

Keychange Charity

Keychange Charity Alexander House Care Home

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Keychange Charity Alexander House Care Home is a care home that provides care and support for up to 20 people. At the time of our inspection there were 15 older people using the service including those with dementia. The care home accommodates people in one building.

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

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.

People, their relatives and staff said that Keychange Charity Alexander House Care Home was a safe place to live and for staff to work in. Any risks to people were regularly assessed and reviewed. This meant people could take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were sufficient appropriately recruited staff to meet people's needs. Trained staff safely administered medicines and prompted people to take them. When required staff used Personal Protection Equipment (PPE) effectively, safely and the infection prevention and control policy was up to date.

People and their relatives told us effective care was provided. People were not subject to discrimination and their equality and diversity needs were met. Staff were well trained and supervised. People and their relatives thought the care staff provided was good and met people's needs. People were encouraged by staff, to discuss their health needs, any changes to them, and concerns were passed on to the management and appropriate health care professionals. This included any required transitioning of services if people's needs changed. Staff protected people from nutrition and hydration risks and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

People were provided with care and support in a friendly manner and staff paid attention to small details that made all the difference. People felt respected and staff acknowledged their privacy, dignity, and confidentiality. They were encouraged and supported to be independent and do things for themselves, where possible. This improved their quality of life by promoting their self-worth. Staff cared about people, were compassionate and passionate about the people they provided a service for.

The provider was responsive to people and their needs were assessed, reviewed and care plans were in place that included any communication needs. Staff provided people with person-centred care and they had choices, and were encouraged to follow their routines, interests and maintain contact with relatives and friends. They were also supported to interact with others living at the home so that social isolation was minimal. People and their relatives were given appropriate, easy to understand information about the home to make their own decisions regarding whether they wished to move in. Complaints were recorded and investigated.

The home's interim management and leadership were visible and there was a culture of openness, positivity and honesty. Currently there was not a registered manager in place, although interviews were taking place during the inspection. The provider's vision and values were clearly set out, understood by staff and they followed them. Areas of staff and management responsibility and accountability were identified, at all levels and a good service maintained and regularly reviewed. Thorough audits took place and records were kept up to date. Wherever possible community links and working partnerships were established and kept up to further minimise social isolation. Healthcare professionals told us that the service was well managed and met people's needs in a professional, open and friendly way.

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

Why we inspected

The last rating for this service was Good (published 20 June 2018).

We undertook this inspection to check whether the service was continuing to provide a good, rated service to people.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Keychange Charity Alexander House Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Keychange Charity Alexander House Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. Applicants were being interviewed for this post during the inspection. A seconded manager was in post up until 2 weeks before the inspection and cover was provided by the organisation's senior management until an appointment was made.

Notice of inspection

Inspection activity started on 10 September 2023 and ended on 3 October 2023. The inspection visit on 13 September 2023 was unannounced, and the visit on 15 September was announced.

What we did before the inspection

We reviewed all the information we had received about the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke in person with the manager. We also spoke with 4 people using the service, 3 relatives, 5 staff and 2 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 4 staff files containing recruitment, training and supervision information, and 5 peoples' files containing care and medicine records, risk assessments, care plans and reviews. We checked a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff rotas and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 were protected from the risk of abuse.
- People and their relatives said Keychange Charity Alexander House Care Home was a safe place to live and they were treated with kindness, and respect by staff. Our observations of people and their body language, towards staff reflected this. It was relaxed and positive indicating that they felt safe. One person said, "This is a safe environment to live in." A relative told us, "I come in most days and think the home is safe."
- Staff received training in how to identify abuse towards people, knew the appropriate action to take if encountered, and were aware of how to raise a safeguarding alert. The provider had a safeguarding policy and procedure that staff were given. A staff member commented, "The home is safe because we look after people properly."
- Staff advised people how to keep safe and any areas of concern about people, was recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- People were kept safe by staff who were trained in safeguarding.
- People were able to take acceptable risks and enjoy their lives safely. This was because staff were aware of and followed risk assessments that included all aspects of people's health, daily living and social activities. The risk assessments were regularly reviewed and updated to keep people safe and as people's needs, interests and pursuits changed.
- People's care plans were up to date and contained detailed risk assessments and management plans to help keep them safe. They addressed important areas such as people's mobility, nutrition and hydration needs, risk of falls and personal care.
- The home's staff team was well-established, familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. We observed staff working hard to support people and meet their needs in a safe way. The staff were patient and explained to people what they were doing and why. The same agency staff were used to promote continuity of care for people.
- There were regularly reviewed and updated general risk assessments that included reference to equipment used to support people. This equipment was regularly serviced and maintained.

