

Eastbourne Grange Limited

Eastbourne Grange

Inspection report

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Eastbourne
East Sussex
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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?

Requires Improvement ●

Summary of findings

Overall summary

Eastbourne Grange Residential Care Home is a residential care home in the Meads area of Eastbourne. The home provides accommodation for up to 25 older people, some of whom were living with dementia. At the time of the inspection there were 17 people living at the home.

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

Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, there were areas of peoples' documentation that needed to be improved to ensure staff had the necessary up to date information to provide consistent, safe care. Whilst care plans identified a care need, there was a lack of clear guidance and changes to care needs were not clearly defined. Individual risk to some people, whilst known by staff, was not documented and risk assessed against care delivery.

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I am comfortable and safe." A visitor told us, "Staff keep people safe." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We saw that people were supported to be as independent as possible with the use of walking aids and specialised cutlery for eating. We observed medicines being given safely to people by trained and knowledgeable staff, who had been assessed as competent. There were enough staff to meet people's needs. The provider used a dependency tool to determine staffing levels. Staffing levels were regularly reviewed following falls or changes in a person's health condition. Safe recruitment practices had been followed before staff started working at the service.

Staff had all received training to meet people's specific needs. During induction, they got to know people and their needs well. One staff member said, "I really enjoy my job, I get training and support." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.

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

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. One visitor said, "Very kind and polite staff, the atmosphere is good, I feel welcomed every time I visit." People were relaxed, comfortable and happy in the company of staff. People's independence was considered important by all staff and their privacy and dignity was promoted.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. The staff team were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. Activities were tailor-made to people's preferences and interests. People were

encouraged to go out and form relationships with family and members of the community. Staff knew people's communication needs well and we observed them using a variety of tools, such as pictures and objects of reference, to gain their views.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered with respect and dignity.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

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

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 2 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has improved to Good.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Details are in our Well-Led findings below.

Eastbourne Grange

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 an inspector.

The service type

Eastbourne grange 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 the inspection

We reviewed the information we held about the service and the service provider, including the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications and any safeguarding alerts 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 looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the inspection in the lounge. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, deputy manager and four members of staff, including senior care staff and the cook.

We reviewed the care records of four people and a range of other documents. For example, medicine records, three staff recruitment files; staff training records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at accident and incident records, training and supervision data. We spoke with two professionals who regularly visit the service.

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 has 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 told us they felt safe. Comments included, "Very safe, I trust them here, they are gentle and good-humoured staff," and "I think they look after us all very well, I feel safe here."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- A staff member said, "We all have training, if something wasn't right, I would report it immediately."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe. Staff knew people very well and knew about risks to their wellbeing.
- We observed staff supporting people in ways that kept them safe. For example, one person was at risk of falls and these had increased over the past few months. Staff had checked their footwear, and placed sensor mats in their bedroom to alert staff. The staff had also referred the person to the falls team for advice and support.
- People had assessments that identified areas of risk and how staff should support them to stay safe. This included areas such as mobility, medicines, food and nutrition.
- Staff completed regular health and safety checks of the building to ensure it was safe to live in, for example fire equipment, water temperatures and electrical equipment.
- Regular fire drills were completed with staff and there was guidance in communal areas about what to do in an emergency. People also had individual evacuation plans which informed staff the support they would need in an emergency.

Staffing and recruitment

- People continued to receive care and support in an unrushed way. Visitors told us that, "There seem to be enough staff, there's always a staff member in the lounge and dining room." Staff said, "It can be difficult getting cover when staff ring in sick but the manager and seniors always step up and stay on." The registered manager confirmed that there had been occasions in the past week that had left the service short for up to three hours before replaced but it had been unavoidable due to sickness. A staff member came in to assist as soon as they could. Staff said it had not impacted on care delivery but had made it a stressful shift.
- Rota's confirmed staffing levels were consistent and the skill mix appropriate. Staff shortfalls had been planned for and their shifts covered by permanent staff or on a rare occasion agency staff. There was always a senior on duty who took the lead on the floor.
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Using medicines safely

- Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way. People had no concerns about their medication. One person said, "I have no worries." Another person said, "Staff offer me pain killers, they are very good here."
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- We viewed other people's MAR records and saw that they had been given their medicines as prescribed. Some people had 'as required' medicines (PRN), such as painkillers. There were detailed PRN protocols that advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice.

