

Elderly Care Home Limited

Avalon Nursing Home

Inspection report

3-5 Nevill Avenue
Hampden Park
Eastbourne
East Sussex
BN22 9PR

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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

About the service:

Avalon Nursing Home provides nursing and personal care for up to 38 older people, some of whom were living with a dementia type illness. There were 27 people living at the home at the time of the inspection. In addition to living with dementia people had a range of complex health care needs which included stroke and diabetes. Most people required help and support from two members of staff in relation to their mobility and personal care needs.

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 people's 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.

People received safe care and support from 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, "Home from home here, very safe here, I get on with everybody so that helps." A visitor told us, "Very safe here, the staff are kind and caring; they treat her with dignity and respect." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. 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. 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 love working here, I have done lots of training." 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 person said, "It is a safe place for me, it is the support I get emotionally and physically." 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. There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. Activities met 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 sign language, 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 empathetically and 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. The provider and registered manager were committed to continuously improve and had developed structures and plans to develop and consistently drive improvement within the service and maintain their care delivery to a good standard.

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 19 February 2019)

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Avalon Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with a dementia type illness.

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.

The service type

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

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 lunch on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 18 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, area manager and 10 members of staff, including senior care staff, care staff, house keepers, and members of the kitchen team.

We reviewed the care records of five people who were using the service and a range of other documents. For example, medicine records, four 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 resident and staff meeting minutes, accident and incident records over a period of four months, 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 Good.

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, "I must feel safe as I have been here a while." "Home from home here, very safe here, I get on with everybody so that helps," and "Yes they look after me well, I do feel safe here, and people make me feel safe."
- Visitors told us, "Yes generally happy with the care she gets, there is a lot of staff movement, the regular staff are very good, never seen anyone raise their voices, without a doubt she is safe here."
- Staff knew 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.
- Staff told us, "I have done safeguarding training, I feel confident of raising an alert," and "We all have training, if I saw anything abusive I would report it."
- 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 equality and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement. This 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

- The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people at risk from pressure damage had guidance on how to prevent skin damage, using air flow mattresses, regular continence promotion and continence promotion. Daily record checks for air flow mattresses and continence care were up to date.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. Hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns.

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 trip hazards were explored. A sensor mat had been placed in their room which meant staff could support the person safely.
- 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.

Staffing and recruitment

- People received care and support in an unrushed personalised way. Comments from people included, "No problem with the staff, all very good, I feel safe as I am looked after, can't complain about the staff at all, they are good." "I think there are enough staff, we have a laugh, and I don't have any problems with them answering my bell" and "Now there are more regular staff they know you more."
- Rota's confirmed staffing levels were stable and the skill mix appropriate. For example, there was always a registered nurse on duty supported by assistant practitioners, senior care staff and care staff. There was also a first aider on each shift.
- The registered manager monitored call bells and looked for trends or poor response to call bells. Action was taken when required, for example looking at staff deployment and skill mix. Calls bells were responded to promptly by staff during the inspection.
- 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.
- Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

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 and their families had no worries about their medication. One person said, "Tablets come every morning, they watch whilst I take them, very good" and "Medication always comes, I do mainly understand them."
- All staff who administered medicines had had the relevant training and competency checks that ensured medicines were handled safely. This was usually the nurses, however assistant practitioners and senior care staff had also been assessed as competent and were able to administer them.
- People had their medicines administered on an 'as required' basis and there was a protocol to support

this, which described the circumstances and symptoms when the person needed this medicine.

- Medication audits were completed on a daily and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.

Preventing and controlling infection

- The home was clean and well-maintained. There were some odours, but action was being taken, such as replacement carpets.
- Visitors and people were complimentary about the cleanliness. Comments included, "Very good at cleaning here, our rooms are good."
- 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.

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 good.