Staffing and recruitment

- The provider had a thorough staff recruitment process that records demonstrated was followed. Although people and their relatives thought there were enough staff to meet people's needs, they felt more were needed to provide a higher level of activities and stimulation. This was particularly for people who were bed

bound. One person commented, "The staff are good, but we need more continuity. Although this has improved in recent months." A relative told us, "I visit [Person using the service] frequently, who is bed bound and without my input they receive little social contact as staff are so busy." A staff member said, "Permanent staffing has got a lot better with much less agency."

- Staff were visibly present throughout this inspection providing people with the care and support they needed, and we observed staff respond quickly to people's requests for assistance or to answer their questions throughout this inspection. However, the approach tended to be task driven, rather than person focused because they had so many tasks to perform. Staffing levels during our visit matched the rota and enabled people's needs to be met safely.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a six months probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. However, there was a large surfeit of items such as barrier creams, medicated shampoos and supplements that had built up due to the electronic re-ordering system not working efficiently. This was attended to during the inspection.
- People's medicines records were fully completed and up to date. Care staff who had been trained and assessed as competent were able to handle medicines, and this training was routinely refreshed.
- People told us staff ensured they took their prescribed medicine's as and when they should. One person said, "I get my meds [medicines] on time."
- People's prescribed medicines were securely stored in a locked medicines trolley and cupboards in the office. They remained safely locked throughout our inspection.

Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- The care home had a written procedure for identifying and managing possible confirmed COVID-19 cases.
- People told us, and we found that the home environment was kept clean and hygienic.

Visiting Care Homes

- The care home's approach to visiting followed current government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- The home kept regularly reviewed accident and incident records to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.

- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed, and care provided appropriately. This meant their needs were met effectively.
- People said, and our observations indicated that the service was effective. People's positive and relaxed body language confirmed this. The feedback from healthcare professionals was that the service was effective.
- People's physical, mental, and social needs were holistically assessed, and their care, and support were delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- A thorough assessment of people's needs was carried out before people moved in with any commissioning body providing assessment information and further information being requested from any previous placements. People were visited in their current homes to carry out the needs assessment with them and their relatives. People and their relatives were also invited to view the service and were introduced to people using the service and staff to identify if they wished to move in. The speed of the pre-admission assessment and transition to the service took place at a pace that suited people's needs. People were able to visit as many times as needed to decide if they wanted to move in.
- Staff knew the importance of being aware of people's views as well as relatives so that the care provided could be focussed on the individual. One person said, "They know my needs and attend to them."

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training. This enabled them to support people in a way that met their needs effectively.
- The training matrix identified when mandatory training required updating. There was specialist training with detailed guidance and plans. This included conflict resolution, and dementia awareness.
- Staff told us they received a mixture of e-learning and in-person practical training that was refreshed at regular intervals. This ensured staff's knowledge and skills remained relevant. One staff member said, "The training has helped me do my job." New staff were also able to shadow more experienced ones as part of their induction. This improved their knowledge of people, their routines and preferences.
- Staff demonstrated good awareness of their working roles and responsibilities and said they received the support they needed to perform their duties well. There were also annual appraisals and monthly staff meetings
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. The

expectation was that staff would complete the certificate, and support was available should staff need it.

