

Hartford Care (2) Limited

Boulters Lock Residential Home

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Boulters Lock is a residential care home that was providing personal care to 30 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

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

Boulters Lock clearly demonstrated how it delivered aspects of care over and above the expected standards. We found that people were at the heart of the service and the registered manager and staff were fully committed to providing high-quality person-centred care. Staff were clearly committed and compassionate, striving to provide excellent care at all times. People were treated with exceptional kindness, dignity and respect and received their care and support from a highly motivated and dedicated staff team. A relative commented, 'The staff were always so kind and caring, making Boulters feel homely and friendly. [Person] assumed he had moved into a hotel when he arrived and settled in very quickly.'

People were supported to engage in activities outside of the usual opportunities. For example, going to a nightclub and having a tattoo. This was because people's choices were respected and enabled.

We heard from relatives that their loved ones had received the care and support to enable them to have a dignified and pain free death. Staff had received training and had the values to ensure people and their relatives received support at this time. One relative said, '[Person's] final weeks were handled with real care and dignity and the quality of the care received was to the highest standard. I will always be grateful to the manager and her team. I realise that many people played their part in the wonderful dedication to [person].'

People, relatives, and staff told us the service had strong leadership and an open and supportive culture. The registered manager, supported by their senior management team, had established a person-centred culture amongst the staff team, that consistently delivered high quality care. The registered manager and all staff were passionate and motivated about their roles and understood their responsibilities. The service identified areas for improvement so that people received a good service. People were actively engaged with to gain their views on the delivery of care and other issues within the home and their feedback valued.

People continued to feel safe living at the service. Risk assessments had been completed to ensure that action was taken to keep people safe. Staffing levels were appropriate to meet people's needs in a timely manner. People received their medicines as prescribed. There were systems in place to record, monitor and learn from accidents and incidents.

Staff had the knowledge, skills and support they needed to meet people's needs effectively. People's physical, emotional, and social needs were identified so staff could meet these. People received support with eating and drinking when needed. People were supported to maintain good health and were supported by or referred to the relevant healthcare professionals. People consented to their care or, when appropriate best interest decisions were taken on their behalf.

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: The last rating for this service was Good (published 11 July 2017)

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Boulters Lock Residential 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

The inspection was completed by one inspector.

Service and service type

Boulters Lock Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives. We talked about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care worker, care worker, and the chef. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a variety of records relating to the management of the service, including staff training, policies and procedures. We also reviewed three people's care records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two health professionals to obtain their opinion on the service provided by Boulders Lock.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Boulters Lock. One person told us, "If I didn't feel safe, I would tell my brother or staff if worried, but I'm not."
- People were supported by staff that knew how to raise safeguarding concerns and were aware of the whistleblowing policy and procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly.

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed, and guidance was in place for staff to reduce these risks. For example, people at risk of skin damage had comprehensive Waterlow assessments. The primary aim of this tool is to assess the risk of people developing a pressure sore and implement actions to reduce this happening.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed.
- All of the people and care staff we spoke with on the day of the inspection felt there were enough staff to meet people's needs.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed. There were clear processes and systems to ensure they were ordered, stored, disposed and administered safely. One person said, "They are very good with medicines and pain relief."
- Staff had been trained in administering medicines and their competency checked.

Preventing and controlling infection

- The provider had an infection control policy in place. The home was clean and free from malodours. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used

disposable gloves and aprons where required.

- People's bedrooms and communal areas were clean.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into Boulters Lock, they were involved in assessments about their support needs, preferences, wishes and routines. A relative said, "Completed assessment information before he moved in. Staff have got to know him very well."
- People's health and social care needs were assessed using a variety of effective tools, based on best practice guidelines. For example, people's medicines records followed guidelines set by The National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People and relatives told us their care needs were well met. We reviewed the staff training which evidenced that they had received training to meet people's assessed needs.
- Staff were observed to check their ongoing competency, for example, when administering medicines. Staff were knowledgeable about people and their needs.
- Staff had regular supervision and appraisals. One staff member said, "Supervision is good. You can say what you want on a confidential basis and it is a good chance to get feedback."

