Ashdown Care Limited

Culm Valley Care Centre

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
Culm Valley Care Centre is registered to provide accommodation for 63 people who require nursing and personal care. There were 57 people living at the service, they consisted of 22 people who had been assessed as requiring nursing care were having their nursing needs met by the nurses at the service. There were also 36 people whose nursing needs were met by the community nursing team. One person was admitted on the day of the inspection and one person was discharged.

Culm Valley Care Centre is a service in a detached building over three floors in the centre of the market town, Cullompton in East Devon. The home is in walking distance of the town centre and local amenities. Since the last inspection the provider has had a large extension with an additional seven bedrooms and an additional communal lounge.

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

People felt safe at the home and with the staff who supported them. The staff understood their responsibilities and how to protect people from abuse. There were enough suitably skilled and knowledgeable staff to meet people's needs. People said their needs were met in a timely way.

Staff were safely recruited and received the training and support they needed to undertake their role. Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records indicated people received their medicines regularly. Measures were in place to control and prevent the spread of infection. There were checks and audits in place to protect people from the risks of unsafe and unsuitable premises.

People were cared for by staff who knew them well and were kind and compassionate. Staff were happy in their jobs and wanted to provide the best care they could. Staff were attentive, caring and kind. Staff had received the provider's mandatory training and had regular supervisions and appraisals with their line manager's

People's needs had been assessed prior to going to the home and they had a care plan in place. We discussed with the registered manager that people staying at the home for a period of respite had summary care plans. These did not give enough information to guide staff to support their complex needs. The registered manager said they would review these.

The provider employed an activity co-ordinator who was based in the main communal area to support people's social needs. The provider also employed a staff member for six hours a week to provide social support to people in their rooms who could not leave for health reasons or because they chose to stay in their rooms.

People, their relatives and staff expressed confidence in the registered manager and deputy manager. People's views were sought on an informal basis, through regular meetings and an annual satisfaction survey. There were effective systems in place to monitor the safety and quality of the service.

People were supported to eat and drink enough to maintain a balanced diet. People were supported to access healthcare services. Staff worked closely with health professionals, including the GP and community nurses and referred people promptly. The home provides end of life care and staff ensured people received the appropriate support which included having appropriate medicines available for people nearing the end of their life, to manage their pain and promote their dignity.

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

People knew how to make a complaint if necessary. Where the registered manager had received complaints, they had followed the provider's complaints policy.

More information is in the full report.

Rating at last inspection and update: The last rating for this service was Good overall (published 29 June 2017). At this inspection we found the service remained good.

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

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

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.

Culm Valley Care Centre

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 unannounced and carried out by two adult social care inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. A registered manager 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 reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection. 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.

During the inspection
We spoke with 17 people, four relatives and 14 members of staff. This included the registered manager, deputy manager, registered nurse, team leaders, care staff, the cook, maintenance person, activity person and housekeeping staff. We also spoke with a visiting health professional and a lay preacher
We reviewed a range of records. This included five people's care records and eight medication records. We looked at a staff file in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staff rota's, training matrix, complaints, quality assurance and quality monitoring.

Throughout the inspection we were able to observe staff interactions with people in the communal areas to see how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed the lunchtime meal time experience in the dining room and for those who ate in their rooms.

After the inspection
We sought feedback from 13 health and social care professionals who supports the home and received a response from three of them. We also sought feedback from the local safeguarding team to ask if they had any open concerns about the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives said the service was safe. Comments included, "Safer here than anywhere" and "I am quite happy with the home. It is lovely here. Can't fault the staff." One relative said, "Yes. Mum is very happy here; they are very careful with her. They are very open with us. We have no issues and see that staff cope really well."

● People were protected from the risk of abuse. People received care from staff who had been trained and understood their role in recognising and acting on concerns of abuse or poor practice. They were aware of organisations to contact should they be concerned that appropriate action had not been taken. One member of staff said, "I would want to know an outcome and make sure people are protected…"

● A professional and relative confirmed they had not witnessed practice that concerned them. The relative added, "Staff are caring. I have never seen or heard anything to concern me."