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

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

- People told us they enjoyed the food provided by the service. One person said, "Food is alright, it is okay, choice of 2 things each day" and "Food is first class, snacks when you want, asked what we want for supper."
- People were offered and shown choices of food and drink. One person said, "Yes, they offer me choice at all meal times and there's always something I like."
- Staff were attentive to people's individual needs and knew people's preferences, which were recorded in care plans. Discussion with the chef confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed.
- The food prepared was presented well and met people's individual needs. For example, one person preferred sandwiches to the main meal and this enabled them to eat independently.
- People's weights were monitored, and advice was sought or referrals made when needed. Staff were knowledgeable when asked who needed fortified food and close monitoring because of weight loss.
- If people required assistance to eat or had their meals prepared a certain way, this had been provided. Staff assisted people by sitting next to them and assisting them in a professional way without rushing them.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- 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. Each care plan was accompanied by a MCA assessment and contained details of how decisions for each task was made.

- 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, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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

- People's needs were 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. Care plans and assessment tools were in line with guidance from the national institute for health and care excellence (NICE).
- 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 tissue viability nurses, dieticians and speech and language therapists (SaLT). One health professional said, "The staff seem knowledgeable."
- 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 and on-line." The provider sourced face to face training from various external agencies, for example, the local authority.
- The training plan first provided had not been updated to reflect people's training. A second plan with certificates was provided during the inspection process.
- Staff had access to professional development. This included train the trainer courses, which enables in-house training for all staff.
- 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."
- Staff received supervisions with their line manager. It was acknowledged that staff supervisions were behind and this was being rectified.
- One staff member said, "I have received support from everyone." Another staff member said, "It's a good place to work, everyone supports each other."

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

- Avalon Nursing Home is an older style building, which had a 16 modern extension added with a conservatory. There were two communal areas which included, a large communal lounge with a dining area, and a conservatory/lounge.
- Appropriate signage was displayed to support people living with dementia to recognise and access toilets

and other key areas. Photographs of people enjoying a variety of activities were displayed in all areas.

- People's bedrooms were personalised and individually decorated to their preferences. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Some bedrooms reflected people's personal interests, for example, a piano in one person's room,
- The first floor was accessible, by stairs or a lift, which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
- The garden area was well kept, safe and suitable for people who used walking aids or wheelchairs. There were areas to sit and enjoy the pleasant gardens.
- Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.

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 good.

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

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

- Feedback from people and visitors described staff as kind and caring. Comments included, "The staff are down to earth straight speaking people and I like that, yes they treat me with dignity and respect, and we have good banter" and "Very kind and caring staff, they certainly do treat me with dignity and respect, especially the morning girls when they help you wash." A visitor told us, "Yes I am happy with my mother's care, she is safe, my criteria is she being treated with respect and care, a cohort of staff treat her with respect and compassion, they build a relationship with her, it is not just functional care."
- 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

- People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. Comments included, "Yes they talked to me about my care; they are arranging my new teeth" and "Yes they discussed my care with my husband."
- 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 supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "As visitors we are made welcome, always welcomed with a chat and an offer of a drink."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. 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 to maintain their personal hygiene through baths and showers when they wanted

them. People were assisted with make-up, jewellery and nail care. One person said, "It has helped me a lot with my recovery because the staff are so caring." "They do treat me with dignity and respect." One visitor said, "She gets a daily wash; she is always clean and tidy." Another visitor said, "I have no complaints."

- 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, dinner out and shopping trips.

- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.

- Confidential information was held securely in a lockable office and computers were password protected. 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 Requires Improvement. At this inspection this key question has improved to Good.

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 preference At our last inspection improvements were needed to ensure everyone received person centred care that was responsive to their individual needs. This inspection found that improvements had been made.

- Before coming to live at Avalon Nursing Home, senior staff visited the person, either at home, in hospital/care home and completed a pre-admission assessment. This ensured that the person's needs and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived.
- Care plans were personalised and contained up to date information to guide staff on how best to support them with their assessed needs. However, there were some health needs that were missing guidance for staff to monitor their health and safety. As these had not impacted on people's health and safety at this time and was immediately rectified, these have been reflected on in the well led question.
- Another example was where personal care had not been considered. The person's health needs were detailed in great depth but lacked guidance for daily life activities. On talking with staff and relatives there was no impact at this time.
 - People who lived with behaviours that challenge had detailed care plans and risk assessments that identified triggers and how staff should manage these to provide a consistent approach.
 - People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair.
 - Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.

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 were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends.