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

- People told us, " Food is excellent; I like curry and roast dinners. It's like being in a small restaurant." We saw a comment on the care home review website which said, '[Person] has put on a healthy amount of weight due to the delicious food.'
- People were provided with tasty and nutritious food. The chef had been in the service for a number of years and took great pride in their work. One relative said, "The quality of the food is excellent with fresh ingredients and lovely flavours. Lots of attention to detail with a good variety of food and fresh soups."
- Some people were at risk of choking and had been assessed by the Speech and Language Team (SaLT) who then produced guidance. We saw staff supporting people in line with this guidance. The chef ensured that where people needed a pureed diet, that the food had both good flavour and looked attractive. For example, people who required pureed foods had their meals shaped on the plate according to the ingredients of the dish.
- The dining experience was relaxed and most people came to the dining room to eat. People were having conversations with each other and care staff. Meals were served by the chef from a serving hatch in the dining room and the staff showed people the choices on a plate before they were given meals. This helped people to choose the food they wanted.
- People were also offered regular drinks and snacks during the day. The biscuits and cakes were all homemade by the chef.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them and involved other professionals to improve their health and wellbeing. One person told us, "I neglected my hygiene and needed support for my mental health. Staff have helped me go forwards, not backwards and that makes me feel so much better. I came for respite and feeling much better. My family have noticed the improvement in my personal care."
- The service sought support from external health professionals appropriately. For example, GP's and district nurses. A health professional told us that, on the whole, staff were very good at keeping people in good health. They commented that as staff changed, there could be some variation in areas such as promoting skin care. However, the registered manager was ensuring improvements were made and maintained with appropriate training.

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

- People's bedrooms were personalised with their important possessions and furnishings and we saw people's artwork displayed around the home.
- There were communal areas in the home, and improvements had been made to allow more private areas for people to meet with their visitors. For example, a small dining room at the back of the main one and a seating area on the landing with lamps and a fireplace providing a homely environment.
- The maintenance person was an integral part of the staff team. We saw comments from people about the quick response. For example, fixing a television the same day.
- There was a large and very well-designed landscaped garden with various seating areas throughout and raised planter beds that could be easily used by people. The service kept pets that could be enjoyed by people, including guinea pigs.

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.

- People told us that they were given choices by staff. Staff had a good understanding of the Mental Capacity Act and how it applied to people they supported. One staff member said, "We always presume capacity. People can make choices despite dementia. We always offer and also observe people's facial expressions which may help to indicate choice."
- The service had submitted all appropriate DoLS applications. Where conditions were attached to their DoLS, these were being met.

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a clear and tangible person-centred philosophy in the home that was evident throughout the inspection. We found people's experiences, feedback from relatives and staff evidenced how people were treated with kindness and compassion. We heard stories that showed staff were highly motivated in their roles which ensured people were offered care and support that was exceptionally compassionate and kind.
- We had many comments about the exceptional culture of the home. Comments included, "Wonderful climate in the home and positive culture. Very family like atmosphere." We saw a card that had been sent which said, 'Thank all the staff at Boulters for the way you looked after [person] for almost three years. The care provided, and love shown by everyone to [person] was much appreciated and it went above and beyond what would have been expected. The way clothes were colour co-ordinated, face powder put on and perfume sprayed, the little touches that showed you saw the individual as you do with the residents there. [Person] was very happy and always used the words 'I'm content' and we knew we had found the right home for her."
- The care home review website also had many positive comments, these included, "Prior to joining Boulters Lock [person] was on the verge of malnutrition, did not eat or socialise, was lonely and had little interest in life. [Person] has been given a new lease of life here."
- We saw notes from a relative's meeting. This stated, 'I would like to say thank you to [chef]. He went out of his way when [person] came out of hospital. He came in on his day off to ensure [person] had a puree meal. And when [person] was in hospital and he was seen by the MacMillan nurses when I told them what home [person] was in, they said, '[Person] will be fine as that is one of the best homes.'
- A person whose relative was supported by the home prior to their death commented about the caring nature of staff, stating, "They certainly delivered good care; but much more than that. They were universally caring; knew everyone by their first name; got down to eye level to speak with people and were respectful."

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

- The service was exceptional at helping people to express their views. We saw an exceptional understanding of people's social and cultural diversity, values and beliefs. For example, one person expressed to staff that they wanted a real tattoo. This surprised the person's family who were amazed by this wish. However, they said they would happily support them in their wish. Staff therefore carried out a risk assessment for when they attended the tattoo studio. When they attended for the tattoo, a full explanation was given, and the person shown around. The person picked out the type of writing they wanted, and where they would like the tattoo. When it came to the process, the person expressed nervousness. So, they were supported to consider having a 'stain' tattoo without needles. When the person returned to the home they

were very excited, telling all their friends and staff. The person said to staff that, "Anything is possible, no matter what your age is, follow your wish." This was evidence that staff understood the importance of respecting people's preferences wishes and choices.

