Barchester Healthcare Homes Limited

Ashford House

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
Ashford House is a residential care home providing personal and nursing care for up to 54 people with needs associated with dementia. Some people living at the home had other complex medical and care needs. At the time of our inspection 49 people were living at the home.

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

People told us they felt safe and staff were kind to them. Family members confirmed that people received safe care.

At our previous inspection of Ashford House we identified risks in relation to staffing levels and safe moving and handling of people. At this inspection we found that the registered manager had taken action to ensure that these risks were reduced. The provider recruited staff carefully to ensure that staff were suitable for their role. Staffing numbers were flexible and decided by the home's evaluation of people's needs.

At our previous inspection of Ashford House we had found that some staff were using unsafe techniques when supporting people to move. At this inspection we observed that staff followed good practice in moving and handling. All staff had received training in safe practice.

Staff knew what their responsibilities were in relation to keeping people safe. They understood the importance of reporting any concerns they had about people's safety and how to protect them from harm or abuse.

Staff provided people with personalised care that met their needs and preferences. They understood people's needs and responded promptly and appropriately when they required support.

People's care plans and risk assessments were up to date and personalised. Guidance was provided for staff to ensure people received the care and support they required. Care plans and care records were handwritten and not always easy to read. The provider was piloting an 'on-line' system that would improve the accessibility of care records.

Staff were caring and treated people with dignity and respect. People's differences including cultural, religious and relationship needs and preferences were understood and respected by staff.

People were supported to maintain good health and to eat and drink well. People were supported to access healthcare services when they required.

People's independence was promoted and supported by staff. Staff recognised and respected people's abilities. Staff engaged in a friendly way with people and supported them to participate in a range of

activities. We observed staff engaging with people in dementia-friendly activities. However, people's care records did not always reflect the supports that people living with dementia received.

Staff had the skills and knowledge to provide people with the care and support that they needed. They received the training and support that they required to enable them to carry out their roles and responsibilities effectively.

People had opportunities to participate in a wide range of social and leisure activities. People were supported to maintain relationships with family and friends.

People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible. People's care plans and the policies and systems in the service supported this practice.

The home was clean and safely maintained. Staff ensured that refurbishment works that were taking place during this inspection did not impact negatively on people's wellbeing.

The registered manager showed effective leadership and the home was well run. Staff felt supported. Systems were in place to assess and monitor the quality and delivery of care to people and drive improvement. Actions had been taken to ensure that concerns arising from quality monitoring were acted on and addressed.

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

Rating at last inspection:
The last rating for this service was Good. (Report published 12 May 2017).

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

Follow up:
We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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.

Ashford House

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 one inspector over three days.

Service and service type
Ashford House 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. 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 inspection
We reviewed information we had received about the service since the last inspection. This included information received from others, safeguarding records and notification of concerns that the home had sent to CQC. 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
During the inspection we spoke with the registered manager, the deputy manager, area manager, five

nurses, five care assistants, the activities co-ordinator, the chef, housekeeper and maintenance manager. We spoke with 10 people living at the home and a visiting relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of records which related to people's individual care and the running of the service. This included the care records for 10 people and multiple medication records. We looked at seven staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance monitoring were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with five family members and a health professional who visits the home regularly.

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

Staffing and recruitment
At our last inspection of the home we found that people living in one unit of the home had to wait for support when they required it. The provider had subsequently acted to increase the staffing on this unit.

During this inspection we observed that people received support when they needed it. Staff responded promptly to call bells and people did not have to wait for assistance or support.

- Family members said that there were enough staff to support people, although one told us that they were concerned that there were fewer staff on shift at night. We discussed this with the registered manager who told us that night shifts were monitored and that additional staff would be rostered if there were any concerns about people's safety. We saw records of unannounced spot checks by the registered manager at night and during weekends.
- The registered manager told us that they monitored and adjusted the staffing levels so that they were always enough to meet people's care and support needs and to ensure people received the support that they needed to attend appointments or go out to community-based activities.
- We observed, for example, that staff responded immediately to people who showed signs of confusion, taking time to speak with them and orientate them towards the place or activity they were seeking.
- Staff records showed that recruitment and selection processes had been carried out to make sure that only suitable staff were employed. These included, for example, reference and criminal records checks.

Assessing risk, safety monitoring and management
During our last inspection of the home we observed some staff members using unsafe moving and handling procedures when supporting people to mobilise.

