Denville Hall

Denville Hall

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
Denville Hall is a care home providing personal and nursing care for up to 40 people from the acting profession aged 65 and over. At the time of the inspection, 33 people were using the service. Accommodation was provided on two floors and there was a separate unit which specialised in providing care for up to 15 people living with dementia.

People's experience of using this service and what we found
The provider had effective systems to help ensure people who used the service were safe from avoidable harm. Where there were risks to people, these had been assessed and management plans included clear guidelines to help reduce risk. People received their medicines safely and as prescribed. Staff received training in the administration of medicines and had their competency at managing medicines safely checked.

Lessons were learned when things went wrong. The provider had processes for recording and investigating incidents and accidents.

Appropriate recruitment checks were carried out before staff started working for the service. People were supported by staff who were suitably trained, supervised and appraised.

People were protected by the provider's arrangements in relation to the prevention and control of infection. The home was clean, tidy and well maintained throughout.

People's nutritional and healthcare needs were met and we saw that staff took appropriate action when concerns were identified.

The provider acted in accordance with the Mental Capacity Act 2005. People had their mental capacity assessed before they moved into the home. Where necessary, people were being deprived of their liberty lawfully. 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.

The environment was tailored to the individual needs of people who used the service, including those living with the experience of dementia.

The registered manager led a caring and dedicated team. Together, they met people's individual needs and maintained their quality of life.

Care plans were developed from initial assessments and contained relevant and up to date information about people's needs and preferences, so staff knew how to care for and support them. Where possible,

people had an end of life care plan in place which stated their individual wishes when they reached the end of their lives.

People were engaged in meaningful activities according to their interests and background. People reported they were very happy with the activities on offer. Staff were responsive to people's individual needs and knew them well. They ensured that each person felt included and valued as an individual.

The provider had robust systems in place to monitor the quality of the service and put action plans in place where concerns were identified. People's care records were reviewed and updated monthly or more often if their needs changed.

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.

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 5 July 2018). At this inspection we found improvements had been made and the provider was now rated 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 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.

Denville Hall

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.

The inspection was carried out by two inspectors, a member of the medicines inspection team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Denville Hall 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 information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection
We spoke with 10 people who used the service and two relatives of other people about their experience of

the care provided. We observed how people were being cared for and supported. We spoke with the registered manager and other staff on duty including kitchen staff, care workers and the activities coordinator.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the service development plan, end of life plans and quality assurance records. We emailed nine professionals who regularly visit the service and received a reply from two.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, we found people received their medicines safely although staff did not always record when they had applied prescribed creams to people during personal care. At this inspection improvements had been made.

- Medicines were now managed safely. Staff recorded when they had supported people to apply prescribed creams.
- There was a comprehensive medicines policy in place. Staff were aware of this and followed its guidance. The nurses were responsible for the management of people's medicines. They received regular training in medicines administration and had their competencies assessed.
- We observed the medicines administration on the dementia unit and saw each person received their medicines in line with their care plan. The provider had a policy and procedure where people were required to receive their medicines covertly and we saw evidence that staff followed these.
- Prescribed medicines were recorded on Medicines Administration Record (MAR) charts. We saw these were clear, and included details about each medicine, such as dosage and frequency of administration. Staff signed appropriately after administration and we saw no gaps in signature.
- Some people were prescribed controlled drugs (CD). These are prescription medicines which are controlled under the Misuse of Drugs legislation. We saw CDs were well managed and recorded appropriately. We checked the running balance of a random sample and saw these were correct.
- The medicines room was clean and tidy, and well ventilated. Daily temperatures were recorded, and these were within range. Medicines requiring refrigeration were kept at the right temperature and this was recorded daily.

Assessing risk, safety monitoring and management

At the last inspection, we found that health and safety checks were in place but when problems were identified action was not always taken in a timely manner. At this inspection, we found improvements had been made.