●The registered manager understood their safeguarding responsibilities and had reported concerns when necessary and worked with the local authority safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risks to people's health and wellbeing had been assessed and there were measures in place to manage any identified risk. For example, mobility, skin damage and nutrition. Where people were at risk of developing skin damage, pressure relieving equipment was used and people were repositioned regularly.

● Where people were at risk due to swallowing difficulties, these had been identified. Some people had been assessed by the speech and language therapist (SALT) and various textured diets had been recommended. We saw that people were given the correct diet to ensure their safety. Staff had good knowledge of risks to people and how to mitigate them

● Pressure mattresses were set correctly to ensure maximum effect; however, care records did not record what the exact settings should be. The deputy manager explained mattresses were checked daily by staff to ensure settings were correct.

●Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and emergency lighting was undertaken. Fire checks and drills were carried out in accordance with fire regulations. An unscheduled fire alarm was activated during our visit. Staff were very quick to meet at the fire panel and calmly followed the provider's fire procedure.

●We found three fire doors with notices to keep them locked shut. These doors were not locked, and some did not have closures on them to ensure they closed in the event of a fire. We discussed this with the registered manager who completed a risk assessment with actions completed and control measures put into place.

●People had personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed

to support individuals in the event of an emergency to keep them safe. This meant emergency services would be able to access people's information in the event of an emergency evacuation.

● There were checks and audits in place to protect people from the risks of unsafe and unsuitable premises. Environmental risks to people had been addressed. For example, radiators were covered to reduce the risk of burns and hot water was maintained at a temperature which did not pose a risk of scalding in those checked. Windows were restricted to prevent falls. Regular monitoring checks were in place to ensure these stayed safe.

●Staff recorded maintenance issues in a maintenance book held in reception which the new maintenance person reviewed daily and undertook tasks as necessary. People complimented the maintenance person telling us that they were very quick to undertake tasks, like putting up shelves and pictures and their friendly demeanour taking time to have a chat.

●External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance.

●In May 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

●Staff had a good understanding of how to keep people safe and about their responsibilities for reporting accidents, incidents or concerns. The registered manager monitored accidents and incidents at the home and looked for patterns and trends.

Staffing and recruitment

● The provider carried out the necessary recruitment checks before staff commenced employment. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. This included checks from the disclosure and barring service (DBS) and references being obtained.

● There were enough suitably skilled and knowledgeable staff to meet people's needs. People said their needs were met in a timely way. One person explained staff were "always popping" in to them to ensure they were comfortable and had what they needed. They added, "When I ring the bell and they come quickly… never have to wait". Most people said call bells were answered promptly. Comments included, "They answer it quite quickly, no problems" and "I don't use it that much. Very quick [response time]. I can normally get someone within a minute." However, one person told us that staff did not respond to call bells so quickly at night.

● During our visit nursing and care staff were present throughout the day and ensured people's needs were met.

● Staff said they had enough time to meet people's needs in a timely way. If there was unplanned absence due to short notice sickness, existing staff would cover if possible. One visiting professional felt staff were always busy and sometimes difficult to find when needed.

● The registered manager used a dependency tool to help inform decisions about staffing levels. The current staffing level provided 12 care staff; either a registered nurse and a team leader or two registered nurses and the registered manager and deputy manager.

● Sufficient numbers of ancillary staff were also employed, such as housekeeping and kitchen staff, and maintenance staff to undertake cleaning, laundry and the preparation of meals.

Using medicines safely

● Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records indicated people received their medicines regularly. This was confirmed by the people we spoke with.

● Nurses and staff who administered medicines had completed training and had their competency checked

annually.

● The management team completed regular audits of medicines where errors or concerns were identified, and action plan was put into place.

●The pharmacy providing medicines to the home had undertaken a review in October 2019. Where they had identified small issues, the registered manager had put in place an action plan. For example, ensuring stickers were placed on all new bottles of creams with dates of opening.

Preventing and controlling infection

● Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. Staff had access to protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.

●The environment was clean and generally odour free, apart from two bedrooms, which was discussed with the registered manager who took action to resolve the concern.

● The laundry was well managed and had adequate chemicals. Soiled laundry was segregated and laundered separately at high temperatures in accordance with the Department of Health guidance.

● The provider's infection control policy had been reviewed and was in line with current best practice.