At this inspection we found that all staff had received training in safe moving and handling. We observed staff supporting people in a safe way that met current guidance on physical support.

- Individual risk assessments had been developed for people living at the home. These were regularly reviewed and updated when there were any changes in people's needs.
- People's risk assessments included guidance for staff on ensuring that identified risks were safely managed in the least restrictive way to minimise the risk of harm. Staff demonstrated they were knowledgeable about potential risks to people and knew what action they should take to manage these.
- Service checks of equipment, water hygiene, gas, electrical and fire safety systems were carried out as required by law. Regular checks of, for example, fire alarms, call bells, fridge/freezer and hot water temperatures had taken place.

● The provider had undertaken an annual fire safety risk assessment. Regular fire drills had taken place. People living at the home had personal emergency evacuation plans which included details of the support that they required should they need to leave the premises in an emergency.
● The home had a maintenance manager and arrangements were in place to report maintenance issues. we saw evidence that essential maintenance had been carried out in a timely manner. The maintenance manager showed us how they undertook weekly checks of the home environment. We saw that actions had been addressed immediately where required.
● At the time of our inspection the home was undergoing a full redecoration and refurbishment. A plan was in place to ensure that people remained safe when works were being carried out. We observed that a communal room in the home where refurbishment work was taking place was locked to ensure that people did not use it. Staff supported people who were mobile to participate in activities on another floor of the home when drills or other noisy equipment were being used.

Using medicines safely
● The provider had policies and procedures which covered the recording and safe administration of medicines. Staff received regular training in safe administration of medicine. Staff competency in administering medicines was checked and monitored to make sure their practice was safe.
● Medicines were securely stored and at a temperature that ensured they were effective and safe. Records of medicines administration (MARs) were recorded accurately.
● We observed staff administering medicines to people. They explained what they were doing and waited for people's consent. They offered water or another suitable drink to support people in taking their medicines. MARs were completed by staff when people had taken their medicines.

Preventing and controlling infection
● The provider had policies and procedures in place to minimise and control the risk of infection. Regular infection control audits had taken place. The home was clean and free from odour.
● Staff followed effective infection control procedures when supporting people with personal care. They washed their hands and wore gloves and aprons when necessary.
● Food hygiene practice was safe. The home had achieved the highest five-star rating in food hygiene standards when checked by the Food Standards Agency on 2 January 2020.

Systems and processes to safeguard people from the risk of abuse
● The provider had policies and procedures in place to safeguard people from the risk of harm or abuse. Information about safeguarding was provided to people, their family members and staff.
● Staff had received safeguarding adults training. They understood their responsibilities to protect people from abuse and neglect. They knew that they needed to report any concerns or suspicions to the registered manager, and if necessary, the local authority safeguarding team, police and CQC.
● People and their family members told us that they felt the home was safe.

Learning lessons when things go wrong
● Accidents and incidents were fully recorded along with subsequent actions taken to reduce the likelihood of them happening again.
● Information was shared with staff immediately any concern was raised. Reflective practice sessions were used to support staff to identify how to improve their personal care 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 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 needs were fully assessed with their involvement before they moved to the home. This helped the provider and person to decide if the home was likely to meet their needs and preferences.
- People's assessments contained the information that staff required to deliver personalised care and support to people. Information contained in people's assessments was linked to their care plans and risk assessments.
- People told us that they made choices and received the care and support from staff that they needed and wanted. The family members we spoke with confirmed this.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction when they first started work. The induction included training that met the outcomes of the Care Certificate. The Care Certificate provides a set of training standards for new staff working in health and social care services.
- Staff received the training and support that they needed to carry out their roles. There was evidence of on-going staff training which covered a range of areas, including medicines management, safeguarding, health and safety, equality and diversity and infection control.
- Staff told us that they felt well supported. They received regular supervision and appraisal of their development and performance. Nursing staff received clinical supervision from the deputy manager who was the clinical lead officer for the home.
- Staff demonstrated a good understanding of people's needs. They were knowledgeable about people's individual needs and preferences, including their health, behaviour and communication needs.