There was a broadband system in place and people used this to contact relatives using skype and emails.

- Notice boards and walls were covered with information about up and coming events or something interesting and attractive to look at. There was some pictorial signage around the home to help orientate people.

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 supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time.

- The planned activity programme was varied and included quizzes, music exercise classes, art and crafts, pet therapy and one to ones for people in their rooms.

- A new activity was an interactive 'magic table' which is a ceiling projector with infrared sensors, speaker, and processor that work together to project the games onto the table. For example, sweeping leaves, catching fish or hitting balloons to create paint splashes. We saw one person enjoying this activity during our inspection.

- The support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records. Comments included, "I have been colouring today, we had painting yesterday, not many of us like the games." "We had a pony here recently and rabbits and kittens." "They arrange a Priest or Church if you want to and visitors are made welcome." One negative comment was that there were not many trips out. The activity co-ordinator said that trips were being discussed and planned.

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on.

- The complaints procedure was displayed within the reception area of the service. This included timescales for response times and addresses of Care Quality Commission (CQC) and the Local Government Ombudsman (LGO). There had been two complaints during 2019. There was a detailed report for each showing what action had been taken to resolve the complaint and when. There were numerous compliment/thank cards held on file for 2019.

End of life care and support

- Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care.

- Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "We ensure that they are comfortable and pain free and that the families get the support to be treated with dignity and be pain free is a priority."

- 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 people's religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family, GP and had been reviewed regularly.

- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them with their health and comfort. 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 the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we asked that the provider further developed audits to ensure inaccuracies found were evaluated and demonstrated the action taken. This inspection found that there were still areas to develop to ensure people's documentation was consistently accurate and that systems to monitor staff training was up to date.

- Some people's health needs were not completely reflected in care plans for staff to monitor their health and safety. For example, one person had recently had two falls and whilst this was reported on, it had not been cross referenced back into the person's care plan to prevent further falls.

The registered manager fully investigated the omissions in care plans and it was acknowledged by the registered manager that an audit should have identified these shortfalls. The provider has confirmed that an external health professional will be undertaking care plan audits in the future.

- The training plan provided by the training lead during the inspection identified gaps and it was not clear what training staff had undertaken. Following the inspection, the provider sent CQC the correct and updated training plan, with staff certificates that evidenced completion of training.

- 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.

- The provider supported staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm. One visitor said, "I have complete faith in the staff here, they communicate things to us and I don't have any worries."

- Some areas of quality assurance processes had been developed to consistently drive improvement. These included audits of complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.

- 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. One staff member said, "I am studying health and social care level 5 and the manager gives support and encouragement, we are all happy here and like what we do, our priority is the resident."

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

- The leadership 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.
- Accidents and incidents were documented and recorded. Serious incidents were escalated to other organisations such as the Local Authority and CQC. Families were also informed immediately and fully involved.
- The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

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

- The provider and registered manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to relatives and professionals yearly. These were collated and actions taken in response to comments. The actions were then shared with people, visitors and staff.
- 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 were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended.
- For those unable to share their views families and friends were consulted. One visitor said, "I can't go to meetings, but I see the minutes and can respond. The communication here is very good." Another visitor said, "I go to all the meetings, I feel I am listened to."

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

- The provider's ethos statement said that "People's wellbeing, safety and security was central to their philosophy of care and would be treated as an individual and given the opportunity to be fully involved with their care, and encouraged to lead as active a lifestyle as they choose." This ethos ran through everything that happened at the service and was fully supported by staff. People and visitors were positive about the manager and staff. Comments from people, included, "I have been to a few meetings, it helps to bring people together more" and "I get the care and attention I deserve; I can go out with my husband which they encourage."
- 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 solid induction programme. This had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as National Institute for Health and Care Excellence (NICE).
- The management structure allowed an open-door policy, the manager's office was amongst people's bedrooms and the communal areas, so the 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. The registered manager worked alongside the staff and this was appreciated by staff.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.

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.

- 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.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were analysed and safeguards put in place to prevent a re-occurrence.

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 specialist nurses and other health care professionals and contacted them for advice when needed. Feedback from a health care professional was that, "Communication has generally improved and staff know their residents."