- We heard of a person who had moved to the home due to increasing health issues. The person was very independent and soon became involved in various aspects of running the home. For example, supporting the management team by showing people around and interviewing staff. They helped to support people at mealtimes and helped with cooking. They also took part in training. After some time, the person's health improved, and the pain became manageable. They expressed that they wished to live independently. Management supported this wish and the person eventually moved out to live independently and are still doing so now. A member of staff commented, "It's a home. Like going from a home to a home. We are also proud when people no longer require care, for example, the person who chose to return home."
- People were enabled to maintain the GP links they had before moving to the home. The home worked with six GP surgeries and said it was important for people to remain with the health professionals they chose.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was seen as important and central to the culture of the home. We had feedback from people, relatives and staff that privacy and dignity was always respected. A person had commented, "I am very pleased and happy how staff treated me with care, dignity and respect. How staff helped me with my mental stability. Now I am a lot better and staff are very friendly and professional. I like the atmosphere."
- A member of staff said, "We try to promote people's independence in personal care wherever possible. We also respect preference for gender of staff. We look out for people's reactions during personal care, as they may be refusing personal care because they don't like the gender of staff and may feel uncomfortable or embarrassed."
- People were encouraged to be part of the home. For example, people helped to set up the tables for lunch and help in the kitchen if they wished. We saw photographs of people helping wash up in the kitchen as they had expressed this is what they wanted to do. This meant that people's willingness, independence and ability to contribute was valued. A member of staff said, "Some people like to clean their own room and we encourage this."
- People were given emotional support when needed. We saw throughout the day, people being reassured and comforted. Staff offered appropriate support and in a sensitive and respectful way. For example, a person with dementia was telling staff they were going out to visit relatives. Staff engaged in conversation without demeaning the person's comments. The person responded well and started chatting about other things.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The service had considered the use of technology to make a difference to people's experiences. For example, the home had obtained a virtual reality (VR) headset. Research has found that VR interventions are useful to improve cognition and psychological symptoms for people with diseases such as Parkinsons. One person who used the VR set in combination with soft music became visibly more relaxed that was noticeable in their change of body posture and facial expression.
- Staff and management delivered care and support in a way that met people's individual needs and wishes. For example, we heard after the inspection that one of the residents had expressed a wish to go to a nightclub. We saw this had been achieved and that the person had thoroughly enjoyed themselves. This was positive evidence that staff were willing to consider each individual person's wishes and help them to achieve these.

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

- The home ensured that social activities were arranged on an ongoing basis. For example, there were opportunities to do art, baking, trips out. The activities co-ordinator would read out newspapers to people and discuss articles in them.
- Staff were encouraged to bring their children in to join in with activities such as art and crafts. This meant people had an opportunity to enjoy the company of younger children who brought laughter to the home and encouraged people to join them in arts and crafts. We heard that a member of staff at a local primary school was keen to set up a project between the home and school which involved reading and art.
- The service had forged links with a local initiative that worked in conjunction with the National Citizen Service. This was designed to develop young people's confidence and skills in understanding and connecting with other people and their communities. The young people visited the care home on three occasions and organised a volunteer event day at the end. We saw feedback following this stating, "Thank you for being such an amazing, informative partner for our young people. I can confidently say that they have learnt a lot about the home as well as the residents. Thank you very much for working with us this has really inspired the young people to get out into society and do something different. We look forward to working with you next year." Feedback from the residents was that they enjoyed the visits greatly.

End of life care and support

- People's experience of end of life care was a positive one. We heard from relatives that their loved ones had been supported with dignity and respect and care taken to ensure they were comfortable and free from pain. We saw comments from one person that said, '[Person's final weeks were handled with real care and

dignity and the quality of the care received was to the highest standard. I will always be grateful to the manager and her team. I realise that many people played their part in the wonderful dedication to [person].'

