

HC-One Oval Limited

Grosvenor Park Care Home

Inspection report

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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:

Grosvenor Park Care Home is a nursing home that was providing personal and nursing care for up to 57 older people. At the time of the inspection there were 44 people living there. People were living with a range of needs associated with health conditions and old age. There was also a rehabilitation service which could be provided for up to 10 people who were not weight-bearing following an operation. They received specialist support input from a physiotherapist and occupational therapist.

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

People's experience of using this service:

People were supported by staff who treated them with kindness, respect and compassion. One person said, "They are all kind, they bring a little bit of life into my life." Staff understood people's needs, choices and histories and knew what was important to each person. People were enabled to make their own decisions and choices about what they did each day.

People were supported to take part in a variety of activities that they enjoyed and were meaningful. They received support that was person centred, and staff knew them well. Complaints had been recorded, investigated and responded to appropriately.

Staff had a good understanding of the risks associated with the people they supported. Risk assessments provided further information for staff about individual and environmental risks. The home was clean and tidy throughout.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. One person told us, "I have no concerns about safety at all."

People were supported to receive their medicines when they needed them. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received training that enabled them to deliver the support that people needed. Nurses completed clinical training which reflected the needs of people in the home. Nurses also completed revalidation with the Nursing and Midwifery Council (NMC) to help demonstrate they maintained their knowledge and skills. One person said, "They help me efficiently and are very good at the job and are obviously trained."

People's health and well-being needs were met. They were supported to access healthcare services when they needed them. People's dietary needs were assessed. They were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day.

The registered manager knew people and staff well. They understood their responsibilities and had a quality assurance framework to support their oversight of the service provided.

Rating at last inspection:

Requires improvement. (Report published 18 June 2018.)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Grosvenor Park Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of two inspectors 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:

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

Grosvenor Park Care Home accommodates up to 57 people in purpose-built building. At the time of the inspection there were 44 people living there. People were living with a range of needs associated with health conditions and old age, some people were living with a mild dementia. There was also a rehabilitation service which could be provided for up to 10 people who were not weight-bearing following an operation. They received specialist support input from a physiotherapist and occupational therapist.

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 the inspection was unannounced.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we reviewed the records of the home. These included two staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We looked at seven care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

We spoke with ten people who lived at the home, two visitors and thirteen staff members, this included the registered manager. We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in April 2018, we asked the provider to take action to make improvements as risks to people had not always been safely managed and this action has been completed. Therefore, the rating for this key question has improved to Good.

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

- People were protected against the risk of abuse and harm, staff knew what steps to take if they believed someone was at risk of harm or discrimination.
- Staff received safeguarding training, they understood their own responsibilities and could tell us what actions they would take if they believed someone was at risk. They told us how they would report their concerns to the most senior person on duty. Staff told us they would always make sure concerns were listened to, including contacting outside organisations.
- When safeguarding concerns were raised, the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved.

Assessing risk, safety monitoring and management:

- People told us they felt safe. One person said, "I find it nice and safe here. There are people around all the time. The kindness of the carers makes me feel safe." Another person told us, "With my personal items, I have no concern at all, it is safe I trust the carers with everything, I am not very sturdy on my feet, so I don't go very far on my own."
- Staff understood the risks associated with people's care and support and told us how they supported people to minimise any risks, for example support with mobility and pressure area care.
- Risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. This included information about mobility, falls and skin integrity.
- Some people at the home smoked. There were risk assessments which helped staff identify when people may need support to stay safe. For example, some people needed to use a fire jacket and for staff to remain nearby. Staff were aware of what was needed, and risk assessments were followed. One person said, "I like to walk around the home for fresh air sometimes, the carers keep an eye on you and make sure you are safe."
- Regular fire checks and fire drills were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs in the event of an emergency evacuation.
- Before the inspection we had been informed that the lift had broken down on a number of occasions. The registered manager told us this was an ongoing issue and there were plans to replace the lift. We saw appropriate actions were taken to keep people safe if the lift should break down. This included regular

checks and servicing.

- Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment.
- A fire risk assessment had been undertaken and recommended works had been identified and started. Work was ongoing to ensure all areas were addressed.

Staffing and recruitment:

- Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories. One person told us, "The staff are excellent, they make me feel safe because I can tell they have been trained to help."
- Checks had been made to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.
- There were enough staff working to ensure people received support in a timely manner.
- Throughout the day we saw staff attended people promptly. The registered manager told us they monitored the workload through the dependency tool and observations of people and staff during the day. They would ensure more staff were deployed if people's needs were not being met.

Using medicines safely:

- People told us they received their medicines when they needed them. One person said, "I get my medication on time and they do explain what I am having if I need them to. I prefer they manage my medication." Another person told us, "If I ask for a pain killer when in pain they will give it, sometimes they come and ask if you are in any pain."
- There were systems to ensure medicines were ordered, stored, administered and disposed of safely.
- Protocols were in place for people who had been prescribed 'as required' (PRN) medicines. People only took these medicines when they needed it, for example if they were in pain. These described when and why PRN medicines may be needed and included the person's individual preferences. For example, one person had been prescribed two types of painkillers. The guidance showed the person liked to take different types of medicines at different times of the day as this met their needs. Where people had capacity, the protocols informed staff people were able to make their own decisions about when to take their PRN medicines.
- Only staff who had completed medicine training and been assessed as competent gave medicines. This included nurses and senior care staff.
- There were medicine care plans which informed staff how people liked to take their medicines, for example with a glass of water.
- We saw people received their medicines when they needed them, in the way they chose.

Preventing and controlling infection

- The home was clean and tidy throughout. One person told us, "It seems clean all the time. The cleaners do a good job, they always come to make sure every corner is clean."
- There were appropriate systems and equipment to clean soiled linen and clothing.
- Staff used Protective Personal Equipment (PPE) such as aprons and gloves when needed. There were adequate hand-washing facilities available throughout the home.
- A legionella risk assessment had been completed. Regular checks such as water temperatures and flushing of taps took place to help ensure people remained protected.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to appropriately to ensure people's safety and well-being were maintained. These were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.
- Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had all the information they needed. Staff were also updated during handover.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in April 2018 we asked the provider to take action to make improvements in relation to staff training and supervision. At this inspection, we found improvements had been made. Therefore, the rating for this key question has improved to Good.

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

- People's care and support was planned in line with best practice guidance and reflected professional's involvement.
- Before they moved into the home people's needs were assessed by a nurse from the home. For people who moving in for a short period of rehabilitation, their needs had been assessed by a physiotherapist or occupational therapist from the local healthcare trust. This helped ensure people's needs could be met and staff had the appropriate knowledge and skills to look after them effectively.
- Information from the pre-assessment was used to develop the person's care plan, risk assessments and rehabilitation plan.
- Care and support was delivered in line with current legislation and evidence-based guidance. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. Action was then taken, which included, appropriate equipment to relieve pressure to their skin, such as air mattresses and regular position changes.

Staff support: induction, training, skills and experience:

- People told us that staff had the knowledge and skills to support them. One person said, "I feel I am looked after well. They help me efficiently and are very good at their job. They are obviously trained." Another person told us, "The care workers help me in a nice way and they seem well trained and professional."
- Staff received ongoing training that was relevant to their roles. Records showed that staff had received training which included, medicines, safeguarding, moving and handling and infection control.
- Nurses completed clinical training which demonstrated they had the appropriate knowledge and skills to support people. Nurses also completed revalidation with the Nursing and Midwifery Council (NMC) which confirmed they maintained their knowledge and skills and were legally able to work as a nurse.
- Competency assessments had been completed for staff who gave medicines. Following moving and handling training, staff completed a practical assessment to demonstrate they had the correct knowledge and skills to help people with their mobility.
- Staff told us if they identified any training needs this would be arranged. Nurses told us they had recently received training updates in relation to venepuncture (taking blood).