Preventing and controlling infection

- The service was clean and without odours. Domestic staff completed a daily cleaning schedule which was checked by the management team to ensure tasks had been completed. People and visitors were complimentary about the cleanliness. Comments included, "My room is clean, they come in daily, I have no complaints." and "Everywhere is clean, and always smells fresh."
- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. New shoes had been purchased and a sensor mat had been placed in their room which meant staff were alerted when the person was moving around and at risk from falling

- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

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 Requires Improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure that care and treatment was provided with the consent of the relevant person. This was a breach of regulation 11 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about where they sat, what they ate and what activities they wished to do.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, covert medicines and sensor mats. We saw that the conditions of the DoLS had been met in respect of covert medicines.
- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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

- People told us they enjoyed the food. Comments from people and visitors included, "Food is lovely and tasty," and "We get a choice, I had a late breakfast today as I wanted a lie in."

- Staff knew people's preferences, which were recorded in care plans. Discussion with the cook and staff team confirmed they were knowledgeable about people's personal preferences and dietetic requirements.
 - Staff offered people drinks throughout the day and staff supported them appropriately. Staff recorded what people ate and drank to pick up any changes and prevent dehydration and weight loss. All staff were informed at handover of those who had not been drinking and eating very much, so staff could prompt and encourage people to eat and drink.
 - People were weighed monthly and an overview of peoples' weights was kept by the deputy manager. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose. Such as referral to the GP or dietician. Evidence in care records supported this.
 - Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss peoples weights every day and if someone is not eating or has lost weight we discuss how to offer snacks and improve their intake."
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs had been assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
 - Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Risk assessment tools reflected the National Institute for Health and Care Excellence (NICE) guidance.
 - Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the Speech and Language Therapists (SaLT), community diabetic team and district nurses to ensure people received the care they needed.
 - People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff.

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is both face to face, workshops and on-line training." The provider also sourced face to face training from various external agencies, for example, the local authority.
- New staff completed an induction aligned with 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. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I learnt a lot, I really love the residents."
- Staff received regular supervisions with the registered manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training. The registered manager had introduced champions for medicines, infection control, oral health and environment.

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

- Eastbourne Grange had bedrooms and communal areas over three floors. Each floor was accessible by a short staircase and every floor could be reached by a lift. Every floor had a communal bathroom or wet room. Bathrooms were suitably equipped with bath hoists which enabled people to get safely in and out of the bath.
- People and relatives said they were encouraged to bring in their own possessions, such as pictures,

photos and small bits of furniture. Bedrooms reflected people's personal interests.

- The garden area was well kept, safe and suitable for people who used talking aids or wheelchairs. There were areas to sit and enjoy the pleasant garden.
- Notice boards contained information about the service, menus, activities, staff names and roles, religious services and complaint procedures.
- Appropriate signage to assist those people who lived with dementia to navigate the communal areas independently was in place. For example large letters and pictures to indicate bathrooms.

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

- Feedback from people described staff as kind and caring. Comments included, "Very nice staff, always a smile and friendly," and "Like family, caring people."
- The kindness of the staff was commented on by a visiting health care professional who told us, "Always polite and know their residents."
- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. Birthdays and special events were celebrated.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- Some people were able to confirm they were involved in day to day decisions and care records showed they participated in reviews of their care. Comments included, "I am supported to be independent," and "I am asked about my views, they respect my thoughts."
- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews. Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Staff explained that it was really important to encourage people to be involved and make as many decisions as possible about their care and life. One staff member said, "We have come a long way, I think."
- Staff supported people to keep in touch with their family. One person told us, "My family visit and love coming here."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff all thought that dignity and respect was an important part of care. One staff member said, "I respect them all, they are all different but lovely." They were able to give examples of how they ensured their dignity was maintained at all times, such as supporting them with personal care.

- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them. People were supported with make-up, jewellery, shaving and nail care when needed.
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to walk independently, with the appropriate aid. Staff also said they encouraged people to go out on outings, visit friends or just for a walk. For example, one person told us they had been out on trips and been to the sea side.
- Confidential information was held securely in locked in a lockable office. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

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 Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 were involved in activities that they enjoyed and that promoted their wellbeing. People told us they enjoyed the activities they did each day. One person said, "We have lots of music and activities, we do exercises and PARCHE visit." PARCHE is a church-based ministry of Christian teams bringing fellowship, comfort, bible teaching, communion and friendship to the elderly living in care homes.
- There were activities going on during the inspection, a friend of the service (volunteer) visits daily between 10am and 3 pm and does musical activities and quizzes. Staff also arrange film afternoons and pampering sessions.
- People were encouraged to maintain relationships with their loved ones, as well as build new ones. One person said, "My family visit and feel welcomed."