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

- Details of people's nutritional and individual dietary needs were written in their care records. People were provided with a choice of food and drinks. Menus were reviewed and updated regularly, based on people's feedback and staff awareness of the foods that people preferred. People told us they could ask for alternative meals if they preferred.
- We observed two communal meals and saw a staff member showing food to people who may have forgotten what they had ordered. During the meals, staff provided encouragement and supported people to eat and drink at a pace that suited them. People were given alternative meals where requested. Drinks and snacks were regularly available outside of meal times.
- Some people ate soft or pureed diets which were developed in partnership with speech and language therapists and dieticians. People on soft or pureed diets were offered a choice of foods in accordance with their preferences. These were presented in an attractive manner.

● People's weight was monitored closely. Staff knew that they needed to report all changes in people's weight to management staff and to healthcare professionals when there were concerns.
● The chef was knowledgeable about people's nutritional needs and preferences. They participated in daily meetings to discuss changes in people's needs. They showed us how they developed meals to suit individual needs and preferences. For example, nutritious, high calorie meals were prepared for people where there were concerns about their body weight.
● The chef met regularly with people to discuss their food preferences and used this information to design menus. For example, the home had a 'resident of the day' system, where special attention was given to people on specific days of each month. The chef showed us how they ensured that foods that the resident of the day particularly enjoyed were always included on menu for that day.

Staff working with other agencies to provide consistent, effective, timely care
● Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.
● People's care records showed that health professionals had been contacted immediately where there were any concerns about people's physical or mental health. Staff had updated people's care plans to reflect professional guidance or treatment where this had changed.

Adapting service, design, decoration to meet people's needs
● The layout of the home was suitable for people's needs. The premises were well lit, and corridors were wide enough for people to move about independently using wheelchairs or walking aids.
● During our inspection the home was undergoing a complete internal refurbishment. A programme of works had been developed to ensure that there was limited disruption to people's lifestyles.
● The registered manager told us that people had been involved in choosing colour schemes for the communal areas and their bedrooms. They described how the newly decorated areas would be designed to provide a sensory environment for people living with dementia. We saw two areas of the home had been designed to create garden and seaside experiences for people who wished to sit and reminisce.
● People had en-suite toilets and showers which were adapted to meet their mobility needs. Communal bathrooms included hand rails and adjustable baths to meet people's care needs.
● People had a choice of areas where they could meet their visitors and participate in activities or spend time on their own. Outdoor space with seating was accessible to people and their visitors in good weather.

Supporting people to live healthier lives, access healthcare services and support
● People's health and support needs were regularly reviewed with their involvement and updated in their care records. People had access to the healthcare services they needed. A family member told us, "[Relative's] health has improved in the time she has lived there. They are very good at making sure she has the right help and they always keep us informed."
● Staff worked with healthcare professionals to ensure people were provided with the care and support that they needed. A local GP visited the home regularly to ensure that people's health needs were fully met.
● Attention was given to people's oral hygiene and a dentist visited the home regularly. We observed a nurse speaking with a person who was concerned about their teeth. The nurse told the person that she would arrange for the dentist to see them as soon as possible.
● People were supported by staff to keep as mobile as possible. Regular exercise activities took place and we saw that these were suitable for people with physical impairments. People also enjoyed dancing to music and we observed two sessions where staff joined in to support people's engagement. People were supported to walk around the home and to use the garden when the weather was good.

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 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.

● People's care plans included information about their capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety. Best interest meetings had taken place for people who were unable to consent to treatment or restrictions. The records of these showed that all potential options had been explored and that key professionals and family members had been involved in making the decision.
● People were supported by staff that had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.
● Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks. People using the service and their family members along with our observations confirmed that this was the case.

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

- There was a friendly, welcoming atmosphere. People told us staff were kind and treated them well Staff were respectful to people and provided them with assistance in a friendly and caring manner. People told us, "The staff are very nice. I get along really well with some of them," and, "[Staff] are lovely to me. I can have a laugh with them."
- People's diversity needs were recognised and supported by the service. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural choices were respected. People who practiced a religious faith were supported to do so. Representatives from local faith communities visited the home to provide pastoral support to people who could not attend services. The registered manager told us that they would always ensure that people's religious and cultural needs were met.
- Where people had expressed preferences in relation to the gender of staff providing personal care this was recorded in their care plan.
- During our inspection we observed staff engaging positively with people. This included non-care and nursing staff, such as kitchen, housekeeping and maintenance staff who appeared to know people well and spoke with them in a kind and respectful manner.
- Staff spoke positively about the people they supported. One staff member said, "I have learnt so much from working with the people living here." Another staff member said, "I can't imagine working anywhere else now. The best thing about my job is spending time with people and doing things with them, not just for them."
- We observed staff participating in activities with people. For example, staff danced and sang with people during music activities. Where people were unable to dance, staff held their hands and encouraged them to sing and sway.