- When staff started work at the home they completed an induction. This had been developed by the provider and reflected the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The registered manager had a good overview of the training staff had received and what they needed to complete. This helped ensure all staff received consistent updates to maintain their knowledge and skills.
- Staff received regular supervision. Staff told us they felt supported by the registered manager and their colleagues and could discuss issues with them at any time.

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

- People told us they had enough to eat and drink throughout the day and they enjoyed their food. One person said, "Meal time are great, you meet your friends, sit together and enjoy and have a chat. I am always looking forward to it." Another person told us, "There is more than enough of everything. There is lots of choices, a carer comes around with the menu and they help you choose what you would like to have the next day. There is lots of choices."
- People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day. These met people's individual nutritional needs and reflected their preferences, including religious and cultural choices. We observed staff discussing people's specific dietary requirements. They displayed commitment and understood the importance of making sure each person received food of their choice.
- People were able to eat where they chose. One person said, "I prefer my food in my room." Meals in the dining room were 'silver service' and people were offered a choice of meals. One person was offered a dessert, which they declined. The staff member spent a long time with this person offering alternatives until they found something the person wanted to eat.
- Mealtimes were a sociable occasion. The registered manager had introduced a regular take-away meal. People had recently enjoyed a Chinese take-away meal. The registered manager told us this had taken place at lunchtime, people had eaten together in the lounge and the meal had extended into the afternoon. Discussions were underway for the next one.
- Mealtimes were flexible. On the second day of the inspection a number of people were going out. Therefore, their lunchtime meal was provided earlier to ensure they ate before they went out.
- People's weights were monitored, and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. When nutritional concerns were identified specialist advice was sought through the GP. Specialist diets such as thickened fluids and soft meals were provided appropriately.

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

- People told us they were supported to maintain and improve their health. One person said, "If I need to go for any appointment it's all done for me and transport arranged, I just have to be ready." Another person told us, "They got the GP for me when I needed one, they always check on you."
- During the inspection the nurses contacted people's GP's for guidance and advice when people were unwell. We heard a nurse talking to a person and their relative about their health concerns. They explained about the treatment that had been prescribed and what they would do if this was not effective.
- Records showed, and people and staff told us, that people were supported to access health care professionals when their needs changed.
- People received healthcare support from chiropodists and opticians. Where people had specific health needs they received support from appropriate healthcare professionals, for example the diabetic clinic and speech and language therapists.

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

- The service had been adapted to meet the needs of people. People's bedrooms had been personalised to reflect their own choices and personalities.
- There was a lift which provided level access throughout. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.
- We had been told the lift had broken down on several occasions and people had been unable to come downstairs. After the inspection the registered manager told us the provider had purchased specialist equipment which would enable people to come downstairs, with staff support, whenever they wished to. They told us, in the long-term the lift would be replaced.
- There was level access throughout the home and to the outside. People were able to access all areas of the home and garden.
- There was enough space within the home for people to spend time alone or with others. There was a small lounge where people could spend time with their families in private.

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.
- Each person had a mental capacity assessment, to identify if they had capacity to make particular decisions. Where people may lack capacity, decisions had been made about their support needs. These had been recorded to show they had been made in people's best interests and were as least restrictive as possible. One person's capacity assessment showed they had some difficulties understanding but this did not affect their ability to make decisions. There was guidance about how to discuss issues with this person, keeping to simple sentences and allowing the person time to answer.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no DoLS authorisations in place, however, applications had been submitted for people who were deemed not to have capacity and were under constant supervision. Copies of the DoLS applications were available to staff.
- Staff had a good understanding of MCA and DoLS. Throughout the inspection they offered and respected people choices and asked their consent before providing support. One person told us, "I cannot fault them, I think they do pretty good job, they always ask me if I am ready for personal care and explain how they will go about it and if I have something to say."