- There was a rapid response to people's changing care needs and advice on care and support for people and carers at the times they need. We spoke with a person whose relative had recently died. They stated, "In the last few days, [person] needed more input than they were receiving from health professionals, so the service doggedly pursued more effective treatment and were an advocate for [person]."
- Staff had received training to enable them to understand and meet the needs of people and their families in relation to emotional support and practical assistance needed at the end of a person's life. Staff were also supported by the service with empathy and understanding. We heard that staff would gather together when a deceased person left the home with undertakers. The registered manager felt this was respectful and an opportunity to reflect on the person's death in a respectful way. A member of staff said, "We treat people as if they are our family member. It is important to ensure there is no discomfort and they get the health care they need, for example, ensuring no pressure sores. We support families too and ask them what their loved ones may like and wishes and preferences. We ensure we reassure families and sit and spend time with them. This includes all members of the team including housekeeper and maintenance man. Everyone knows all the staff, we are like a family."
- The service worked closely with healthcare professionals to ensure people's end of life was comfortable, dignified and pain-free. A healthcare professional commented, "Any issues noted by the staff are discussed immediately with the local district nursing service who are able to arrange provision of equipment; particularly for pressure relief and end of life support and pain relief."

Improving care quality in response to complaints or concerns

- The home had an effective system of dealing with concerns at an early opportunity. This involved having regular meetings with people and relatives to gain views of how the quality of care could be improved. A relative said, "Management are always available. I'm aware of the complaints procedures."
- We saw examples of where these comments had been used to make improvements. For example, we saw discussions about laundry going missing had improved greatly after making changes and improving the labelling.

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 clearly assessed and detailed in their care plans. During our observation we saw that staff spoke more slowly or came closer to people if they had difficulties in hearing. We also saw that some information within the service was displayed in a different format so people who found it difficult to read were able to understand the information displayed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Hartford Care is a family-owned business which was rated by carehome.co.uk in the national top 20 mid-size care homes in 2019. The provider's values were 'Respect for our residents' privacy, dignity and individuality is at the heart of everything we do' and 'Care, Comfort and Companionship' and we saw this was evident during the inspection. The provider had created a bespoke leadership development programme to promote these values.
- We saw the registered manager and deputy manager had undertaken this leadership development programme. This programme provided the opportunity to fully integrate the provider's values and expected standards of managers, as well as support leaders to develop skills to have a positive impact upon people, staff team and, the home as a whole.
- One of the owner's was the brand director, responsible for the values training. Examples were used such as the 'mum test'. Managers were invited to attend the second part of this training to assess staff understanding of the values training and how they related to the training to underpin the values. The brand director was also responsible for the interior design, layout, fixtures and fittings of the provider's homes. They liaised with interior design consultants to provide care environments to facilitate a comfortable and safe living environment. There was a homely feel with areas created for people to meet with their families.
- People and staff reflected on the service being individualised and exceptional with people at the heart of the home. The home had a vision to be a 'home care' rather than 'care home'. This was to reflect that it was people's home first and foremost. This ethos was promoted at all times by the management, and it was clear that staff were also committed to this vision.
- We heard from people in the service and their relatives about the high quality of the home. Comments included, "[Person] settled in quickly. Impressed with how attentive [staff] have been and so well cared for which really stands out. [Person] was very ill and in hospital a long time but they made every effort to have [person] back when better which was really appreciated" and "[Person] is in very good hands, very well looked after. Nice touches and it's like home and enjoys a sherry before lunch." We saw other comments recorded which stated, 'Management is excellent. Staff excellent. Very pleased with the care [person] is getting from all at Boulters Lock Residential Home. Thank you and keep up the good work' and 'Boulters Lock is a very caring place - it is obvious that the staff here have the best interests of residents in mind. They talk respectfully, kindly and personally to residents, use their names and get down to their level of sitting. They listen to visitors and keep you informed about your relative's wellbeing and status. The food is excellent, the activities are good, and the place is warm, safe and caring. I mention that again, as it is so important."

- Staff were motivated by, and proud of the service. A member of staff said, "I like our vision. Home care rather than care home. When you walk in it feels warm and homely. Lovely atmosphere. People's art and crafts are displayed. Relatives can go in the kitchen and make a cup of tea. We keep in contact with people after their relatives die. We still have a mother and daughter visiting after their relative died."
- Staff worked well together and felt there was good team work. One said, "I enjoy the job and we work well together. [Registered Manager] works on the floor with us."