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

- People received personalised care that was tailored around their wishes, preferences and routines.
- Information gathered before people moved in and was used to create individual care plans. This included information about people's past, their needs, preferences and routines.
- People had their own key-workers. This was a named member of staff who had a central role in their life and would oversee their support needs and care plans. People could also change their key worker if they wished which gave them choice and control over their daily life. Staff identified that care plans need to be further developed. At present care plans are being rewritten and this is a work in progress. We have explained this further in the well-led question.

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.

- Staff understood people and their communication needs well. Staff picked up on body language and behaviours which enabled them to respond to people's needs.
- People had detailed communication plans that informed staff of their preferred communication, reading and writing skills and understanding of official documents. For people that could not express their emotions verbally, there was information about things they would do or say which would indicate how they were

feeling.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had never had any reason to complain but knew the process to follow if they needed to. One person said, I would go to one of the staff or the registered manager if I had a complaint. I've never had to though."
- No complaints had been received since the previous inspection, however there was a clear complaints procedure displayed in communal areas and a suggestion box. This was also discussed meetings and care reviews to remind people and their loved ones what to do if they had any concerns.
- When compliments and thank you cards had been received these were shared with staff at meetings which showed staff they were appreciated.
- Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people's families and staff. The actions to be taken were also shared. For example, the redecoration and new showers/bathrooms.
- People, relatives and visitors could leave feedback on their website if they should wish to. We saw that letters had been received from several relatives and visitors complimenting staff about their caring nature and the positive effect this had on people's wellbeing.

End of life care and support

- No-one was receiving end of life care at the time of inspection. However, staff had previously supported people at the end of their lives and did this in a kind, dignified and personalised way which was supported by thank you letters from families.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, their family and GP and had been reviewed regularly.
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported their health and ensured they were comfortable. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

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 Requires Improvement. At this inspection this key question has remained the same.

This meant there were some areas of people's documentation that needed to be developed to ensure consistent safe care.

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

At our last inspection the provider had failed to ensure This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had worked hard to ensure there was sufficient oversight and effective governance at the service. We saw that improvements had been made to accident records and these were reviewed monthly looking at trends and themes. The registered manager had identified that improvements were needed to care plans and this work was in progress but needed further work.
- Care plans were being re-written. Some care plans, whilst highlighting the person's care need, lacked an outcome and guidance for staff to follow. For example, one person had had an operation that had changed their mobility needs significantly. Staff were managing this in practice, but the care plan lacked directions for staff to follow to manage this pro-actively. Such as, staff ensured the person sat out for a short period daily if they wished to until new specialised equipment was sourced, however this was not documented or reflected in the risk assessment. Further details such as positioning was again known by staff but not documented. This included specific safety guidance for bed rails.
- Whilst the rating awarded at the last inspection in March 2019 was on display at the entrance of the home, the website on the provider's website page had not been updated following that inspection. This had been a genuine oversight.
- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "I think the management and staff are really good here." It was also highlighted by the visitor that, "The Manager is always available."
- The management team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions. The team worked very well together, and this showed in the atmosphere in the home, caring

attitude of staff to people, visitors and each other.

- Staff said that they felt valued and supported to be involved in decisions in the home. One staff member said, "I love working here." Another said, "I have worked at other homes, but the support here and the quality of care we give is excellent."
 - Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. Some staff were enabled to access career development and were supported to do this role with training and protected time.
 - The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- 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
- Management and staff had a good understanding of the duty of candour and what this meant for people they support. One staff member said, "We have to be open and honest, even if this means taking responsibility for things we haven't done right. It's about talking to people, professionals and relatives, explaining what went wrong and how we're going to fix it."
 - Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments and informing families. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.
 - The registered manager told us that this openness included relatives of people when things happened. We saw email communications that supported this.

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

- The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service.
- Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
- Resident and relative meetings had been held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended. Suggestions in respect of activities had been taken forward, for example, trips out were discussed and agreed. However due to poor attendance the meetings were now not so regular. Meetings were due to be re-introduced.
- For those unable to share their views families and friends were consulted. One visitor said, "I haven't been to a meeting for a long time but the staff keep us informed of what's happening."

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

- The provider's ethos was to provide each resident with a caring and secure environment and the means to live life to the full extent, with privacy and dignity, whilst promoting independence.
- Information provided in the provider information report (PIR) told us they promoted a positive culture that was person centred, open, inclusive and empowering. They underpinned this with a comprehensive training programme. This had ensured that all staff had the necessary skills and training to meet people's needs.
- The management structure allowed an open-door policy, the registered manager's office was opposite the main entrance so the registered manager was visible to visitors, people and staff. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences. All staff had received training in human rights.

Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

Working in partnership with others:

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed.
- The service also worked alongside the occupational therapist who provide walking equipment and exercises for those whose mobility has decreased.