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

Good: 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 they were treated with respect and staff were kind and compassionate. One person said, "Staff are caring, and they treat me with kindness and dignity" and another person said, "They do listen, they are kind and patient when talking with me and when providing care and support."
- Relatives told us staff were, "Brilliant", and talked to their relative in a respectful way. Even when they were confused or anxious, staff took the time to speak to people slowly and clearly to ensure they were happy and comfortable.
- Staff spoke to people in a supportive and considerate manner. We observed caring and compassionate interactions between staff and people. For example, one person was feeling unwell and had some side effects from a new medication. Staff took the time to explain all about the medication and possible ways to improve the side effects the person was experiencing and the alternative medications they could try.
- Peoples protected characteristics under the Equalities Act 2010 were highlighted during assessment. This included needs in relation to culture and religion, for example the type of clothing people chose to wear and their religious preferences to ensure their needs were supported. One person received regular visits from a religious group to allow them to receive communion in the home.

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

- People told us they were involved with decisions about how they received care. This included planning and making changes to their care and how they received support. We were told, "I tell them what I want and that is ok." Another told us, "I make decisions all the time."
- Staff encouraged people to give views and opinions regarding how they wanted their care provided. This included their preferences for a male or female carer and the time to receive their care. One said, "I can make my own wishes known, and they go along with it."
- Staff knew people well and were able to tell us about peoples care and support needs and how they liked their care provided. We were told, "Staff talk to me with respect", and, "I am totally involved in any discussion about my care plan. They understand all my personal care needs."
- Most people made decisions independently or with support from their family, friends or legal representatives. Staff were aware that if needed, advocacy services could be sought to support people when making decisions.
- Staff were aware of the importance of confidentiality including documentation and conversations. For example, checking the inspection team were allowed to see information and talk to people before providing access. Peoples care records were kept in a locked room to ensure they were securely stored.

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

- People's privacy, dignity and independence were respected and promoted. Many people went out independently and we saw staff supporting people to contact taxis or to go out at a specific time when they had planned outings or trips to attend.
- Staff respected people's privacy and dignity. Care staff allowed people to have privacy in their own rooms when they wanted it and understood the importance of people having their own personal space. We were told, "They are very patient with me. I prefer my own company, and I like to stay indoors most of the time." Another said, "The girls treat me with dignity, I never worry about that." We saw that people's bedroom doors were closed before care or private conversations took place and any discussions around care were done discreetly.
- People told us staff supported them to be as independent as possible. For example, when assisting with personal care, people felt unhurried and able to do as much as possible themselves with staff there to prompt and encourage them when needed.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example staff supported people to mobilise safely around the home and ensured their continence needs were met.
- Care plans included information about people's needs in relation to personal care, mobility, pressure area risks, nutrition, mental and physical health. There was also information about people's hobbies and interests and what they might like to do each day. These were regularly reviewed and updated.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. We heard a staff member talking to a person and explaining what was happening during the day. The staff member then told the person they would write the information down for them as they knew the person had some difficulties hearing and this would make sure they hadn't missed any information.
- People were encouraged and supported to remain active and have enough to do each day. One person told us, "I like to come down to socialise with my friends and when it's sing songs activity, I like to join in. I am quite happy to come and spend time and enjoy the view in the lounge." Another person said, "I like to go out for a drink with the help with my mobility scooter, and to socialise with my friend." A further person explained, "I love to come and listen to the sing song activities; I enjoy that very well. I do like to meet my friends for a chat and a laugh, sometimes you need it, because sometimes you can feel very lonely."
- There were a range of activities taking place each day and people were able to maintain their own hobbies and interests. The activity co-ordinators were proactive in making sure people had enough to do each day. We heard a staff member talking to a person who said they were bored. The staff member discussed ideas of what the person may like to do, until the person found something they would like to do.

Improving care quality in response to complaints or concerns:

- People told us they did not have any complaints but if they did they were able to raise them with the registered manager or staff. One person said, "I have got no complaints; if I need anything, they are there to help me". Another said, "I don't complain unless I need to, I think they will listen to me if I do complain."
- The provider had a complaints policy and the records reflected that complaints received were recorded, investigated and responded to.
- There was a resident's guide in each person's bedroom. This included information about the home and how they could make a complaint.