- Prompt action was now taken if areas for improvement were identified during health and safety checks.
- Where there were risks to people's safety and wellbeing, these had been assessed. Individual risk assessments were thorough and included measures in place to prevent reoccurrence. For example, one person's falls risk assessment included a support plan to prevent the person falling and his had recently been reviewed. We saw the person had not had a fall in the last 12 months.
- Where people were at risk of malnutrition, staff used a Malnutrition Universal Screening Tool (MUST) to establish the level of risk, and where there were concerns they were referred to the relevant healthcare professionals, so advice could be sought about how to support the person and prevent weight loss. MUST is a five step nationally recognised and validated screening tool to identify adults who are malnourished or at

risk of malnutrition.
● There were also environmental risk assessments which included the use of chemical products, moving and handling and kitchen equipment. Health and safety checks were undertaken regularly and were up to date. These included gas and electricity checks, water safety, window restrictors and fire equipment, including emergency lighting, fire panel and fire extinguishers. Certificates for all the safety checks were kept in a file and were up to date.
● There were regular fire drills undertaken and these were recorded. Records included the time of the drill and the staff members who attended. Any concerns were recorded, and an action plan was in place where improvements were needed. There was a fire risk assessment in place and this had been reviewed in March 2019. All actions identified during the last assessments had been taken and completed in a timely manner.
● There was a list of 'competent persons' and fire wardens within the premises, who were responsible for the fire safety of the building. All staff received training in fire safety and we saw evidence of this.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. One person said, "Yes I do feel safe because I am surrounded by kind and caring people." A relative echoed this and said, "Yes we are absolutely happy with the care and support received so far." The provider had a safeguarding policy and procedures. They kept a log of all safeguarding incidents, actions taken, and the outcome.
● There were no current safeguarding concerns and we saw that in the past, where there were concerns, appropriate action had been taken, including involving the local authority's safeguarding team.
● Staff knew who to contact if they had concerns about the safety of people who used the service and were aware of the whistleblowing policy. They added that they were confident any issues reported to the management team would be addressed.

Staffing and recruitment
● There were enough staff deployed to meet the needs of the people using the service.
● The registered manager told us they occasionally used agency staff in the event of staff absence. They ensured however, that all agency staff had an induction of the service and tried as much as possible to have regular staff to promote continuity for people.
● On the day of our inspection, there was a regular agency nurse in charge. We saw evidence the nurse knew people's needs well and was running the unit effectively.
● Staffing levels changed according to people's care needs. For example, we saw one additional member of staff had been added to the dementia unit as a person's needs had increased.
● Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications.
●Checks were carried out before staff started working at the service. These included obtaining references from previous employers, reviewing their eligibility to work in the UK, checking a staff member's identity and ensuring a criminal record check was completed.

Preventing and controlling infection
● People were protected from the risk of infection and cross contamination.
●The home was clean and smelled fresh and there were sanitizing gel dispensers placed in different parts of the home.
● There were regular infection control audits and staff had received training in this. We saw staff using appropriate personal protective equipment such as gloves and aprons.
● Following an outbreak of the norovirus, the provider had put in place a procedure for managing such outbreaks in care settings. We saw evidence that the registered manager had taken appropriate action and sought advice about how to manage this appropriately.

●A recent inspection by the Food Standards Agency had issued the service a maximum rating of five.

Learning lessons when things go wrong

● The provider had an accident and incident policy and procedures and staff were aware of these. The provider kept a log of all incidents and accidents, and a separate falls monthly analysis.

● The registered manager told us they looked at each incident and accident so they could learn from these and prevent reoccurrence. They said, "We know the residents very well. We know if there is a frequency of falls, we check for urinary track infection (UTI) and check with the GP. We have good staffing levels."

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

Staff support: induction, training, skills and experience

- People told us they were supported by staff who were well trained, supervised and appraised. One person stated, "I do think staff have the appropriate training and skills to do the job."
- New staff were supported to complete an induction before they were able to work unsupervised. This included undertaking the Care Certificate and shadowing more experienced staff members. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.
- One staff member told us, "I have attended a lot of training courses, such as dementia awareness and manual handling" and another said, "I have supervision with the nurse or manager. You can talk about what is bothering you or what can be done better."
- Following their induction, and when assessed as competent, staff were expected to undertake training the provider identified as mandatory. This included training in safeguarding, moving and handling, medicines administration, first aid, fire safety, food safety and infection control.
- They were also expected to undertake training specific to people's individual needs such as dementia care. However, we noted that, although some people were living with diabetes, staff had not received training in this subject, or in end of life care. We discussed this with the registered manager who said they would address this. Following the inspection, they confirmed they had booked training for the end of July. Training records indicated that staff were up to date with their training requirements.

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

- People's needs were assessed before they started using the service.
- Assessments were detailed and thorough and included all aspects of the person's needs and what support they needed to meet these.
- Areas assessed included, health conditions and medicines prescribed, communication needs, eating and drinking, personal care needs, mobility and sleeping. Pre-admission assessments were used to write care plans which reflected people's needs and wishes.