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

- People were supported to eat and drink sufficiently to maintain a balanced diet. This meant they kept healthy.
- People told us they enjoyed the quality and choice of meals they were offered at the care home. One person said, "The food is excellent." A second person remarked, "The food is first class." We observed staff respond quickly to people's requests to have specific condiments with their lunchtime meal. One person liked to have a leisurely lunch which they were able to do, taking as much time as they wished.
- The atmosphere in the dining room during lunch remained relaxed and congenial throughout the mealtime.
- Staff observed and recorded the type of meals people ate and encouraged a healthy diet to ensure people were eating properly. Whilst prompting people to eat healthily staff also supported people to eat meals they enjoyed.
- People's care plans included health, nutrition, and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, if required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to keep in good health by maintaining good working relationships with external healthcare services and providing ongoing healthcare support.
- There was written information provided for health and hospital visits as required.

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

- The home was appropriately adapted, equipped, decorated, and furnished to a reasonable standard, although a relative said some areas of the higher floors were a little dusty.
- People told us the service was a relaxed, comfortable and peaceful place to live. A relative said, "This is place is small, homely and delivers dementia care properly with no segregation of people upstairs at the back off the building like so many others I have seen."
- We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the care home.

Supporting people to live healthier lives, access healthcare services and support

- People received annual health checks and referrals were made to relevant health services, as required.
- Everyone was registered with a GP and a dentist. People's oral hygiene was checked daily. People had access to community-based health care professionals, such as district nurses and hospital teams as needed. One district nurse visited during the inspection.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 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 understood their responsibilities regarding the MCA and DoLS.
- Everyone using the service who required them, had DoLS authorisations in place.
- Mental capacity assessments and reviews took place as required.
- Consent to treatment of relevant persons was obtained and recorded in care plans.

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 our last inspection we rated this key question Good. The rating for this key question has 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's human rights and diversity were respected and they were treated with compassion, and kindness by staff. This meant their rights and dignity were maintained and they were involved as partners in their care.
- People looked at ease and comfortable in the presence of staff and the interaction with people was characterised by warmth. Staff spoke about people living in the care home in a very respectful and positive manner.
- People and their relatives said staff were friendly, supportive and caring. They spoke positively about their experiences of living or visiting the care home and were complimentary about how staff treated them or their loved one. This characterised our observations of good practice in the way staff interacted with people. One person told us, "Staff are very kind and caring." Another person added, "I like the staff and they like me."
- People's positive and relaxed body language and affectionate response to staff showed that they felt well cared for, enjoyed staff's company and were relaxed in it. People also looked very comfortable with each other, and smiled and laughed a lot, during our visit. A relative commented, "The staff are very good, we just need more of them."
- Staff demonstrated a good understanding of people's spiritual and religious needs, wishes, and cultural heritage. Staff, including the cook were aware of people who had specific health and belief needs regarding diet. One person said, "Good food and what I like." A relative also told us, "Staff are amazing, they really do deliver person-centred care."
- The feedback from healthcare professionals was that the service provided a caring environment due to the positive approach and attitude of staff.
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices that made sure no one was left out. People were treated as adults, staff did not talk down to them and they were treated respectfully and equally.

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

- People were supported to express their views and involved in deciding their care. This meant they had control over their lives.
- Staff knowledge and experience of people's likes, dislikes and preferences was built up by people and staff forming relationships, and bonds. It was demonstrated that these methods worked by people doing activities they had chosen.

- People told us that they were able to express their choices and live their lives the way they wanted. One person said, "I can speak up and am listened to."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was promoted by staff being committed to the people they cared for, delivering care with kindness, in an empowering and nurturing way. Their knowledge of people, their wishes and preferences meant people were respected and their right to privacy, dignity and independence was observed.
- People said staff respected their privacy and dignity and were aware of the importance of recognising this was someone's home, treating it with respect and acting accordingly. One person said, "Staff are very respectful." We observed staff knocking on people's bedroom doors and waiting to be invited in by the occupant throughout our inspection.
- Staff were trained to respect people's rights to be treated with dignity and respect and provided support accordingly. This took place in an enjoyable environment and was reflected by positive staff practices throughout our visit. Staff were caring, patient and provided friendly support that respected people's privacy. This included discreetly attending to people's personal care needs.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. There was a visitor's policy that stated visitors were welcome at any reasonable time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question <insert Good. The rating for this key question has remained 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 preferences

- People received person centred care that meant they had choice, control and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received.
- Senior management cover and staff made themselves available to people and their relatives to discuss any wishes or concerns they might have. People said staff met their needs and wishes in a timely way and manner that people were comfortable with and enjoyed. One person said, "They [interim management team and staff] do look after me."
- People and their relatives were encouraged and supported to participate in care planning. People's care plans were individualised and recorded their interests, hobbies and health and life skills needs. This was as well as their wishes and aspirations and the support required to achieve them. People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set.
- Care records were kept securely and access was limited to those with overall responsibility for the day-to-day care of people using the service.

