attend. The registered manager said they were now thinking of launching a pen pal project between people at the home and children from the primary school. People had expressed an interest in this and the registered manager was keen to foster community links.
● Funds were raised to provide transport for people to go on outings, for example, Christmas shopping at a garden centre was enjoyed.
● Visitors were encouraged to the home and welcomed by staff. People were supported to stay in touch with people who mattered to them. One person kept in touch with their family who lived abroad through social media and an interpreter.

Improving care quality in response to complaints or concerns
● Complaints were managed in line with the provider's policy.
● We asked people if they were aware of the complaints procedure. One person said they were not aware of it, but that, 'any tiffs are resolved". Another person told us, "I would complain to the care staff and speak to the manager if I had a complaint. Minor issues are easily raised and resolved". A third person said, "I would ask to see the manager. I raised a complaint in the past about another resident's TV being too loud which was resolved informally. At a residents' meeting last week, the manager said her door was always open".
● We looked at three complaints which had been recorded and logged. These were managed appropriately and to the satisfaction of the complainant.
● The registered manager said, "It's about improving communication with relatives about changing needs. For example, one person went on to antibiotics, but we told the relatives straight away, we wouldn't wait until they visit".

End of life care and support
● If it was their wish, and their needs could be met, people could live out their lives at the home.
● At the time of the inspection, several people were receiving palliative care. The registered manager told us that staff had access to 'Echo', which is an end of life care hub covering coastal West Sussex. This service aims to improve the co-ordination and delivery of end of life care, by linking providers together via a 24/7 telephone co-ordination hub. The registered manager told us that having access to Echo had worked really well, especially with regard to anticipatory medicines for people who were on end of life care.
● Some staff had completed end of life care training and some nurses were authorised to complete 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) forms. DNACPR relates to whether a person should be resuscitated in the event of a cardiac arrest and whether any attempt to carry out this procedure would be worthwhile.
● People and their relatives were involved in planning for end of life care and their wishes were recorded within their care plans.

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. 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

- People received personalised care from staff who encouraged their independence. Staff supported people in ways that suited them.
- The registered manager and staff understood the concept of person-centred care and had created a culture that enabled staff to deliver care in this way.
- People and their relatives were positive in their comments about the home. One person said, "It's lovely here and friendly. There's lots to do, you can't get bored. They treat me very well". A relative said, "I would score it 150 per cent for the nursing care. Staff are always available and there is good monitoring of care needs. I'm contacted if Mum is upset and they deal with her emotional needs and make her comfortable".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good understanding of their legal responsibility under duty of candour. They told us of an incident that had occurred with one person who had unexplained skin tears and bruises. The person's relative had been contacted and the registered manager had discussed the issue with them. The registered manager added they would do a follow-up letter to the relative once everything was sorted out and a conclusion reached, together with lessons learned.
- The registered manager said, "We always have a conversation with people and their relatives about any concerns, then do a formal letter to follow-up".
- The registered manager understood regulatory requirements and notifications which were required to be sent to us by law had been completed. The rating achieved at the last inspection was on display at the home and on the provider's website.

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

- Feedback was obtained from people on how they felt about the home. Results were positive.
- In addition to comments made by people and their relatives at this inspection, the activities co-ordinator used an iPad to seek people's views, which were then recorded. The registered manager told us they sought feedback from healthcare professionals in this way.
- Some people said they were not aware of any formal surveys, but that they attended residents and relatives' meetings. One person showed us a copy of an agenda in their room and had received and

completed a survey. A meeting held on 4 December showed that people had discussed plans for Christmas. The administrator told us they sent a note to everyone to remind them when a meeting was due to take place. If people did not attend, then the minutes of the meeting were circulated, so information was shared in this way.

● One person said, "We can suggest anything. They are open to people's ideas".

● People felt the home was well-managed. One person said, "There's a new manager now. There's been no interruption in how the home runs". Another person told us, "It's managed very well. Nothing goes amiss. There's a good response to healthcare needs". A third person said, "There's a new manager who's very efficient and you can talk to her".

● People were invited to be part of a residents' interview committee and helped to choose new staff.

● Staff felt supported by the management team. One staff member said that communication was good and staff meetings enabled staff to raise issues which were acted upon. Another staff member commented, "I can raise issues with the manager who is approachable and her door is always open".

Continuous learning and improving care

● A system of audits measured and monitored the quality of care and the service overall. Any areas in need of improvement were recorded and actions taken.

● Audits had been completed in relation to medicines, infection control, kitchen, health and safety, and the registered manager walked around the home daily to undertake spontaneous checks.

● Care plans were audited to ensure that information was up to date and appropriate.

● Daily 'huddle' meetings enabled staff to share information and experiences and to reflect on any learning, so that actions could be taken to improve the quality of care people experienced.

● Accidents and incidents were recorded and analysed for any trends or patterns.

● Compliments from relatives were recorded. One relative had written, 'Mum is clearly enjoying taking part in the activities and has even made a few friends I believe. Plus the distance she can walk is also increasing with the encouragement the home is giving her. Thank you'.

● Another relative told us that they had looked at around 30 homes before deciding that this home was the right one for their family member.

Working in partnership with others

● Effective working partnerships had been developed.

● The registered manager told us they had links with community matrons and the frailty lead in the local area. They explained they had worked to strengthen relations with healthcare professionals. For example, they had requested that GPs not telephone wishing to speak with the nursing staff when medicines were being administered, or if they did call, to leave a message. This meant that people did not have to wait to receive their medicines because of the nurse being called away.

● The registered manager told us they attended quarterly meetings with professionals and that communication had improved.

● Referrals were made for people when needed, and advice and guidance was sought and acted upon from professionals such as tissue viability nurses, speech and language therapists, dieticians and staff from the local hospice.

● The registered manager had regular contact with managers at the provider's other homes.