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 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

● The registered manager or deputy manager where possible carried out an assessment of people's needs prior to them moving to the service to ensure their needs could be met. Some assessments were more comprehensive than others. For example, the pre-admission assessment for a person admitted for respite care was brief and did not consider the person's complex needs. Their care plan was a summary of needs and had not been developed fully to ensure all aspects of the person's needs were recorded. This was discussed with the registered manager, who agreed the assessment and care plan for people using the respite service needed to be developed to ensure they were comprehensive.

●The nurses and team leaders updated people's care records when changes occurred. This meant people's support was up to date to ensure they received the right care and support.

●People had their care needs reviewed monthly. Staff involved people and their family members by speaking with them regularly to help ensure the care received was appropriate. Families said they were kept informed about their relatives and involved in decision making. A relative said they had been fully involved during their loved one's admission and the staff always contacted them if they had concerns. The relative felt well informed and added, "They (staff) are very open with us. We have no issues."

Staff support: induction, training, skills and experience

●Staff completed the provider's induction and worked alongside experienced staff prior to working independently.

● People and relatives had confidence in the staff's abilities. We observed that staff had the skills to support people safely. Staff were very positive about the training and support offered to them. Staff training covered a wide range of core and specialist subjects which staff said, enabled them to be confident and safe in their role. A health professional told us, "Patients say staff are caring and I have personally witnessed some great care with positive attitudes to work and good communication with patients. They appear to have the knowledge and skills to support the patients and I have witnessed them supporting each other if necessary."

● Staff had supervision and appraisal meetings with their line manager's. This allowed staff time to express their views and reflect on their practice.

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

● People's wishes, and beliefs were taken into consideration when preparing meals. Meals were planned for people who required a diet suitable for conditions like diabetes, allergies or following speech and language therapist.

● Most people said they enjoyed the meals provided and they were given a choice for the main meal of the day. Comments included, "Food is beautiful; meat is so tender. I can't fault the food and they give you so

much" and "The food is very good. I get a great choice." Drinks and snacks were available throughout the day.
● Where a person received some of their dietary needs delivered via a special tube, nursing staff ensured the community dietician's advice was followed.
● Staff followed best practice guidelines by completing the 'malnutrition universal screening tool' [MUST]. The screening tool was used to identify adults, who were malnourished, or at risk of malnutrition. People's weights were recorded and monitored where required, to highlight any changes which may need further intervention.
● The diet and fluid records kept for those at risk were not always completed with sufficient detail to confirm people had eaten and drank enough during the day. We discussed this with the registered manager and deputy manager who said they would investigate this.
●We observed a lunchtime dining experience for people. The tables were laid with tablecloths, fresh flowers and condiments. Menus were not on display on the tables, but the four-week menu was held in a folder in the lounge area. People had been asked the previous day for their meal choice, but staff were not observed offering choice at the time of serving the meal and people were not asked if they wanted a second helping. The deputy manager said this was not usually the case and they would review this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to maintain good health and well-being. Where necessary, they made prompt referrals to other health professionals and followed any recommendations made.
● People had access to relevant health and social care professionals. For example, GP; community nurses; dieticians; speech and language therapists; mental health professionals and specialist nurses, such as tissue viability and palliative care nurses.
● A visiting community nurse said, "We get referrals in a timely way, they are very good at that. They communicate well with us." However, she also felt there were not always enough staff as staff were often hard to find and they did not have the time to accompany her during her visits.

Adapting service, design, decoration to meet people's needs
●The provider had recently extended the home to add seven additional ensuite bedrooms and additional communal space on the ground floor. The new communal area looked welcoming and well furnished. One relative told us how positive the new communal area had been offering additional space for them and their family to visit their relative and have some private time.
●The provider had an ongoing program of redecoration and had recently replaced the carpets in the staircases. The registered manager had ensured people's safety by completing a risk assessment during the work to ensure people, visitors and staff safety.
●People's rooms were individualised with pictures, photos and mementoes.
●There was a suitable range of equipment and access adaptations to support the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

● Mental capacity assessments had been completed in order to identify whether people lacked the capacity to make decisions in a particular area. For example, decisions about nursing or medical interventions; or the use of certain equipment, which may impact on people's movements.
●Where a person lacked capacity, best interest meetings were held with the person's relatives (where appropriate) and/or relevant professionals.
● Staff gained people's consent prior to delivering care and support and people confirmed staff sought their permission before assisting them with daily tasks, such as personal care or mobilising.
● The registered manager had a good understanding of the mental capacity act and understood their responsibility in terms of how this legislation was applied. Appropriate DoLS applications had been put in place for people having their liberties restricted.