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.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- The provider met people's communication needs by providing staff with training and information about people's communication preferences, which were recorded in their care plans and guidance on how best to communicate with them.
- One person said staff communicated clearly with them which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.

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 avoid social isolation by staff encouraging them to develop and maintain relationships and we saw people sitting together and chatting in small groups.
- The part-time activities coordinator planned and delivered social activities and events that people could to participate in. There were weekly activity schedules that people could choose to take part in if they wished. Much of these were accessed via zoom and people felt more face to face activities could be

provided with extra staff. The activities reflected their social interests and wishes to an extent, although one person said, "The activities are not really the ones I'm interested in and I don't tend to join in. Although this is also due to me tiring easily." Another person said, "It's a bit quiet."

- Although the activities coordinator offered people who were bed bound regular one-to-one support to prevent them becoming socially isolated, this was limited as they were part-time.
- There was access to a range of facilities and dedicated spaces within the care home, and garden where people could take part in organised activities or just relax.
- The feedback from healthcare professionals was that the service worked hard to promote and maintain professional links to ensure that people had access to the external support they required.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People said any complaints or concerns were appropriately addressed. A relative added, "All the family visit so we see [person using the service] every other day and have no complaints."

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 our last inspection we rated this key question Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whist the home did not have a registered manager in place, people told us there was a person-centred culture that was open, inclusive, and empowering.
- People told us the home was well-led and this was reflected in people's positive, relaxed body language towards the head of care and staff that indicated the service was provided in a way that met their needs. One person said, "They [staff are all very nice."
- People and relatives said the home was well organised and run, particularly by the covering manager who had left 2 weeks prior to the inspection. Staff worked hard to meet people's needs, and make their lives enjoyable.
- The services provided were explained to people and their relatives so that they understood what they could and could not expect from the home and staff. This was reiterated in the statement of purpose and guide for people that also set out the provider's vision and values. They were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

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 provider understood their duty of candour responsibilities and was open and honest with people when things went wrong.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the provider and staff contributing a positive and proactive attitude.

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

- The provider, management team, and staff clearly understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People living at the care home and staff working there all spoke positively about the way the service was run. A relative told us, "I am kept informed and up to date." A member of staff said, "We all work as a team."
- The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, and occurrences, such as accidents and incidents.

Staff knew they had specific areas of responsibility such as record keeping, medicines management and carried them out well. This was reflected by the praise from people and their relatives.

- The provider, team, and staff carried out regularly reviewed audits that were kept up to date. These included care plans, falls audit, weight charts, dependency levels, documentation and health and safety. There were also a development plan. This meant people received an efficiently run service.
- Records evidenced that safeguarding alerts, complaints and accidents and incidents were investigated, documented and procedures followed. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home displayed their previous CQC inspection report rating, ensuring this information was accessible to everyone living or visiting the care home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People, their relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- People, their relatives and staff told us they had the opportunity to voice their views about the service. The covering management team, and staff checked during our visit that people were happy and getting the care and support they needed in a friendly family environment.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group supervision and work performance appraisal meetings with their line managers. Further, staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the service management. One staff member said, "We get the support we need." Another staff member added, "The head of care is very good she listens."
- The home sent out surveys to people, relatives, and staff and suggestions made were acted upon. The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Relatives said they visited regularly and had frequent contact with the home. They also told us that they were kept informed, and up to date with anything about people, good or detrimental and adjustments were made from feedback they gave. There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the management team, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as GPs, district nurses, and physiotherapists, as required. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- Healthcare professionals thought the home was well managed and there were good lines of

communication.