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

- People who used the service and relatives were positive about the choice of meals offered. One person told us, "Dinner was very very good" and another said, "The service is splendid" and "The food tastes great every day."
- We observed lunch in both dining rooms and saw positive interactions between staff and people who used the service during meal time.
- Staff consulted people about what they wanted to eat and drink and their choices were respected. Staff

were attentive to people's needs, asking if they wanted help or more food or drink, and encouraging them to eat their food in a gentle manner.
● Care records showed that nutritional assessments were completed regularly and informed people's plan of care.
● People were supported to maintain a good and healthy diet. Their food likes and dislikes as well as nutritional needs were recorded in their care plan and included any known food allergies. For example, "I enjoy white coffee with no sugar" and "I would like to have my breakfast in my room and to be encouraged to have other meals downstairs in the dining room."
● People's weight was monitored and where there were concerns about this, appropriate action was taken, for example, one person had been referred to the dietician when they had lost weight. We saw that staff had followed advice from the dietician and the person had gained weight, so was able to be discharged.
● The chef told us, "When we get a new person, I sit with them and the nurse in charge, to ask about their nutritional needs. We know about any changes as we are always in touch with the nurse and staff and we update accordingly." The chef had a 'food profile' which contained each person's likes and dislikes. Menus were rotated over four weeks, although were subject to changes according to people's individual taste. We saw that each meal time offered a choice of meat, fish and vegetarian dishes.
● Menus were displayed on each table. We saw that allergens were stated for each meal so people knew what they were eating. Monthly kitchen audits were undertaken and this showed a high standard.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's healthcare needs were recorded and met and included details about oral care.
● We saw evidence of visits by the GP and other healthcare professionals such as the speech and language therapist (SALT). The home kept a record of the visiting professionals' visits, including the reason for the visit, diagnosis and action taken. For example, we saw one person had been visited by the audiologist, so they could explore ways to support them with hearing loss.
● Any instructions or changes were discussed in meetings and prompted a review and update of the person's care plan. People were supported to attend relevant healthcare appointments and we saw evidence of this in the records we looked at.
● There were medical history records in place to inform staff about people's medical conditions and how to ensure they remained as healthy as possible.
● Records included body maps where any wounds or bruises were recorded and included written observations. People's weight was monitored closely especially where people were at risk of malnutrition..
● Staff kept a monthly 'weight tracker' so they could identify visually when someone's weight had changed.

Adapting service, design, decoration to meet people's needs
● The home was large and airy, with wide corridors equipped with hand rails. Toilets, bathrooms and ensuite rooms were large and enabled wheelchair access. The home was tastefully decorated throughout and had a calm atmosphere.
● There was artwork and framed posters displayed throughout the home, some which had been created by people who used the service. There was an art room, which people enjoyed using.
● Some people had memory boxes outside their rooms. These contained meaningful objects or photographs to help people living with dementia identify their room.
● As well as the main lounges and dining rooms, there were smaller additional rooms and sitting areas where people could spend time by themselves or with their guests if they wanted this. One area had a large fish tank which divided two rooms. This provided a calm atmosphere
● People told us they liked watching the fish and this was 'therapeutic'. There was a bar, which people who used the service enjoyed using for a drink before dinner or in the evening.

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.

● The registered manager understood their responsibilities under the MCA. Where necessary, they had made applications to the local authority for authorisation to deprive people's liberty so they could keep them safe. We saw no examples of people being deprived of their liberty unlawfully.
● Staff told us people were assumed to have mental capacity unless stated otherwise. Where necessary, people's mental capacity was assessed.
● Where a person lacked the capacity to make decisions about their care, the provider followed the principles of the MCA and took appropriate action. People were consulted in all aspects of their care and support and had signed to give their consent in a range of areas, such as the use of photographs and the sharing of documents.
● Staff were observed to ask people for consent when supporting them. For example, prior to administering medicines and before putting clothes protectors on people. Additionally, we saw staff offering people choices regarding their daily routine. Staff we spoke with demonstrated they understood the implications of the MCA for their day to day work. People signed their care records when they were able.
● Some people who used the service had a Do Not Attempt Resuscitation (DNAR) order in place. This is a legal order to withhold resuscitation or life support in case the person's heart was to stop or if they were to stop breathing. We saw these documents were appropriately completed and signed by the relevant people, such as the GP and the person's representative.