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

- People and their relatives, where appropriate, were involved with planning and review of their care. People's care records provided information about their needs, preferences and background.
- People were supported to make everyday decisions and choices including when they wanted to get up and what they wanted to wear. The care plans for people experiencing communication difficulties included guidance for staff on how to support them in making choices.
- Residents and relatives meetings took place. Minutes of these meetings showed information about the service was shared and discussed.
- Where people were unable to participate in formal meetings staff engaged them in other ways. For example, the home had a 'resident of the month' system whereby people living at the home had special

attention on one day every month. They were visited by staff including kitchen and housekeeping staff and they were asked about their preferences so that their care plans could be updated and changes made in accordance with their views.

● Family members told us that the home involved people in making the decisions that they could. A family member said, "They do ask me for my views, but they also check [relative] has a voice. [Relative] can't always say what they want but the staff try to make sure they are able to choose."

Respecting and promoting people's privacy, dignity and independence

● People told us staff were respectful of their privacy. During the inspection, we saw staff knocked on people's bedroom doors even when they were open and waited for a response before entering. Staff supported people with their personal care in a manner that maintained their privacy and dignity. One person said, "[Staff] always ask me before they do anything."

● People's independence was supported. People's care plans included information about the things they could do for themselves along with guidance for staff on supporting them to maintain independence, A staff member said, "It's really important to help our residents to do as much as they can. I think they feel better for this." Another staff member told us, "Sometimes people get confused but we don't worry about this. We come back to the support when it is a better time for them."

● People's private and personal information was stored securely, and staff understood the importance of confidentiality.

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

- People's care plans were personalised and included detailed up to date information about their individual needs, abilities and preferences. The care plans provided guidance for staff about how best to support people's needs and preferences.
- People's care plans were handwritten and not always easy to read. The registered manager and area manager told us that 'on-line' care records were currently being piloted by the provider with the intention of rolling a system out to other services including Ashford House. This would ensure that care records were easy to read and could be more easily monitored to ensure that they were correct and up-to date.
- People's care plans included some information about dementia. However, this was limited and did not reflect some of the activities and supports that we saw were provided to people. For example, there was limited information about reminiscence activities specific to each person. It was also sometimes difficult to identify how people's dementia impacted on their behaviours. We spoke with the registered manager about this. They told us they would develop people's care plans to include more detailed dementia specific information.
- Staff completed daily care records for people. These showed that staff were meeting people's individual care needs as recorded in their care plans. However, their care records did not always describe the activities that they supported people with. Activities records in place but staff had not always recorded informal activities that they had supported such individual reminiscence and discussion. The registered manager told us that they would ensure that the importance of recording all activities that people participated in was discussed with staff.
- Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they needed and wanted.

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

- People told us that friends and family members were welcome to visit them at the home. A visiting family member told us, "I am always welcome to visit [relative]. The staff always seem happy to see me arrive and make sure we have privacy if we need it."
- A daily programme of activities was provided. This included activities such as exercise, music, quizzes and games, arts and crafts. During our inspection we observed two music and dancing sessions. We also observed staff supporting people to participate in reminiscence activities and discussions.
- A range of 'one off' activities were also provided. These included birthday parties, outings and celebrations of religious and cultural festivals. Themed days also took place. When we visited, people were celebrating Elvis's birthday with a visiting entertainer.

● People had memory boxes in their rooms. These contained photographs and precious objects and were used by staff to enhance reminiscence activities with people. One person showed us the contents of their memory box and spoke with us about their memories of holidays in a favourite resort. People also had access to sensory objects and we saw people using these happily.
● The activities co-ordinator was working with people's families to develop greater information about people's personal histories. They told us that they planned to undertake this exercise with everyone so that staff had information they could use to enable people to remember and talk about their lives.
● The provider was investing in equipment to enhance the activities available to people within the home. A specialist exercise bike was used by people who wished to take exercise whilst seated in their comfortable chair. A 'magic table' had recently been installed in a communal lounge. This is a system which projects interactive games onto a table. We observed staff encouraging and supporting people to use this. The deputy manager told us that the 'magic table' was still a novelty, but that some people were showing signs of enjoying the activities that it provided to them.

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.