End of life care and support:

- As far as possible, people were supported to remain at the home until the end of their lives. At the time of the inspection no-one was receiving end of life care.
- Care plans showed that people's end of life wishes had been discussed with them and their families. These wishes were respected.
- Staff were aware of the support people needed to keep them comfortable in their last days. They told us they would receive guidance from the local hospice team and the person's GP. This included ensuring anticipatory medicines had been prescribed and were available if people needed them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them 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

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

At the last inspection in April 2018 we asked the provider to take action to make improvements in relation to records and quality assurance. At this inspection, we found improvements had been made. Therefore, the rating for this key question has improved to Good.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was a positive, open culture displayed by the registered manager and staff. One person told us, "They don't do much for me but if I needed them for anything they will come, they come in the morning to ask if I need anything or if I needed help with washing and personal care. The staff also stop by sometime for a chat, I like to have my meals in my room, I am always included when it comes to my care plan."
- Grosvenor Park was taken over by a new provider in 2017. Some people were not happy with this change and this was reflected in comments received. One person said, "It is not as nice as it used to be, we are still here because of the nice view and the staff, the manager is very approachable and pleasant to talk to, she always comes and sits with us in the lounge to have a chat and laughs." Another person said, "The quality of the service is good, I don't know what would make it better."
- Staff told us they were well supported by the registered manager and their colleagues. One staff member said, "I genuinely love it here, we're well supported, it's a fantastic team and amazing nurses."
- The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There were daily walk arounds, where the registered manager or deputy manager spoke with people and gathered any feedback. At weekends and at nights the walk arounds included different aspects, for example, infection control and clinical issues. Feedback was then given to staff during morning, head of department, 'flash meetings' or during handover. This meant any issues identified were promptly addressed and helped ensure people received appropriate care and support.
- There was an audit system which included audits and checks by staff, the registered manager and a senior manager from the provider. Information from these audits was used to develop a home improvement plan which was regularly reviewed and updated. For example, the audit found the nurses needed additional training and this had been provided. The deputy manager told us they were working to ensure staff completed the back of the MAR with appropriate information when PRN medicines had been given. This had been recognised within the home improvement plan and work was on-going to ensure this was addressed.

- Services providing health and social care to people are required to inform CQC without delay of certain events that happen, such as events that stop the normal day to day running of the service. The registered manager was aware of their responsibilities to inform CQC of significant events that happened in the service, in a timely way and had done so. This included a number of occasions when the lift had not been working.

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

- People were given opportunities to provide feedback about the service. There were regular meetings where people could discuss any issues they may have. People regularly discussed meals and activities. They had said they would like a trip to the local aquarium and this took place during the inspection.
- People also completed feedback surveys. Results from the July 2018 survey reported that people did not know who the senior managers from the provider were and that they would like more involvement in the care planning process. As a result, there was now a photo board showing the senior managers. A resident of the day process had been introduced. Staff from each department visited the resident of the day to discuss their care and support needs. This included the cook, activity staff and nurses. People's care plans were also reviewed and updated where required. This demonstrated people were listened to and their feedback responded to.
- Staff completed feedback surveys and formal staff meetings were held throughout the year. Feedback from the last staff survey showed staff were clear about their role and felt valued. Minutes from staff meetings showed staff were regularly informed of what was happening at the home and reminded of their roles and responsibilities.

Continuous learning and improving care; Working in partnership with others:

- Accidents and incidents were logged, investigated and action had been taken to reduce the likelihood of the event occurring. This information was shared with staff to ensure learning and improvements had taken place.
- The provider had introduced further training and development for senior care staff. This would enable them to develop new knowledge and skills that would support the nurses and further improve the care and support people received.
- The registered manager and staff worked in partnership with other services, for example GP's, the local hospice and speech and language therapists to ensure people's needs were met and best practice was followed.