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 remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service told us the staff were caring and they were treated with respect. Their comments included, "They are very kind and gentle people" and "Staff come in the morning with my breakfast in bed. It makes me feel very special." A relative echoed this and said, "Staff are kind and caring to [family member] and treat [them] with respect and dignity."
- Throughout our inspection, we saw staff supported people in a kind and caring way. We observed staff interact with people throughout the day, sharing a joke or discussion.
- People looked clean and well dressed. Some were supported to attend the hairdressing salon to have their hair done. One person stated this was, "My favourite part of the home."
- Where people required support with eating or drinking, we saw staff supporting them in a respectful way, taking their time and communicating with them. Relatives told us they could visit anytime they wished and always felt welcome.
- People's religious and cultural needs were recorded and respected. The activities coordinator told us, "We do get members of different religious communities visit, for example a rabbi, a pastor or a vicar. A bishop came the other day."
- .Care plans contained good information about people's diverse needs, including their sexual preferences. Where people belonged to the Lesbian, Gay, Bisexual, Transgender/Transsexual plus (LGBT+) community, we saw they were treated equally by non-judgemental staff who met their individual needs. One person told us, "Nobody has ever made a remark or comment to us. I am comfortable with my sexuality at the home."

Respecting and promoting people's privacy, dignity and independence

- People told us, and we saw evidence that staff respected people's privacy and dignity. One person told us, "Yes, I am absolutely treated with respect and dignity." One relative gave us an example where they staff had removed a person's catheter, "With great dignity" and said staff had been "Mindful of [person's] dignity."
- We saw staff knocked on people's door before entering and gave people choice about what they wanted to do and where they wanted to spend their time.
- Staff were able to give examples about how they ensured that people's dignity was always maintained. One staff member told us, "We respect people's dignity. We want them to feel at home. One [person] likes a bath on a Sunday at 4pm and we do that. We try our best."

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

- People were consulted and involved in decisions about their care. Each care record included a resident profile, which highlighted the person's likes, dislikes and personal wishes. We saw that people were asked

whether they had a preference about the gender of the staff who cared for them and this was recorded. ● There were details about the person's background and career achievements and what they enjoyed doing during the day.

● People and relatives were encouraged to express their views through regular meetings. These included discussions about any staffing updates, planned events and activities, healthcare appointments and any other important and relevant information.

● The registered manager told us people were consulted and involved in the service and its development and we saw evidence of this. We saw that people's suggestions were listened to and addressed. For example, when people suggested having crusty rolls and butter rather than bread, this was passed on to the kitchen and acted upon.

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 good. This meant people's needs were met through good organisation and delivery.

End of life care and support
● Some people had an end of life care plan in place, which recorded the person's wishes when they reached the end of their life.
● However, not all the people who used the service had been consulted about this. We discussed this with the registered manager who told us some people did not wish to discuss end of life with staff, and this was a difficult subject to bring up. However, they told us they would liaise with the local hospice to seek advice and training for staff.
● After the inspection, the registered manager confirmed they had booked end of life training for all staff and had put in place end of life plans for all the people who used the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Care plans were developed from the initial assessment and were kept electronically. They contained a summary which was a snapshot of all areas of the care plan. Areas included medicines management, healthcare needs, mobility, communication, personal care, skin integrity, mental health and wellbeing, sleep and resting. Each area was then written in detail, and included observations, the person's goals and interventions.
● Care plans were written in a person-centred and respectful manner and included all aspects of the person's life, their background and what they liked to do and how they liked to spend their time. For example, "I have been diagnosed with dementia, but I do not like to discuss it."
● There was a 'resident of the day'. This meant that the named person's care and support were reviewed with them and updated as needed. This included their nutritional needs, risk assessment and care plan and if they had any particular new requirements or wishes. The chef told us they attended these meetings to help ensure they continued to meet people's nutritional needs.

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 encouraged to take part in activities of their choice, and their skills and talent were encouraged. For example, one person who used the service had been a painter, and we saw several their paintings displayed.
● The activities coordinator told us, "The art room is very popular. We do all sorts here. Painting, puzzles, etc." They showed us two large jigsaws which had been completed by people. They added, "We are going to get these framed, so people can see what they have achieved."
● The provider employed a full-time activities coordinator who told us their role was to, "keep people social and active, take care of their mental wellbeing and help avoid social isolation and depression."

● The activities co-ordinator demonstrated a sound knowledge of people's individual choices in relation to activities. For example, one person did not like to leave their room, so they provided suitable activities there, such as playing cards or chatting. Another person loved singing, and we saw that a singalong activity was planned in the week.
● There was a sensory table which was being used on the day of our inspection. We saw this was popular and enabled people living with dementia to be engaged in interactive games, get moving and have fun together.
● There was a theatre where people who used the service were able to watch plays live from the National Theatre. People told us they enjoyed attending these. Staff told us all screenings were well attended.