● Information about people's communication needs was included in their care plans. The registered manager told us that they would ensure accessible care plans were provided to people should they require these.
● Some information was provided in easy to read or picture assisted formats. This included menus, information about activities and the provider's complaints procedure.
● Some people living at the home communicated in languages other than English. Easy to read information had been produced in their first language. The registered manager said that staff would always explain any information that people did not understand.
● Some staff were able to communicate with people in their first language where they did not always understand English. We observed a staff member speaking with a person who was showing signs of distress in their first language. The person received the support they required and their anxiety was reduced.
● A staff member said some people living at the home did not always understand verbal information, but they could usually understand if they were shown the same information in pictorial form or use of objects of reference. We observed staff making gestures or showing people pictures and objects when they were engaging with them.

Improving care quality in response to complaints or concerns
● The service had a complaints policy and procedure. Some people said they knew how to make a complaint. One person told us, "If I am upset I would tell [staff members]." A family member said, "We have no complaints. If we have any concerns [registered manager] always deals with them immediately." Another family member said, "I'm always asking them to change things for [relative]. I appreciate they can't do everything I'd like such as changes to the building. Over all they are very good."
● Complaints records showed that actions had been taken to address complaints and to reduce the likelihood of similar complaints recurring. Complaints were discussed with the staff team to ensure that they were aware of any actions they were required to take.

End of life care and support
● At the end of their lives people were supported to remain at the service if they so wished, in familiar

surroundings, supported by their family and staff who knew them well.

● Healthcare professionals including GPs and palliative care nurses had provided the service with guidance and support when people were being supported at the end of life.

● Information about people's end of life wishes and preferences was recorded in their care records. The registered manager told us people and family members did not always wish to discuss their end of life wishes. However, we saw that these were reviewed regularly and end of life plans were developed and updated in accordance with people's wishes.

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.

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.

- The registered manager was supported by a deputy manager who was also the clinical lead for the home. Lead nurses took responsibility for the day to day running of each of the units at the home.
- People and family members spoke highly of the registered manager and deputy manager. One person said, "I know [registered manager]. She comes and chats to me. I think she is very nice." Another person told us, "[Deputy manager] is one of my favourites here." Family members told us that the registered manager and senior staff were approachable. One said, "I've always got something to say, but they listen and take it all on board. I can't really fault them."
- Staff members spoke positively of the management of the home. One staff member said, "I've been here a long time and I wouldn't stay if the management wasn't so brilliant." Another told us, "[Registered manager and deputy manager] are fantastic. They are always available to us if we want to speak to them."
- The registered manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager reported notifiable incidents to CQC.

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

- The registered manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service with assistance from other management staff.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of audits and checks were carried out. The provider used learning from these to develop and improve the quality of the service provided to people.
- Staff understood the aims and objectives of the home, which promoted personalised care, dignity and independence. They were knowledgeable about their roles in ensuring that people received safe, responsive and personalised care.

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

- People, family members and professionals had the opportunity to complete feedback surveys about their views of the care and support provided at the home. The most recent survey indicated high levels of satisfaction.
- Regular residents and relative's meetings had taken place. These enabled people to express their views about the home and to provide feedback about any planned changes. The registered manager told us

people were supported to attend meetings if they wished, but often found formal discussions difficult to participate in. Staff had sought people's views on a one to one basis, taking into consideration their communication needs and their capacity to understand information. For example, staff had shown people pictorial information about the refurbishment of the home to enable them to participate in making decisions about decorations.

● Regular staff meetings had taken place. These were used to discuss quality issues, people's needs and to discuss best practice guidance.

● People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's care plans with guidance provided for staff to enable them to meet these needs.

Continuous learning and improving care

● Information gathered from quality assurances processes were used to make improvements.

● The provider had acted to address concerns. For example, following our last inspection of the home, improvements had been made in relation to staffing levels.

● People's care plans and care records were currently hand-written on forms that were not always easy to read. The provider had identified that this was a concern. They were piloting a system for recording care plans and records 'on-line' to improve their accessibility.

Working in partnership with others

● Staff and management worked in partnership with health and social care professionals to improve the service for people. A GP visited the home every week to ensure that people who were unable to attend appointments received timely healthcare.

● People's care records showed that staff had liaised with family members and health and social care professionals to address any concerns. For example, prompt referrals had been made to professionals such as speech and language therapists, tissue viability nurses, local palliative care teams and mental health services where required.