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 as 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 using the service and their relatives felt all the staff were very caring and respectful. Comments included, "Staff are nice; they treat me well" and "I can't fault the staff; they are so helpful." A relative explained the difficult transition their loved one had experienced when they first moved to the service. Their anxiety and confusion had increased. However, due the hard work and understanding of the staff team, the person had settled and was doing well. The relative added, "It was very tough for staff, but they cope amazingly. I was so impressed with them. They need a medal."
- During the inspection we observed, kind, considerate and professional interactions between staff and the people they supported. People looked comfortable in the company of staff. Conversations between people and staff were respectful, friendly and warm.
- Staff spoke positively about the care they provided, and they supported people as individuals, respecting their choices and preferences. A senior member of staff explained, "Staff need to adapt themselves to each person; one size doesn't fit all."
- Staff showed respect and regard for people's wellbeing and comfort. Staff were constantly in and around the communal areas checking on people and asking if they required anything.
- Staff recognised the importance of people's families and relationships. People's relatives and friends were able to visit without being unnecessarily restricted. People and relatives said they were made to feel welcome when they visited the home.
- Staff ensured people's rights were upheld and treated people as their equals.

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

- Staff supported and involved people in making decisions about their day such as what they wanted to wear and how they wanted to spend their time. One person explained they preferred to spend time in their room and staff respected this.
- People with close family, friends or those with the legal authority were consulted to make decisions on behalf of people if required.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. Comments included, "They shut the door… They always pull the curtains" and "If I am talking to a nurse or doctor they close the door always...Close the door when I am getting washed. They ask if I want my curtains closed." We saw staff knocking on people's

bedroom doors before entering. Personal care was delivered in private. Staff offered assistance to people in a discreet way in communal areas, so others could not hear their conversations.

● People's independence was supported and encouraged. Aids and adaptations were available to support people's independence, such as walking aids and height adjustable electric beds for those who needed them. Staff reminded people to use their walking aids to keep them safe.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. That was because improvements were needed to ensure care plans were in place for people's oral care and people in their rooms were at risk of social isolation. At this inspection this key question has improved and is now good. This meant 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

● People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions. However, the care plan for people staying for respite care was not detailed and did not fully reflect the person's needs. For example, one person had an underlying condition that meant they were at risk of breaking bones. They also had a history of falls at home which had resulted in fractured bones. The care records provided staff with a one-page summary of the person's needs, which were complex. The care plan did mention how staff should support the person to keep them safe. This risked impacting on their health and wellbeing. We discussed this with the registered manager and deputy manager, who agreed to develop a full care plan immediately for this person.

● Staff had a good knowledge of the people they supported and were familiar with their likes, dislikes and preferences. Staff confirmed they had time to read people's care plans and that they contained good detailed information to help them deliver the right care and support.

● There was a staff handover meeting at each shift change where key information was shared. This helped ensure staff shared information about changes to people's individual needs and details of how people had chosen to spend their day.

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

●The provider employed an activity co-ordinator who while on duty was based in the main communal area on the ground floor to support people's social needs were met. They undertook activities along with staff as well as external entertainers visiting the home. These included, a Christmas fayre, Christmas show followed by buffet supper, school children for a carol concert and sessions with children from a local nursery.

●The whole reception area was beautifully decorated for Christmas. People had been involved in making Christmas presents and ornaments which were on sale to raise funds for further activities.

● The provider also employed a staff member for six hours a week to visit people in their rooms and provide social support who could not leave for health reasons or because they chose to stay in their rooms. The registered manager also continued to look for volunteers to go to the home to spend time with people. They said this had not been as successful as they would have liked but did have one person who undertook flower arranging with people.

●People said they were kept informed by a monthly newsletter which they all received, giving them information about activities and points of interest about the home.