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.

● People's communication needs were recorded in their care plan.
● Most people were able to express themselves verbally and communicate their needs. Where people had hearing impairments, they were supported to access services and obtain suitable equipment to help improve this, such as hearing aids.
● Where people's communication needs were limited because of their condition, for example, dementia, staff communicated with them using images and signs.

Improving care quality in response to complaints or concerns
● There was a complaints policy and procedures, and these were available to people and relatives.
● There had been very few complaints, and we saw these were taken seriously and addressed in a timely manner. There was a suggestion box in the entrance hall where people, relatives and visitors were encouraged to post their comments about the service.
● The provider kept a log of compliments they received from people and relatives. We viewed a sample of these. Comments included, "Thank you and your lovely staff for their care and delicious meals" and "There is a lovely caring feeling throughout the building."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who used the service told us they were happy living at Denville Hall and thought the service was well-led. Their comments included, "I have had no problems here. I can't think of any improvements and I would recommend it to others" and
- "You only have to look at the home. It's very stylish and has great quality of people who are friendly and helpful. I would put money on it that you would not find as good as this."
- A relative stated the management team were, "helpful, informative and really responsive" and another said, "The manager and senior staff are absolutely fine. I don't think anything needs to change."
- Staff told us they enjoyed working at Denville Hall and felt supported. Their comments included, "I have known [Registered manager] for years and [they] are lovely", "It is a nice building, a stable workforce and a good atmosphere to work in" and
- "I love it. We are a very lucky and privilege group of people. The staff are lovely and very supportive."
- A healthcare professional echoed this and said, "I find that Denville Hall is delivering care to their residents in a high standard."

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

- The registered manager promoted an honest and open culture within the service by communicating with people who used the service and staff and informing them of any concerns or areas of improvement.
- There were robust systems in place to monitor the quality of the service. The manager undertook out of hours visits of the home, so they could ensure that the home was well managed in their absence and these were recorded. We viewed the record of a recent visit and saw no concerns had been noted.
- There was a clear governance framework in place. The registered manager and management team carried out daily, weekly and monthly audits to monitor the quality of the service and these were effective. These included health and safety audits, catering, infection control, maintenance, care plans and housekeeping.
- There were also regular maintenance checks which included people's bedrooms, fire equipment, wheelchairs, beds, call bells, window restrictors and hoists. Where concerns were identified, we saw these were addressed promptly.
- There were contingency plans in place in case of events that would have an impact on the running of the service or the safety of people who used it. This included a heatwave contingency framework in preparation for summer.

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

● All the people who used the service were members of the entertainment and acting community. They had strong links with other members outside the home and staff encouraged this. Most people told us they had many visitors, and staff always made them feel welcome.

● People received regular newsletters from the House Committee and Trustees of Denville Hall. These kept them informed about any news, plans, events that have taken place and information about staff.

● People and relatives were consulted via regular quality questionnaires. We saw the results of the last survey which shows a high level of satisfaction. People's comments included, "Everyone is kind to me" and "Perfectly satisfied." Relatives' comments were equally positives and included, "Mostly excellent. Many of the carers are truly wonderful" and "Excellent, and a chef who really cares." Results were analysed and where people had raised a concern, they told us that action had been taken promptly.

● There were monthly staff meetings and we saw the minutes of these. Topics discussed included, sickness monitoring, annual leave, appraisals, training, food hygiene, food, medicines and people who used the service.

● Staff told us these were useful, and they were able to discuss anything. They added communication was good and they felt listened to. There were also regular 'head of department' meetings where a range of topics were discussed such as housekeeping, maintenance, finance, administration and activities.

Continuous learning and improving care; Working in partnership with others

● The registered manager was a qualified Registered General Nurse (RGN) who had recently registered with the CQC to manage the service. They told us they wanted to keep their skills up by attending relevant training and had registered to study for a Dementia Certificate.

● The local authority undertook regular monitoring visits of the service. We viewed the last visit which was overall rated good but had identified some improvement required in relation to staff training. The provider had put in place an action plan and we saw that all actions had been completed in a timely manner.

● The registered manager kept themselves abreast of all development within the social care sector by attending provider forum meetings organised by the local authority, and managers' meetings where they had the opportunity to share information and obtain up to date information. Important information was shared with staff during meetings, to help ensure they were informed and felt valued.