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

- The provider recognised the importance of encouraging people to be as independent as possible and remain in control of their lives in the way they chose.
- The provider had developed a policy for a 'Taster Day'. This was an initiative used as part of the interview process for new starters that hadn't worked in care or the role before. This provided an opportunity for the potential employee to experience the role but also provided an opportunity for people in the service and staff to provide feedback on the individual. This policy was developed from guidance in the 'Disclosure and Barring Service checks for work placements in adult social care settings registered with the Care Quality Commission'. People could also be involved with interviewing, where they would also ask questions and their opinion sought at the end of the interview.
- The provider understood the importance of ensuring staff felt valued and kept updated in order to develop a positive workplace culture which, in turn, led to a positive impact on the people they cared for.
- The home used technology such as iPads and iPods to support video calls for people and their families. Staff had access to video conferencing and online meeting facilities which meant they could dial into training sessions or hold meetings from one home or office to another .
- The provider had subscribed to various support systems for their staff such as a 24 hour employee assistance programme. Other incidents were cycle to work schemes and access to discounts. The provider was a supporter of the 'Care Workers Charity'; a benevolent fund for those currently, or previously worked in the care sector. The home also had examples of supporting a staff member to apply for a grant at a time of hardship.
- The provider was a recognised equal opportunity employer, meaning there was no difference in pay or recognition according to protected characteristics.
- The provider had a 'Hartford Hero' award which people, families and staff could nominate for a staff member who had 'done that which went above and beyond' their role.
- The registered manager had developed ways of involving people in achieving quality standards for the sector. For example, oral health training was carried out by a past resident's daughter trained in that area. This was for staff but resident's also joined in. People with dentures were asking questions about the care of these and this was responded to. The training also discussed how poor oral hygiene could lead to other issues such as infections, mouth ulcers and weight loss.
- There were consistently high levels of constructive engagement with staff and people who used the service. People were also involved in other face to face training including moving and handling and fire training.

Continuous learning and improving care; Working in partnership with others

- The Clinical Care Commissioning Group (CCG) had worked in partnership with the home to develop a more sustained relationship with local GPs and district nurses. This meant there was a positive working relationship with those directly involved in people's clinical care. The CCG also provided training on a regular basis for the home. The most recent being nutrition and hydration which allowed the home to seek an improvement in weight gain and reduction in the number of urinary infections.
- The provider was rolling out a new 'Care Practitioner' role. This would enable care practitioners to work

competently alongside nurses or clinical external partners to provide basic clinical skills to support people who may have, or developed, more complex health needs.

- Dementia training was provided by an external provider and the home worked closely ensuring training was bespoke to the needs of people and supported the values and ethos of the home. In addition, an internal dementia competency assessment was used with staff during induction. This allowed the registered manager to have immediate understanding of the new team member's knowledge and skills of those living with dementia.
- The home had an in-house manual handling trainer who could provide on-the-spot, individualised 1-1 or group training. This meant staff were supported in an immediate and proactive way which provided protection for people and for staff.
- We saw the service had welcomed constructive challenge from stakeholders as this was seen as a vital way of holding them to account. The service had liaised with the local safeguarding team in early 2019 to address some concerns. We saw written feedback stating, 'We have really appreciated how you have co-operated with us and have been willing to have open and honest discussions about where improvements were required.'
- Staff told us there was a 'no blame' culture and learning from incidents. One said, "Management are good. If errors are made, we learn from them. We are always learning."
- The service had a systematic approach to working with other organisations to improve care outcomes. We saw that a dementia trained optician service visited people in the service and the local GP visited to review people's care and carry out flu vaccinations.

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

- There were highly effective and clear processes in place to monitor performance and risk. People's safety and the quality of care was regularly reviewed, and actions put in place where necessary. This had led to the delivery of highly effective care as we have seen in the caring and responsive sections of this report.
- We saw that staff performance was closely monitored and actions taken appropriately. Where possible this focused on staff improvement rather than disciplinary action. However, this was used where necessary. This meant staff felt assured that they were working within a team that was well managed and accountable.
- The registered manager completed audits on all areas of the service to inform of any areas that needed action or improvement. This was in the areas of health and safety, medicines, infection control and care records.
- The provider also visited to complete six monthly audits of the service. The provider agreed an improvement action plan with the registered manager which included names of responsible staff and completion dates.
- There were high levels of satisfaction across all staff. We had comments from staff including, "[Registered manager] supports me a lot. I can rely on her. She listens and always tries her best. She checks staff are okay even when they are off. Very flexible around childcare or time off when it is needed which is considered whilst ensuring people's needs continue to be met."
- The registered manager was effective at encouraging staff to develop their leadership skills and progress through the organisation. For example, a member of staff told us, "I started as a care assistant, then an acting senior role and I am now the deputy manager."

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 registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised,

discussed and a plan made to help ensure the event did not re-occur.

- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. Staff spoken with understood their responsibility to report accidents and incidents to senior staff and the registered manager.
- The previous performance rating was prominently displayed in the reception area and on the providers website.