●Regular religious services are held at the home and a lay reader visited. They told us, they had organised "A team of church people to provide visitors and support for the residents… and the church offers residents Holy Communion, if they wish for it…It is a team effort, and they will visit people in their rooms, if a visit is requested, to have conversation and will bring pictures to look at and talk about as a type of reminiscence, if appropriate." On the day of our visit they had been asked to visit a new person who had expressed an interest.

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.
● Care plans provided information about people's sensory or hearing impairment and communication needs. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication.
● There were visual prompts in communal areas to promote communication, for example, a calendar and weather board and information about the activities planned for the week. Information could be produced in different formats to accommodate communication needs if required.

Improving care quality in response to complaints or concerns
● People and their relatives knew how to raise a concern or make a complaint and felt comfortable to do so. One person said, "I would talk to [name], or talk to a nurse. [Name] is one who would take care of any problem you have. I have had no problems since I have been here."
● People described the registered manager, deputy manager and staff team as approachable and felt they would be receptive to feedback.
● There had been five complaints in 2019 where the registered manager had responded to the complainants and taken action in line with the provider's policy. The management team also addressed niggles, when they were raised to prevent the concern becoming a complaint.

End of life care and support
● At the time of this inspection no one at the service was receiving end of life care. However, there were numerous people who were very frail and receiving palliative care.
● Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice
●Staff worked closely with local health professionals and together they ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.
●There were numerous messages of thanks from relatives saying how well their loved ones had been cared for by the staff at the home.

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 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.

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

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

● The registered manager and staff were clear about their roles. People benefited from a staff team that worked together and understood their roles and responsibilities. The registered manager was supported by an experienced deputy, nurses and team leaders which were a new addition to the team at the home. Staff told us the introduction of the team leaders had made a big difference to the daily running of the home. A nurse said it had enabled them to have a better oversight of care provision, time to interact with health professionals and review people's care needs.

● People, their relatives and staff expressed confidence in the registered manager and several people praised the deputy manager for her kind, caring and effective approach.

●The management team completed the provider's required quality audit schedule on a monthly basis and where actions were identified these were addressed to bring about improvements. Audit results were monitored by the provider's operations manager who regularly visited the home to provide support and undertake their own quality monitoring.

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

● The registered manager had ensured that statutory notifications were made appropriately to the care quality commission (CQC). A statutory notification is information about the running of the service and people's experience of care and safety that is legally required to be submitted to CQC.

●It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection was on display at the home and highlighted on the provider's website.

●The registered manager and all the staff we spoke with, demonstrated a commitment to provide person-centred, high-quality care. They placed people using the service at the centre of everything they did. Staff talked about the teamwork at the home and the job satisfaction they had.

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

● Relatives on the whole described good communication with the service and confirmed they were informed of any incidents or accidents. One relative said, "They are very good. They rang me when she was

confused the other day and said they were giving her antibiotics for a possible UTI. If anything happens, they let me know." Another said, "I'm not told…I always have to ask."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

●People's views were sought on an informal basis and there was an annual satisfaction survey for people and their representatives completed by the provider.

●Meetings for people using the service and for relatives were held regularly and a wide range of topics were discussed. The last meeting in November 2019 discussions included, menu's, laundry, care and activities.

●Regular staff meetings took place. These included specific meetings for nurses and team leaders, care staff, kitchen staff and whole team meetings. Meetings were used to keep staff informed about ongoing development, concerns and gather ideas from staff. For example, the last nurses meeting in November 2019 discussion included, medication, supervision of care staff and care planning.

Working in partnership with others

● The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing. Feedback from health professionals showed staff worked with them to ensure people's needs were met appropriately. One health professional said, "I feel the home is well managed. The manager is always present, and nursing and care staff willing to engage and listen to advice. The lead nurses on duty are visible within the home and approachable, documenting guidance and willing to talk over patients, problem solving if necessary."

●The registered manager and deputy manager had recently met with the local GP practice, Clinical Commissioning Group (CCG) and local authority (DCC) regarding spot purchase admissions to the home for people. As a result of this meeting new paperwork had been put into place for the home and for the GP practice to ensure information was shared quickly to ensure people received safe and prompt care.